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# ANIQSAATTIARNIQ—BREATHING EASY

TOBACCO RECOVERY RESOURCE MATERIALS



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PAUKTUUTIT INUIT WOMEN'S ASSOCIATION  
192 BANK STEET, OTTAWA, ONTARIO K2P 1W8



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ANIQSAATTIARNIQ— BREATHING EASY  
TOBACCO RECOVERY RESOURCE MATERIALS

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For more information please contact:



Pauktuutit Inuit Women's Association  
192 Bank Street  
Ottawa ON K2P 1W8  
Tel.: (613) 238-3977  
Fax: (613) 238-1787

The opinions expressed in this document are those of the author and do not necessarily reflect the official views of Health Canada.

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## FOREWORD

Pauktuutit originally prepared these resource materials for health workers attending an *Aniqsaattiarniq — Breathing Easy* Training Workshop. However, many people in Northern communities (such as community health representatives, teachers, addiction workers, etc.) may want to use the materials on their own to learn about tobacco addiction, how to recover from it, and how to help others. Many of the pages are designed to be used as handouts for clients or people attending a support group for smokers who want to quit.

## ACKNOWLEDGMENTS

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### STEERING COMMITTEE:

Anita Pokiak, Tuktoyaktuk NT  
Julia Ogina, Cambridge Bay NU  
Joan Killulark, Baker Laker NU  
Simon Iyyiraq, Igloodik NU  
Lisa Nashak, Kuujjuaq QC  
Linda Pottle/Annie Evans, Makkovik NF  
Mary Kaye May, Kuujjuaq QC

### TRAINING PARTICIPANTS:

Anita Pokiak, Tuktoyaktuk NT  
Alice Kimiksana, Holman Island NT  
Susan Peffer, Inuvik NT  
Agnes Kuptana, Inuvik NT  
Robbie Joe, Inuvik NT  
Darlene Esagok, Inuvik NT  
Paula Lannon, Inuvik NT  
Calla Sitatak, Kugluktuk NU  
Julia Ogina, Cambridge Bay NU  
Joan Killulark, Baker Lake NU  
Pat Aklunark, Rankin Inlet NU  
Martha Jaw, Cape Dorset NU  
Looee Nowdlak, Iqaluit NU  
Annie Quirke, Iqaluit NU  
Louisa Elijasialuk, Inukjuaq QC  
Alasie Saviadjuk, Salluit QC  
Michael Walsh, Nain NF  
Elizabeth Dean, Hopedale NF  
Reepa Evic-Carleton, Ottawa ON

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# PART 1

## INTRODUCTION TO TOBACCO ADDICTION AND RECOVERY

### *Tobacco recovery is a journey of discovery*

#### *A Journey of...*

- Knowledge
- Understanding
- Support

We love smokers! We want to help smokers recover so they will live longer, healthier, happier lives...

*“When a man had tobacco he would share it with his companions. This was the old kind of chewing tobacco. He would cut a plug of it into small pieces, press them into a pipe and when it was lit, pass it around to each man in turn for a few puffs.”*

—Simon Arnaviapik<sup>1</sup>

*“Smoking is a major health concern in our region. It needs to be addressed in a planned fashion in future.”*

—Northern health worker<sup>2</sup>



<sup>1</sup> “Remembering Old Times” page 87 in Moses, Daniel David & Goldie, Terry (eds.) (1998) *An Anthology of Canadian Native Literature in English*, second edition, Oxford University Press, Toronto.

<sup>2</sup> Quoted on page 35 of Impact Evaluation of the *Aniqsaattiarniq — Breathing Easy* Project, March 1999, Pauktuutit, Ottawa.



## QUIZ FOR PART 1

We start each section in this booklet with a quiz so you can assess your knowledge before you read further. This is not a test to be scared of! It will help you see how much you already know about the topic. And it will help to focus your attention as you start to learn more.

Please circle “true” (T) or “false” (F), or fill in the blank space.  
Answers are at the bottom of the page.

1. Inuit traditionally used tobacco in sacred ceremonies and rituals. T/F
2. About \_\_\_\_\_ out of 10 Inuit adults and youth smoke.
3. About one out of every \_\_\_\_\_ deaths in the North is caused by smoking.
4. Smoking causes many health problems in addition to lung cancer. T/F
5. The addictive drug in tobacco is called \_\_\_\_\_ .
6. This drug is more addictive than heroin and cocaine. T/F
7. When addiction is passed down from parent to child, this is called “intergenerational \_\_\_\_\_.”
8. Tobacco addiction is both physical and \_\_\_\_\_ .
9. Recovery, like addiction, can be passed from one generation to another. T/F
10. Our friends and family will automatically support us in our recovery if they love us. T/F

---

### ANSWERS:

1. False. (But many non-Inuit Aboriginal people did use tobacco in sacred ceremonies.)
2. 7.
3. 4.
4. True.
5. nicotine.
6. True.
7. transference.
8. emotional.
9. True.
10. False.



## TOBACCO HISTORY

- Tobacco was never used in traditional Inuit culture.
- Tobacco was first introduced to the North about 100 years ago by whalers and traders.
- At first, only men smoked, and not much. Tobacco was not easy to get.
- Later, it became as important as the other necessities. Some elders still remember when they traded for food, tea and tobacco.
- Tobacco had been used in sacred ceremonies by some Aboriginal peoples for many centuries.
- Tobacco came into the western world 500 years ago.
- It became popular among the rich.
- Eventually it became socially acceptable, spreading world-wide into every nation.
- No culture on earth has been able to say “no” to tobacco.

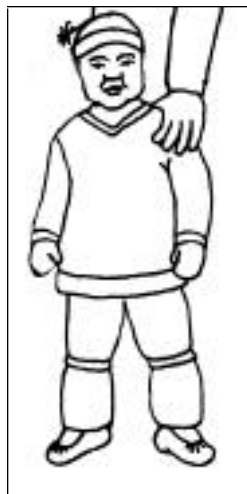






## TOBACCO IN THE NORTH TODAY

- Today, most adults and young people in the North smoke (about 7 out of 10).
- About 8 out of 10 pregnant women smoke.
- Many children start smoking at a very young age.
- Many families have lost a loved one to lung cancer or another sickness caused by smoking.
- In the past 5 years or so, people have learned more about the dangers of tobacco.
- Many Inuit have quit smoking, and many others want to quit.
- Many families have smoke-free homes to protect their children from second-hand smoke. This is an excellent step.





## TOBACCO AND HEALTH

- Only recently have we learned how tobacco harms human health.
- Smoking causes:
  - lung cancer,
  - other cancers (e.g. mouth, lip, pancreas, bladder, cervix),
  - lung and breathing problems,
  - heart problems,
  - stroke,
  - circulation problems (poor circulation of blood in the arms and legs due to blood vessel narrowing),
  - stomach ulcers,
  - problems during pregnancy,
  - crib death (Sudden Infant Death Syndrome), and
  - otitis in children.
- About one out of every four deaths in the North is caused by smoking.
- Imagine all the lives we could save or lengthen if we could help people quit smoking.
- Smoking is not a moral problem, but a health problem. Smokers are not “bad” people. There is no shame in being a smoker. We are not “better” people when we quit smoking, just healthier, and freer.





## BENEFITS OF QUITTING

- Stopping smoking reduces the risk of early death.
- Symptoms (e.g. cough, shortness of breath) often disappear within 6 months of stopping.
- Lung function (the way the lungs work) improves within a few months.
- After 10 years of not smoking, the risk of lung cancer is reduced.
- The risk of heart disease caused by smoking is reduced by about half after 1 year of quitting. After 15 years, the risk of heart disease is similar to that of people who never smoked.
- Women who stop smoking before pregnancy have infants of the same birth weight as those born to women who never smoked.
- Quitting any time up to the 30th week of pregnancy results in infants with healthier birth weights.





## TOBACCO IS HIGHLY ADDICTIVE

- The addictive drug in tobacco is nicotine.
- Most smokers are addicted to nicotine.
- Nicotine is more addictive than heroin or cocaine.
- Nicotine withdrawal causes many symptoms.
- Addiction is often passed from parent to child. (This is called “intergenerational transference”.)

## WE SMOKE TO SURVIVE

- Many people smoke to survive: tobacco is a coping tool or survival strategy.
- Smokers smoke in response to all life’s challenges and joys. The healthy choices many non-smokers make, on the other hand, include all kinds of other things (e.g. cry; laugh; talk to someone when they are upset, angry or frustrated; write in a journal; phone a friend to share good news; go for a walk, etc.)
- A key part of recovery is learning new ways to survive; new ways to take care of ourselves.





## TREATMENT FOR EMOTIONAL PAIN

- For many, tobacco is a treatment (medication) for emotional pain.
- We smoke to “forget” a problem or to “cover” an ugly memory, fear, disappointment, or other strong emotion.
- When we stop smoking, the pain inside us comes up to the surface, and we can’t stand it. We want instant relief. We want to “bury” our pain.
- Tobacco can feel like our best friend.
- Smokers often feel helpless and out of control.
- We feel this way until we can build some confidence in our ability to survive emotionally without tobacco.



## MAKING THE CHANGE

- We identify what tobacco does for us; what needs it meets.
- We learn new ways of meeting these needs.
- We learn to live without tobacco.





## TOBACCO RECOVERY

- We do not just “quit smoking.” We heal. We recover from tobacco addiction.
- We become someone (our true selves) who can live in the world without tobacco, and without replacing tobacco with another addiction. (For example, some people stop smoking, but start over-eating, or abusing alcohol instead. This is transferring our addiction from one thing to another.)
- Recovery means learning to live with our emotions.
- Seeing tobacco recovery as a learning process, without the possibility of failure, gives us the confidence to go forward.
- Recovery is a process and it takes time.
- Like addiction, recovery can be passed from one generation to the next. When one person in an extended family goes into recovery, often more family members will move into recovery as well, over time.





## SUPPORT

- Saying “goodbye” to cigarettes can be like saying goodbye to your best friend.
- Recovery is a social process. It means getting help from our friends, family and community.
- It’s OK to ask for help!
- We need support. We deserve it!

## THOSE CLOSE TO US

- Our closest relationships can be helpful or harmful.
- Some loved ones may not support our attempts to recover. They may feel threatened or pressured to quit, too.
- We need more contact with those who can help us the most, and less with those who cannot support us now.





## MY RECOVERY

*This is one example of some positive things you might tell yourself as you start your recovery. Please add in your own ideas below.*

- I am a worthy person.
- I deserve to be free, to be supported, to be informed, to be healed, to be loved.
- I have the right to feel safe and secure.
- I can recover.

*My ideas for recovery:*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## RELAPSE

- A relapse is when we start smoking again after having quit for a while.
- Relapses are common.
- There is no shame in relapse.
- We can learn from setbacks and move forward.
- A relapse reminds us to look more closely at our recovery plan. (e.g. Do I need more support?)
- We cannot fail when we are fighting for our own life and the lives of our children. After a relapse, we re-focus and try again.





## JOURNEY TO FREEDOM

- Learning about our addiction, being prepared and getting support leads to freedom.
- Millions of smokers have recovered.
- We can do it!
- One day at a time. One moment at a time. One breath at a time.

## BREAK THE CHAIN

- In the end, we reach our goal: freedom from tobacco.
- This begins to break the chain of addiction that is so often passed from parent to child. Now, recovery can be passed on instead!
- Eventually, as a community, we move away from tobacco, one smoker at a time.





## SUMMARY

- Inuit have only been using tobacco for about 100 years.
- Most Inuit adults and youth (and many children) are smokers.
- Smoking is a serious health problem in the North.
- The nicotine in tobacco is highly addictive.
- Many people are now ready to quit or to learn how to quit. They need and deserve our support.
- We are not bad because we smoke. We will not be a “better” person as a non-smoker; just healthier.
- No-one is to blame for the addiction. There is no shame in it.
- We often smoke to survive, and to cover an emotional pain.
- To recover, we need to learn to live with and express our emotions.
- Support is very important.
- Relapse is common and a normal part of the recovery process for most people.
- We can recover!



## PERSONAL SUMMARY

What I learned in this section:

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In this section, the idea I was most interested in was:

---

What most surprised me was:

---

The idea I most want to share with someone important to me is:

---

Other points:

---

---

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## CLOSING QUIZ

*Before starting the next section, you may want to re-do the quiz from the start of this section to see how much you have learned. Compare your score now with your score from before.*

Please circle “true” (T) or “false” (F), or fill in the blank space.  
Answers are at the bottom of the page.

1. Inuit traditionally used tobacco in sacred ceremonies and rituals. T/F
2. About \_\_\_ out of 10 Inuit adults and youth smoke.
3. About one out of every \_\_\_\_ deaths in the North is caused by smoking.
4. Smoking causes many health problems apart from lung cancer. T/F
5. The addictive drug in tobacco is called \_\_\_\_\_ .
6. This drug is more addictive than heroin and cocaine. T/F
7. When addiction is passed down from parent to child, this is called “intergenerational \_\_\_\_\_” .
8. Tobacco addiction is both physical and \_\_\_\_\_ .
9. Recovery, like addiction, can be passed from one generation to another. T/F
10. Our friends and family will automatically support us in our recovery if they love us. T/F

---

### ANSWERS:

- |                  |  |
|------------------|--|
| 10. False.       | 4. True.   |
| 9. True.         | 3. 4.  |
| 8. emotional.    | 2. 7.  |
| 7. transference. | 2. 7. (But many non-Inuit<br>Aboriginal people did use<br>tobacco in sacred ceremonies.) |
| 6. True.         |  |
| 5. nicotine.     |  |



# PART 2

## WHAT IS TOBACCO ADDICTION?

*“When we misuse anything we get out of balance. Addiction is being out of balance with ourselves, our environment, our Creator. Everything is related.”*

—Elder Abe Burnstick<sup>1</sup>

*“We need to reframe the experience of smoking as an addiction.”*

—Northern health worker<sup>2</sup>

<sup>1</sup> Quoted on page 12 in *Tobacco: Addiction and Recovery: A Spiritual Journey; Help for Smokers: Aboriginal Adults and Adolescents* (1996) Nechi Institute, Edmonton.

<sup>2</sup> Quoted on page 34 of Impact Evaluation of the *Aniqsaattiarniq—Breathing Easy* Project, March 1999, Pauktuutit, Ottawa.



## QUIZ FOR PART 2

*Please circle "true" (T) or "false" (F), or fill in the blank space.*

*Answers are at the bottom of the page.*

1. An addiction is any pleasurable action or behaviour we do every day. T/F
2. An addiction affects our mood. T/F
3. An addiction tends to get better over time. T/F
4. The root cause of an addiction is often \_\_\_\_\_.
5. Children from dysfunctional (troubled) families may be at higher risk for addictions. T/F

---

### ANSWERS:

1. False. (To be called an addiction, the behaviour must meet other criteria: unhealthy relationship, affects mood, harms health or causes other major problems.)
2. True.
3. False. (Addictions are "progressive"; they tend to get worse over time.)
4. childhood loss.
5. True.



## WHAT IS AN ADDICTION?

Most people who have studied addictions agree that an addiction has three main elements:

1. It involves an unhealthy relationship with something (it may be a substance, person, event, experience or thing).
2. It affects our mood.
3. It harms health or causes other major life problems.

Do you see why smoking is an addiction?

## ADDICTION AS DISEASE

Terry Kellogg

*Addiction is:*

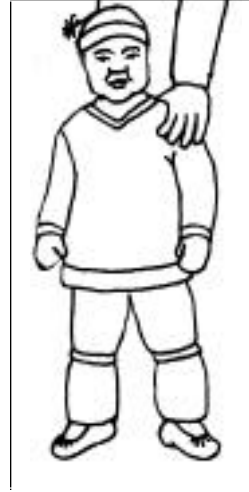
- progressive (it tends to get worse)
- predictable (we go through stages that are known)
- pervasive (it affects everything in our life)
- permanent (so, we need to work an on-going recovery program)
- terminal (eventually, without treatment, it will kill us)



## ROOT CAUSE OF ADDICTION

### *Terry Kellogg's theory*

- Why do we hold onto an addiction even though it destroys our lives? Even though it hurts people who are most important to us?
- For many, the root cause of an addiction can be found in childhood.
- In order to survive, children depend on others.
- In a dysfunctional (troubled) family, children learn not to depend on adults because they are not dependable. (For example, the adults may be alcoholic, or abusive, or mentally ill, etc.)
- These children have to protect themselves. Instead of depending on others in healthy ways, they learn to depend on addictions, highs and fixes.
- Dependency on the addiction begins to take care of the feelings and fears for survival. We use the addiction as a shield against emotional pain.
- For many, the addiction is misplaced dependency. The addiction is now what we depend on and we can't give it up. It's too scary. It is doom, death, and feels like the end. So we hang onto it as if it were our survival.
- To give up the addiction, we need to go back into those feelings and fears we experienced in childhood.
- To recover, we need to face up to what we missed as children. We need to grieve our unmet needs, our losses.







## SUMMARY

### *What is tobacco addiction?*

- Addiction is a disease. It can be treated.
- Addiction involves an unhealthy relationship with something that affects our mood and causes serious health or other personal problems.
- Addictions are about feelings and our relationship to them.

### *Why do we get addicted?*

- Addiction often begins with some childhood loss.
- We needed protection from the effects of that loss.
- Tobacco became a medication (treatment) for our emotional pain.
- Regular use of tobacco caused us to be tobacco addicted.

### *What now?*

- With new information and understanding, we can build a path to recovery.



## PERSONAL SUMMARY

What I learned in this section:

---

In this section, the idea I was most interested in was:

---

What most surprised me was:

---

The idea I most want to share with someone important to me is:

---

Other points:

---

---

---





## CLOSING QUIZ

*Before starting the next section, you may want to re-do the quiz from the start of this section to see how much you have learned. Compare your score now with your score from before.*

Please circle “true” (T) or “false” (F), or fill in the blank space.  
Answers are at the bottom of the page.

1. An addiction is any pleasurable action or behaviour we do every day. T/F
2. An addiction affects our mood. T/F
3. An addiction tends to get better over time. T/F
4. The root cause of an addiction is often \_\_\_\_\_.
5. Children from dysfunctional (troubled) families may be at higher risk for addictions. T/F

---

### ANSWERS:

1. False. (To be called an addiction, the behaviour must meet other criteria: unhealthy relationship, affects mood, harms health or causes other major problems.)
2. True.
3. False. (Addictions are “progressive”; they tend to get worse over time.)
4. childhood loss.
5. True.



## PART 3

### HOW DO WE RECOVER FROM TOBACCO ADDICTION?

*“My life is totally, totally, completely and absolutely different. I wake up, bright and early, go to work, don’t say things that I used to say, don’t gossip anymore. I try to do meditation, go to sleep at a reasonable hour. . . I pray. I eat normally, that’s like three meals a day. I take vitamins now. I look at myself in the mirror and appreciate what I see. I have a new outlook on life, oh yes, for sure.”* —Sanngijug<sup>1</sup>

*“There are lots of ways to quit. Smokers should be given more ways to quit.”* —Northern health worker<sup>2</sup>

*“I hear talk of quitting a lot more these days! Within the last three years, there are more people asking for help.”* —Northern health worker<sup>3</sup>

<sup>1</sup> Quoted on page 261 of Brian Maracle (1993) *Crazywater: native voices on addiction and recovery*, Viking, Toronto.

<sup>2</sup> Quoted on page 29 of Impact Evaluation of the *Aniqaattiarniq—Breathing Easy* Project, March 1999, Pauktuutit, Ottawa.

<sup>3</sup> Quoted on page 27 of Impact Evaluation of the *Aniqaattiarniq—Breathing Easy* Project, March 1999, Pauktuutit, Ottawa.



## QUIZ FOR PART 3

*Please circle "true" (T) or "false" (F), or fill in the blank space.*

*Answers are at the bottom of the page.*

1. For many, part of recovery involves \_\_\_\_\_ our losses.
2. The first stage of the "grieving model" is \_\_\_\_\_.
3. Coughing is a common withdrawal symptom. T/F
4. During withdrawal, we get dizzy from too much \_\_\_\_\_  
in our blood.
5. Drinking coffee during withdrawal can cause bad \_\_\_\_\_.
6. Either constipation or diarrhea may occur during withdrawal. T/F
7. The first \_\_\_\_\_ days after quitting are the most physically challenging.

---

### ANSWERS:

1. grieving.
2. denial.
3. True.
4. oxygen. (Unhealthy carbon monoxide is replaced with healthy oxygen, but our bodies are not used to that, so we may feel dizzy.)
5. headaches.
6. True.
7. 5.



## THE PROMISE OF RECOVERY

As soon as we develop new ways to meet our survival needs, we no longer need tobacco to get through the day.

Recovery is a process of becoming free from the need to medicate our relationship to the world.





## CYCLE OF RECOVERY

Recovery can have four phases:

### *1. Identify*

- We identify that we are addicted and make a serious commitment: “I need to recover. I want to recover.”
- We identify the main methods smokers can use to quit.
- We identify new ways of taking care of ourselves instead of using tobacco.
- We identify which family members and friends can support us, and which may harm our recovery efforts.
- We identify losses we have suffered that caused us to become attached to tobacco (e.g. loss of innocence during an abusive childhood; loss of self-esteem; loss of trust).
- We identify common withdrawal symptoms (headaches, dizziness, sadness, etc.) so we know what to expect as we withdraw from nicotine.
- We identify chemical aids we might use to help with withdrawal symptoms.
- We identify our danger zones (people, places, situations or emotions that might make us relapse) and triggers (things that we associate with tobacco use, such as coffee, alcohol, TV, etc.).
- We identify our target date or transition day (the day we change over to a new, non-smoking way of life).

### *2. Share*

- We share our feelings with a person (or group) we trust, or write them in a personal journal.
- In sharing, we learn to be more comfortable with our emotions. We start to accept our feelings. We don't need to suppress them anymore.
- We ask for support from family, friends, colleagues, recovering smokers, and other community members.



### *3. Grieve our losses*

- We grieve our losses and become our true selves.
- This process is unique to each individual.
- We need long-term, non-judgmental support.
- This process is on-going and natural. It leads to deep healing.

### *4. Move On*

- We understand that tobacco has been our main survival tool. Now we need to learn new ways to take care of ourselves.
- To fully recover from tobacco addiction, we learn and use new survival strategies instead of tobacco (e.g. daily exercise, prayer, being assertive, etc.).
- We make a realistic Daily Action Plan, Withdrawal Plan, and Recovery Plan.
- By our transition date — the day we stop smoking — we are prepared. We know that recovery is mostly about learning to live without tobacco and that it won't be easy or quick. It takes time to grow emotionally and to re-learn how to experience and express our feelings. We take the time we need to become emotionally independent of tobacco.
- Recovery is not about success or failure. It is an honourable learning and healing process.
- We have the right to be supported throughout the process.
- As we learn, we grow. Learning about addiction is learning about ourselves — our fears, joys, pain and celebration.
- We stay tobacco-free.

*This recovery cycle can be repeated many times  
as each loss is identified and processed.*

*One day, there will be no more “unfinished business.”*





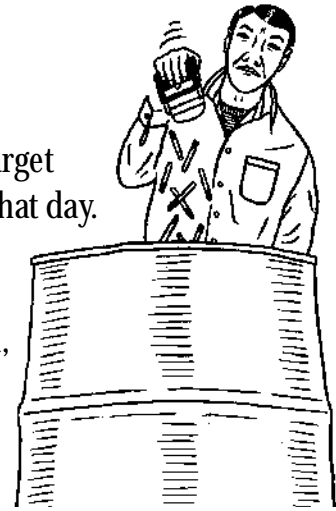


## METHODS OF QUITTING

There are two main methods of quitting.

### *“Cold turkey”*

- In this method, we smoke our usual amount up until our target date (transition day), and then suddenly stop smoking on that day.
- This method is especially useful for light smokers who smoke under 10 cigarettes a day.
- Some women, in particular, find this a very “harsh” method, and prefer not to use it.



### *Cutting down (Weaning off)*

- In this method, we cut down on one or two cigarettes each day over a period of many days or even weeks.
- We are trying to “wean off” the nicotine in a gentle way.
- Many heavy smokers find that this works quite well until they have cut down to about 8 or 10 cigarettes a day. At that point, they often “hit a wall”, and cannot cut down further without great discomfort. Slowly, they may start to smoke more and more again, until they may end up smoking even more than when they started.



*Knowing this about what other smokers have experienced,  
and knowing yourself,  
choose the method that feels right for you at this time.*



## SMOKERS' SURVIVAL KIT

Here are some well-tested survival tools to help you on your journey to freedom. Use these instead of tobacco to get you through your day.

### *To keep your hands busy without a cigarette:*

- string games
- knitting
- sewing
- carving
- crayons and paper
- art supplies
- little drum
- pipe cleaners
- juggling balls
- “worry beads”
- keys
- stones
- silly putty



### *To keep your mouth busy without a cigarette:*

- drink lots of water (try drinking from a water bottle or straw)
- dried meat and fish
- carrot or celery sticks
- apple pieces
- sugarless candies
- popcorn
- gum



- balloons
- harmonica
- straws
- toothpicks

### *To care for your body, mind, emotions and soul without tobacco:*


- prayers
- meditation
- verses from the Bible or other scriptures
- deep breathing exercises
- stretching exercises
- walks
- journal writing
- bubble bath
- shower
- light a candle
- music
- dancing
- reading
- laughter
- massage
- naps and extra sleep
- drinking water
- friendship
- support group





## SUPPORT NETWORK: A SAMPLE

Our family and friends can be a great support to us. But not everyone will be pleased that we plan to quit smoking. Some may feel threatened. Or they may fear that we will want them to quit, too. In this sample sheet, we show how to analyse the people around us, and how to plan in advance how to ask for support.

	NAME OF FRIEND/FAMILY MEMBER	SUPPORTIVE OR DANGEROUS?	WHAT TO SAY TO THEM
<p><b>Building Your Support Network</b></p> <p>The idea here is to identify which of your friends and family will be most helpful in your recovery.</p> 	Siasi (mother)	Very supportive	“I know you have wanted me to quit smoking for many years. I am ready now. But I want to ask for your help...”
	Mary (friend)	Supportive	“I know that you will help me because you yourself quit smoking some years ago and you know how hard it is. Can I ask you please to look after my children for a few hours during the first few days while I am in withdrawal?”
	Markoosie (15 year old son)	Dangerous	“I know that you don’t want to quit smoking yourself, and I respect that. I am quitting for me. All I ask is that you stop smoking inside the house. It will be really hard for me if I have to watch you and smell your smoke... Will you promise to smoke outside?”



## SUPPORT NETWORK

Your family and friends can be a great support to you. If possible, find a recovered smoker who will be a “buddy” to you. But not everyone will be pleased that you plan to quit smoking. Some may feel threatened. Or they may fear that you will want them to quit, too. Think about who you can really trust to support you. Ask them for help. Avoid other people for the first few weeks: just tell them that you will be taking a break for a while until you are over the most difficult time of quitting... Please fill in this sheet.



	NAME OF FRIEND/ FAMILY MEMBER	SUPPORTIVE OR DANGEROUS?	WHAT TO SAY TO THEM
<b>Building Your Support Network</b>  The idea here is to identify which of your friends and family will be most helpful in your recovery.			



## *Support Agreement*

To my family/friends,

I, \_\_\_\_\_ (name) have decided to stop smoking.

I am doing my best to improve my chances of becoming smoke-free.

This agreement is a two-way commitment.

I commit to doing everything I can to stop smoking. I am not trying to make anyone else stop smoking. But I am addicted to nicotine and need your help to become a free, healthy person again.

So I ask you to sign this agreement whereby:

You agree to support me (as much as you can) for a period of 90 days, starting with the day I stop smoking, on \_\_\_\_\_ (date).

This will greatly help my progress as I recover from tobacco addiction. Thank you for your help and support.

\_\_\_\_\_ Family/friend supporter  
\_\_\_\_\_ Recovering Smoker  
\_\_\_\_\_ Date  
\_\_\_\_\_ Witness



## GRIEVING MAY BE PART OF RECOVERY

*Grieving* — Grieving is the name we give to identifying or naming a major loss. In Inuit culture, we normally associate grieving with the death of a loved one. Grief is a normal part of life, and all cultures have developed rituals and ways to deal with it.

*Grieving and addiction* — Many addiction experts have found that people with an addiction often need to “grieve” a personal loss such as the loss of a happy childhood, a marriage, a dream, or a part of themselves. The addiction allows us to “forget” our grief. For many, part of recovery involves grieving our losses.

*Childhood Losses* — As children we may have suffered losses that we may not even be aware of as adults (e.g. alcoholic parents who could not take good care of us; physical or sexual abuse; feelings of shame or fear; not feeling well-loved; etc.) We may be in denial about (not recognising, not accepting) what happened to us as children. Yet these losses affect how we feel and behave today. They must be identified and grieved. Even though we can never get back our lost childhood, just identifying the losses helps us to move forward in life.

*Loss is the Cause* — Losses are in fact the root cause of our addiction. The losses created the need for us to protect ourselves. We learned to use tobacco as a shield against our emotional pain. We then became physically addicted to the nicotine as well.

*Awareness* — Grieving involves looking back on our lives and identifying our attachments to tobacco. In doing this we recover the knowledge of our losses. With this awareness we can build a realistic recovery plan that can work for us over time. We can eventually be completely healed.

*Recovery* — Recovery is based on the idea that humans need to grieve loss, learn the lessons, and then move forward with life. Grieving helps us learn how to feel again. Our grief can open us up in ways that are not possible without it. Grief breaks open the heavy iron doors of denial and resistance. All our feelings that we have been suppressing since childhood then pour out. This can lead to deep emotional responses. Don't be afraid. Go forward with love and confidence that you are on a path back to your own true self. Let nothing stop you on your journey to freedom.

*Grieving tobacco* — Many smokers find that when they try to quit smoking, it feels almost as bad as if they are grieving the death of a loved one. It feels like they have to live without their “best friend” . . .



## GRIEVING MODEL

This “grieving model” views grieving as a normal process that heals a person who has suffered a big loss.

For example, a person whose child is diagnosed with cancer might move through the stages of grieving like this:

- denial*            “It’s not possible; there must be some mistake. Maybe the test results are wrong.”
- anger*             “Why my child? It’s not fair.”
- bargaining*       “I’ll do anything to change the situation. I’ll start going to church...”
- depression*       “I’ll never survive this crisis! How could I live if my child dies?”
- acceptance*       “It’s true. I have to accept that she is dying.”
- surrender*        “It is out of my control. She’s in God’s hands.”
- freedom*          “Life will go on, even after this unbearable loss.”

*We can go back and forth between stages a few times before the grieving is done.  
It is more like a spiral process than a ladder...*





If we suffered serious losses as a child, we may need to go through these same steps as we grieve our childhood losses.

<i>denial</i>	“I had a wonderful childhood. My parents were perfect!”
<i>anger</i>	“How could they have abused me like that?”
<i>bargaining</i>	“If I try hard to forgive them, maybe I could ‘forget’ the abuse.”
<i>depression</i>	“It’s no use. I’m a wreck. I can’t go on like this.”
<i>acceptance</i>	“It’s true. I was abused. It was not my fault.”
<i>surrender</i>	“My struggle is over. My healing now begins.”
<i>freedom</i>	“Life will go on. I can’t change the past, but I can change how I react to it.”

*Again, this can be a spiral process before healing is achieved.*

## FROM DENIAL TO FREEDOM

Now, imagine an addicted person going through these same stages on the way to recovery.

<i>denial</i>	“I’m not addicted! I could stop smoking anytime I choose to.”
<i>anger</i>	“Why do I have to go through this suffering? It’s not fair.”
<i>bargaining</i>	“I’ll do anything. What if I only smoke in the mornings?”
<i>depression</i>	“I’ll never survive without tobacco! I feel so alone and depressed.”
<i>acceptance</i>	“I really am addicted.”
<i>surrender</i>	“I need help to recover.”
<i>freedom</i>	“I am free now; I am open to life as it is.”

*As before, this can be a spiral process before freedom is finally achieved.*





## IDENTIFYING LOSSES

Identifying losses is one important part of understanding why we became addicted.

### *Examples of Losses*

#### Childhood

1. I felt scared a lot.
2. I was not allowed to be angry.
3. I have no memories of childhood.
4. I often escaped into fantasy.
5. I never felt really loved.

#### Teens

1. I wanted to leave home early on.
2. I was always in trouble.
3. I felt unloved and abandoned.
4. I was afraid to grow up.
5. Nobody really listened to me.

#### Adulthood

1. I am angry.
2. I am unhappy.
3. I fear I am going to die young.
4. I think my parents were perfect.
5. I feel chained to tobacco.

*Use your own experiences, intuition and feelings as your guide.*

### *My Losses*

#### Childhood

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### Teens

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### Adulthood

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



## WITHDRAWAL SYMPTOMS

When we withdraw from nicotine, we experience physical effects (withdrawal symptoms) as our bodies begin to recover from nicotine use. We can celebrate these symptoms, because they are proof that we are healing! Drinking water regularly throughout the day can help get rid of the nicotine in our body.

Withdrawal is worst for the first five days after quitting.

Not everyone has the same withdrawal symptoms, nor with the same intensity. Some people have intense discomfort. Sometimes, this will trigger a relapse as we try to get pain relief. If we are aware of these withdrawal symptoms, and can talk or write about them in a journal, we can identify the pain and reduce it.

Some of the common symptoms which tell us we are on our way to recovery include:

- *Coughing*— Our lungs have collected a lot of toxic substances as we inhaled smoke over the years. Now our lungs begin to return to normal. We have to cough up the tar from our breathing passages.
- *Distraction*— We have learned to associate cigarettes with work activity. We are easily distracted and can't stay focused.
- *Dizziness*—Smoking causes carbon monoxide to build up in our bodies. When we quit, carbon monoxide is replaced with oxygen. Our brains may have trouble with this increased flow of oxygen.
- *Headaches*—When we withdraw from nicotine but drink our usual amount of caffeine (in coffee, tea, and pop), we can get bad headaches and dizziness.
- *Tiredness*—Nicotine is a stimulant. When we withdraw, we may feel very tired.
- *Nervousness*—We may feel jumpy or irritable while we withdraw from nicotine.
- *Digestive problems*—Smoking interferes with normal bowel functioning. Constipation or diarrhea may occur during withdrawal.
- *Throat problems*—We may have a sore throat, or feel raw in the mouth or throat.
- *Sleeping problems*—We may wake up at odd times, have difficulty going back to sleep, have odd dreams or nightmares. We may dream about relapse.
- *Skin problems*—Because of increased circulation, our skin or scalp may itch.



## CHEMICAL AIDS FOR WITHDRAWAL

### *Nicotine gum*

- There is a special kind of chewing gum that contains nicotine.
- So, instead of getting nicotine from a cigarette, we get it from the gum.
- There is a special, slow way of using (not chewing!) the gum to avoid getting too big a dose of the nicotine.
- Please read the instructions in the package very carefully, or talk to the nurse or pharmacist about this.
- Some people quit smoking but get addicted to the nicotine gum.

### *Nicotine patch*

- A nicotine patch is like a big Band-Aid we put on our skin every day.
- Now, we get the dose of nicotine through our skin instead.
- Slowly, over about 6 weeks, the dose of the patch is cut down until we become nicotine-free.

Many heavy smokers have found it easier to quit by using a “nicotine replacement” (we get our nicotine in another way than from tobacco). It may help to learn to live without smoking first, and how to live without nicotine as a separate step. Usually, nicotine replacement is only recommended if we smoke more than about a pack a day, and have our first cigarette within 30 minutes of waking up in the morning.

*We should never smoke while using nicotine replacement: we may get an overdose of nicotine which can be very dangerous.*


### *Zyban*

Zyban is a new prescription pill that many smokers have found helps them to cope with their feelings and withdrawal symptoms. It does not contain nicotine so you can start taking it before you stop smoking. You can ask your nurse or pharmacist for more information about this aid. The company gives out a 1-800 number to offer telephone support to anyone who is using Zyban.





## WITHDRAWAL PLAN

WITHDRAWAL PLAN	DAY	SUGGESTIONS	YOUR PLAN
<p><b>Build your withdrawal plan</b></p> <p>Make a specific withdrawal plan for the first 30 days which can often be the hardest.</p> <p>The first 5 days are the most physically challenging. Be careful to avoid a relapse for the first 90 days.</p> 	Day 1	Stay home Take it slowly Drink water Long bath	
	Day 2	Massage Walk Sleep Light a candle	
	Day 3	Popcorn YoYo Silly Putty Sugarless gum Rest	
	Day 4	Read Exercise Carrot sticks Dry meat Relax	
	Day 5	Hot tea Burn incense Listen to music Drink juice Moderate coffee	
	Day 6 to Day 30	Pray Exercise Journal Support group	
	Day 30 to Day 90	Do all of the above adapting as your needs change.	



## IDENTIFYING TRIGGERS AND DANGER ZONES: A SAMPLE

“**Triggers**” are things that we associate with tobacco use, like coffee, alcohol, TV, etc.

“**Danger zones**” are people, places, situations or emotions that might make us relapse. Here is an example of how one smoker uses tobacco during an average morning. By charting each cigarette, she can see the danger zones and triggers she will need to avoid as she quits smoking.

Time	Place	Activity	Emotion	Trigger/Danger zone	Theme/Need
7am	Bed	Waking up	Depressed	Loneliness	Stimulant/Best friend
7.15	Kitchen	Eating	OK	Coffee	Best friend
9	Work	Reading reports	Stressed	Stress	“Calms me”
10	Work	Tea break	Relaxed	Smoking colleagues, coffee	Social
11.30	Work	Meeting	Nervous	Stress	“Calms me”

From this example, we see how this smoker uses tobacco both to stimulate and relax her. She will be at high risk around smoking colleagues, and when coffee is served. She will need to plan different things to wake her up (e.g. stretches or exercise), calm her down (e.g. deep breathing), and so on. She will need deep healing to make her feel OK about being who she is, alone, without tobacco as her “best friend”.



## IDENTIFYING TRIGGERS AND DANGER ZONES

Please chart every cigarette you smoke in an average day. Identify your triggers and danger zones, and the need each cigarette meets.

Time	Place	Activity	Emotion	Trigger/Danger zone	Theme/Need

*Now that you have identified your danger zones and triggers,  
you are ready to make a daily action plan  
that will protect you during the day.*



## DAILY ACTION PLAN: A SAMPLE

DAILY ACTION PLAN	TIME	OLD (SMOKING) ROUTINE	ACTION TOWARDS RECOVERY
<p>The idea here is to make a specific action plan that takes you through your whole day without the need for tobacco.</p>	Rise	Wake, smoke in bed, coffee	Wake earlier than usual, tea or juice, go for walk
	Morning	Telephone & smoke	Visit non-smoker friend
	Lunch	Coffee, smoking friends	Tea, wash dishes immediately
	Afternoon	Bored, TV, smoke	Walk, exercise, visit, rest
	Dinner	Coffee & smoke	Tea
	Early Evening	TV & smoke	Read, attend community meeting
	Late Evening	Lonely & smoke	Phone non-smoker buddy, write in journal, shower
	Sleeptime	Lonely, tired, smoke	Pray
	Dreamtime	Wake up, smoke in bed	Deep breathing, drink water

Handwritten mark or signature at the bottom left corner.



## DAILY ACTION PLAN

DAILY ACTION PLAN	TIME	OLD (SMOKING ROUTINE)	ACTION TOWARDS RECOVERY
<b>Build your plan each day. Learn from today's experiences to make tomorrow go easier.</b>  Use this technique every day, especially early in your recovery.  One day at a time...	Rise		
	Morning		
	Lunch		
	Afternoon		
	Dinner		
	Early evening		
	Late evening		
	Sleeptime		
	Dreamtime		





## SET A TARGET DATE

- A target date or transition day (day of change) is the date we choose to change from being a smoker to a non-smoker.
- Once we feel prepared and supported to quit smoking, we usually need about two weeks (not too long or we may lose our motivation) to get organised. (For example, we should start exercising before we quit, and we need time to make an action plan and so on.)
- We choose a date that will be easiest for us, depending on our schedule. (For example, if we can rest well on the weekends, we may choose a Saturday as the target date. On the other hand, if we are a parent and prefer that our children be off at school on the target date, we choose a weekday.)



- Many smokers find it hard to commit to a specific date. That's normal. But if we don't set ourselves a clear deadline, we may just delay making the change forever. Go ahead. Set a date for yourself. (Remember, there is never a "perfect time" to quit!)
- In the few days leading up to the target date, many smokers feel nervous, or even panic and terror. That too is normal. Talk about your fears, or write about them, but don't let the addiction win. You can do this!
- Stay focused. Stay clear. Think about the freedom that awaits...



## WHEN THE SMOKING URGE STRIKES...

### PAUSE

- Notice the situation
- Don't judge yourself or others
- What are you feeling?
- Take a few deep breaths

### FOCUS

- On your new awareness
- What do you need to do or say to take care of yourself?
- You have new choices
- Write this in your journal

### ACT

- According to your action plan
- Call a friend or buddy
- Share it with your group
- Affirm yourself

*Whether you smoke or not, this urge will pass!*





## RECOVERY IS...RECORD YOUR OWN INSIGHTS

*Recovery is* finding new ways to survive that don't hurt ourselves or others.

*Recovery is* learning how to live in the world without tobacco.

*Recovery is* a process best taken 'one day at a time.'

*Recovery is* the process by which we find our true identity, our original selves.

*Recovery is* getting our feelings back.

*Recovery is* learning new tools for survival.

*Recovery is* love finding its way back home.

*My Recovery is...*

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## MY RECOVERY PLAN

My name: \_\_\_\_\_ Today's date: \_\_\_\_\_

My quit smoking target date/transition day (the day I will stop smoking): \_\_\_\_\_

My method of quitting (cold turkey or cutting down) will be:

\_\_\_\_\_

Nicotine replacement therapy? Yes/No If yes, patch or gum? \_\_\_\_\_

Zyban? Yes/No

I have a daily action plan. Yes/No

I have a withdrawal plan. Yes/No

I will cut down on stress by using:

exercise, movement, dance

music, singing, humming, drumming, etc.

deep breathing exercises

journal writing

art, poetry, carving, sewing, knitting

other ideas: \_\_\_\_\_

I will control my weight by \_\_\_\_\_

I will use the following spiritual approaches to help heal my addiction:

\_\_\_\_\_

I will ask these people for help and support: \_\_\_\_\_

I will NOT tell these people that I plan to quit: \_\_\_\_\_

I will stay away from these people during the first few days or weeks:

\_\_\_\_\_

My favourite insight about recovery is:

\_\_\_\_\_

Other ideas to help my recovery: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## RECOVERY BEGINS

*Stop Smoking night arrives.*



*Transition day is here.*



*Recovery begins.*

*You have prepared yourself well.*

*You may want to take a few days off school/work.*



*You are committed to your recovery program.*



*You have a withdrawal plan and a daily action plan.*

*You know you're not alone.*

*A support network is there to help you.*



*You know what it's all about.*



*You deserve to be free.*

*You are now ready to stop smoking.*



## PREVENT A RELAPSE

- Many ex-smokers feel strong cravings to smoke for days and even weeks after quitting. That is normal.
- Think of these cravings like waves on a stormy ocean. Just sail over one at a time. After a while, the waves will get smaller and smaller, and will come less and less often... The storm will pass. One day, you will be totally free of the cravings.
- Remember that each craving will go away after 3-5 minutes. Just do or think of something else for a few minutes and that craving will pass.
- Try the 4 Ds when a craving comes:
  - **Delay** having a cigarette for just a few minutes.
  - **Deep breathe.**
  - **Drink water.**
  - **Do something else (or Distract yourself).** For example, phone a friend. Wash the dishes. Go for a walk. Write in a journal. Cuddle a baby. Hug someone. Do anything (safe!) to take your mind off cigarettes.



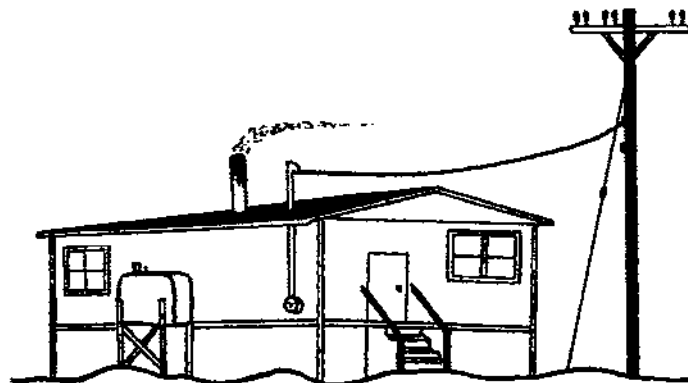


## “SAFER SMOKING”

Until we quit, we can still protect ourselves and the people around us from our second-hand smoke and from the risk of starting to smoke. Here are some ideas developed by the Nunavik Regional Board of Health and Social Services in consultation with many community members.

- We always smoke outside so we don't pollute the air our family and friends have to breathe. Smoke-free homes and workplaces are a great step forward.
- We encourage and support (not tease) people who decide to quit smoking.
- We move away from ex-smokers when we smoke, so they won't be tempted to smoke.
- We explain to children and young people that nicotine is addictive and that we wish we had never become addicted.
- We never offer cigarettes to children.
- We burn our butts right down or throw them away in special ashtrays so children cannot pick them up to smoke.
- We keep our cigarette pack out of sight in a pocket or purse, so others will not be tempted to take one.

*Can you think of other ways to be a “safer smoker” until you quit?*





## SUMMARY

### *To recover from tobacco addiction:*

- We recognise that recovery has 4 phases: identify, share, grieve our losses, move on.
- We see tobacco as a survival tool. This insight removes the shame we feel about our smoking and unhooks us from fear of failure. This reduces the stress, anxiety and fear about stopping smoking.
- We learn to use many new tools for survival instead of tobacco. Once our new tools are in place and our recovery path is clear, we stop using tobacco.
- We seek support from the people most able to give it.
- We identify and grieve our losses, including the loss of our relationship with tobacco itself. We honour the role tobacco played in our lives even as we build a strategy to become free.
- We learn about withdrawal symptoms and make a withdrawal plan.
- We identify our triggers and danger zones and make a daily action plan.
- We do not just “quit smoking”. We heal. We recover.
- We work to prevent a relapse. But if we relapse, we know this is a normal part of the recovery process for most people.

Recovery is a process that goes on for a lifetime. Once we have recovered our ability to fully experience ourselves as emotional beings, we are truly alive. This is the gift that comes to those who journey through recovery.

We stay free by reaching out to others who are also on this search.

Together, we let the healing begin each day.





## PERSONAL SUMMARY

What I learned in this section:

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In this section, the idea I was most interested in was:

---

What most surprised me was:

---

The idea I most want to share with someone important to me is:

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Other points:

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## CLOSING QUIZ

*Before starting the next section, you may want to re-do the quiz from the start of this section to see how much you have learned. Compare your score now with your score from before.*

Please circle “true” (T) or “false” (F), or fill in the blank space.  
Answers are at the bottom of the page.

1. For many, part of recovery involves \_\_\_\_\_ our losses.
2. The first stage of the “grieving model” is \_\_\_\_\_ .
3. Coughing is a common withdrawal symptom. T/F
4. During withdrawal, we get dizzy from too much \_\_\_\_\_ in our blood.
5. Drinking coffee during withdrawal can cause bad \_\_\_\_\_ .
6. Either constipation or diarrhea may occur during withdrawal. T/F
7. The first \_\_\_\_\_ days after quitting are the most physically challenging.

---

### ANSWERS:

- |   |                                 |
|---|---------------------------------|
| 1. grieving.  | are not used to that, so we may |
| 2. denial.  | feel dizzy.)                    |
| 3. True.  | 5. headaches.                   |
| 4. oxygen. (Unhealthy carbon monoxide is replaced with healthy oxygen, but our bodies | 6. True.                        |
|   | 7. 5.                           |



# PART 4

## HOW TO HELP PEOPLE QUIT SMOKING

To help others become tobacco free  
we need to provide support,  
knowledge and understanding.

It is a true honour to work with someone on the road to recovery.  
To help them heal.  
To watch them put the pieces of themselves back together.  
To build their true self...

*“Get to know your people. Plan with them, teach them, serve them. Begin with what they have. Build on what they know.”*

—Unknown author<sup>1</sup>

*“I consider myself a lighthouse for my children and my friends. I stay strong and I stay the same and let them know that I’m there for them.”*

—Mabel<sup>2</sup>

*“My dream is people helping each other to quit, without judgment...”*

—Northern health worker<sup>3</sup>

*“We need meetings and group sessions for smokers.”*

—Northern health worker<sup>4</sup>

<sup>1</sup>Submitted by Julia Ogina, Regional Community Health Representative, Cambridge Bay.

<sup>2</sup>Quoted on page 213 in Brian Maracle (1993) *Crazywater: native voices on addiction and recovery*, Viking, Toronto.

<sup>3</sup>Quoted on page 34 of Impact Evaluation of the *Aniqsaattiarniq—Breathing Easy* Project, March 1999, Pauktuutit, Ottawa.

<sup>4</sup>Quoted on page 35 of Impact Evaluation of the *Aniqsaattiarniq—Breathing Easy* Project, March 1999, Pauktuutit, Ottawa.



## QUIZ FOR PART 4

*Please circle "true" (T) or "false" (F), or fill in the blank space.*

*Answers are at the bottom of the page.*

1. Groups work better when the participants themselves decide guidelines for the group. T/F
2. A good group leader does not share her/his own personal stories of recovery with the group. T/F
3. Most women find caring for themselves in recovery easier than most men. T/F
4. Many women need to learn to assert themselves with men. T/F
5. Many men have a harder time than women to physically recover from tobacco. T/F
6. Recovering alcoholics should not try to quit smoking or they may relapse and start drinking again. T/F
7. Quitting smoking may affect the \_\_\_\_\_ we need of some medicines.
8. Many ex-smokers gain some \_\_\_\_\_ after quitting.
9. It is more important to maintain a healthy body weight than to quit smoking. T/F
10. People who are grieving (e.g. after the death of a loved one) should be left alone to process their grief. T/F

## ANSWERS:

- 
1. True.
  2. False. (It is important to share your stories as a participating member of the group.)
  3. False. (Most women are used to caring for others, but not themselves.)
  4. True.
  5. False. (Men often have a harder time emotionally.)
  6. False. (But they should be careful to protect their sobriety as they quit smoking.)
  7. dose.
  8. weight.
  9. False.
  10. False.



## SAMPLE OF A COMMUNITY NOTICE

# NOTICE

Are you thinking about quitting smoking?

Interested in joining a  
support group for people who  
want to quit?

There is no cost, no judgement... only  
an interest in stopping smoking.

For information, please call:

\_\_\_\_\_

Handwritten mark or signature.



## HOW TO RUN A SMOKERS' SUPPORT GROUP

Once you have a group and a place to meet, people need to agree on how to run the group.

*Some ideas that you may agree on are:*

- The group is open to anyone who wants to stop smoking.
- Everyone in the group deserves respect.
- Someone needs to set up the room and tidy up afterwards.
- Welcome new people.
- Give everyone a chance to speak if they want to.
- Group members help set group guidelines (see next page for examples) and these are displayed at each meeting.
- You may rotate group leaders at different meetings. No one person needs to be in control. The group can be self-directed for mutual support.
- Keep discussions related to tobacco recovery. (For example, if someone talks too much about personal problems, the group leader can ask how that affects their recovery. If they need more help, refer them to a professional counsellor.)
- If the group becomes too large or if conflict arises, people can start their own group. That's OK.





## GROUP GUIDELINES

*These are some possible guidelines for a smokers' support group. It is best to ask group members to help make a list like this. They will feel more committed to it. Display the list at each meeting for new members. Add new ideas any time.*

1. What is said in the group, stays in the group. (Respect people's privacy.)
2. The focus of discussions is tobacco recovery.
3. We give feedback by sharing, not advising or lecturing.
4. We will participate as fully as possible. The more we put in, the more we will take out.
5. We use "I" statements, not "you" statements. (For example, "I feel angry when people say things like that..." not "You make me angry when...")
6. We keep an open mind and open heart.
7. We see the group as a safe place to learn about ourselves and others.
8. We practise new survival skills in the group (e.g. drink water, keep hands busy, chew gum, be assertive, ask for help, express emotions).
9. We pay attention to our body language and feelings.
10. We will allow others to get to know us.
11. The group is a place to learn and progress, not to be perfect!
12. We try to apply what we are learning in the group in our life outside the group.
13. We remember that changes take time and effort. We are gentle on ourselves and others.
14. Please add other ideas:



## GUIDE FOR GROUP LEADERS

*What to do if you are asked to run a meeting of your group:*

- Introduce yourself as the group leader, and all group members.
- Explain the purpose of the group and introduce group guidelines to newcomers.
- Lead the recovery process in this meeting.
- Approach the members with love and respect.
- Offer basic addiction information to the newcomer.
- Offer insight and understanding.
- Remind people there is no shame, no blame attached to this addiction.
- Identify; don't compare. Encourage group members to do the same.
- Offer non-judgmental, open-hearted support.
- Share and encourage sharing.
- Be open to your own pain and encourage others to be open to theirs.
- Help move everyone forward at their own pace and in their own way.
- Link experiences/stories back to the recovery process.

(For example, ask: "How did that affect your recovery?")

- Understand that everyone is different.
- Be flexible. Adapt plans to meet the needs of the members.
- Refer people to other resources when possible or needed.







## TOPICS FOR GROUP MEETINGS

*When starting a group you may want to use topics.*

- 1st Meeting:* Welcome, introduce participants.  
Overview of tobacco use, health effects, benefits of quitting (see pages 8-11).  
Basic understanding of addiction and recovery process (see pages 23-31).  
The positive message, "You can recover."  
Share personal smoking stories.
- 2nd Meeting:* New survival strategies (see page 34).  
Support network (see pages 35-37).
- 3rd Meeting:* Introduction of journal option.  
Grieving and recovery (see pages 38-40)  
Identifying losses (see page 41)  
Withdrawal symptoms and withdrawal plan (see pages 42-44)
- 4th Meeting:* Danger zone and trigger identification (see pages 45-46).  
Daily action plan & recovery plan development (see pages 47-52).
- 5th Meeting:* Transition Day (stop smoking) – for those who are ready (see page 49).  
Begin and/or end with deep breathing exercises.  
Review new survival strategies and action plans.
- 6th Meeting:* Relapse prevention (see pages 50,54).  
Determine who would like to be included in the telephone support system and exchange numbers with each other.
- On-Going Topics:* Women and tobacco (see page 68)  
Men and tobacco (see page 69)  
Anger (see page 72)  
Weight gain (see page 73)  
"Safer smoking" (see page 55)

Emphasize that recovery is a gift to yourself and to others who may follow you or may not start smoking. It is through facing our pain that the deeper work gets done.

Help each other do this and you've done your best.



## BUDDIES

A buddy is a recovered smoker who cares for you and has enough detachment to not only help you, but to allow you to find your own path to recovery.

When we are recovering we develop a healthier relationship with our own true identity. An open-hearted buddy can be very helpful with this work.

### *Notes to a Buddy:*

1. Be a good listener.
2. Do not give advice.
3. Share your own experience as a way of guiding your friend.
4. Be available.
5. Demonstrate by your own actions how to use the new tools for survival.
6. Share quiet times.
7. Be gentle.

*Plan to explore recovery themes in each encounter.  
Anything that helps is useful.*

Remember that for the recovering smoker the battle is between:

- control and acceptance
- denial and awareness
- addicted self and free self





## HELPING OTHERS GRIEVE THEIR LOSSES

- Any serious loss in our lives is a cause for grief. Most of us would identify the death of a child, parent, spouse, or close friend as a cause of grief.
- Traditional societies have long recognized that grieving is a necessary process as we recover from a serious loss. In every culture, there are practices and rituals that help people face and deal with grief.
- Grief is not restricted to death alone. Other losses such as the end of a marriage or relationship, the loss of a job, or injury all can be traumatic in deep ways. These changes can be occasions for grief. As well, giving up an addiction may be experienced as a deep loss.
- Sometimes, out of compassion and sympathy, we try to protect others from their pain. Resist doing this. It only delays the process of recovery.
- Statements such as “you’ll get over it” may make you feel better, but don’t help them with their grief. Pity will be resented. Just express your genuine sorrow.
- Grieving can bring about understanding, maturity and strength. It is a painful, exhausting process. Yet, it can be one of the most significant experiences of our lives.
- There is no need to go it alone. There is no shame in turning to others. We need each other in times of grief.
- A recovering smoker may be at high risk of relapse during a grief crisis (e.g. death of a loved one). Be aware of that, and encourage them to work through the stages of grief without going back to tobacco.





## WOMEN AND TOBACCO

*Many women have special needs.*

- Most women are brought up, trained, and encouraged to be nurturing (caring) and to put the needs and well-being of others before their own.
- As well, many women are suffering from the patriarchal (male-dominated) social system in which men tend to dominate in most aspects of life. We are especially sensitive to any language, attitude or action of men which judges or devalues us.
- Some of us are also scared or shy to open up emotionally in a group due to bad experiences in our past.

*To recover from tobacco addiction:*

- We need to put our own needs first, for a change. We cannot always give caring to others. We need to accept it as well!
- We need respect and to be taken seriously when we participate in a support group. We need to assert ourselves as full, equal human beings.
- We need groups that can offer support and sensitivity as we recover. (For some women, this may mean joining a support group for women only.)

*Don't be afraid to demand respect!*





## MEN AND TOBACCO

*Many men have special needs.*

- As boys and men we are often taught to be strong and in control of our emotions.
- This can be a big block for us when we try to recover from tobacco addiction. Many of our feelings have been hidden. For many, we go through anger to find our full range of emotions. Yet we are afraid of anger, too.
- This keeps us “stuck” emotionally and keeps us smoking to survive.

*To recover from tobacco addiction:*

- We need a plan that helps us overcome these emotional blocks to our recovery.
- We need to let go of our fear of emotions. We need to become emotionally open to the women, men and children in our world.
- We need to open our hearts to the pain of our own childhood.
- We need to love and respect ourselves and all those in our lives.
- We need to nurture others as we heal ourselves.
- We need the love and respect of the women in our lives.
- We need help.

*Don't be afraid to ask for help!*





## RECOVERING ALCOHOLICS AND TOBACCO

- Recovering alcoholics have a serious, life-threatening addiction. As we become tobacco-free, we must always keep our alcohol recovery program in full operation. If we attended Alcoholics Anonymous (AA) meetings, we must now 'work the program', go to meetings, read the 'Big Book', do daily meditations. Or if we got support from an elder or other trusted person, we should approach them again now. This will not only protect our sobriety but help our tobacco recovery as well.
- We all need to learn to let go of our shame and guilt so that we can get on with our life in recovery.
- As we learn to deal with our grief over personal losses, we must also learn not to trouble ourselves over the past. We have too much to think about as we build a new life.
- The Serenity Prayer has special meaning to many recovering people from AA, and works as both a reminder to let go of the past and to not live in the future. This way we stay in the present, living in the moment. We accept. We have enough courage to tackle today. We build on our wisdom, one experience at a time. Use it regularly. (Or say another prayer that meets your needs.)

*"God grant me the serenity to accept the things I cannot change,  
courage to change the things I can,  
and the wisdom to know the difference."*

- Your tobacco recovery begins now. You are sober and you understand that your alcoholism is a life-long disease and that you must keep it at the centre of your experience.
- The tobacco recovery tools will help you but you must also focus on the fact that you are an alcoholic. You must protect your sobriety. Without this commitment, you leave yourself open to your alcohol addiction and to the potential destruction of your life and the lives of everyone you care about.
- Sobriety is your first priority. Without it you will lose everything. Always remember the 'old timers' saying: If you don't give your sobriety number one priority, you will drink again. And if you drink, you may die.
- Take care of yourself, body, mind and soul.



## SMOKERS WITH SPECIAL NEEDS

- Many of us who smoke tobacco have other conditions that need attention when we build our recovery plan. Some of us face mental and emotional health challenges which are hard enough to deal with. They may make our tobacco recovery even more difficult. So we must be prepared.
- We need to inform our health workers about our intentions to quit and our progress.
- Some of us feel depressed, anxious, fearful, isolated or lonely. We may have trouble sleeping, eating, or staying focused. These conditions or states may be a block for you. Make sure you have a recovery plan which keeps these situations in mind.
- If we are getting professional help, we must stay in close contact with our helpers as we learn to live in our world without tobacco. For example, some medication doses may need to be changed when we quit smoking.
- We must be careful and plan our tobacco recovery with all our needs in mind. We can recover.
  1. Identify what we need.
  2. Get the help we require.
  3. Keep everyone informed.



## ANGER

- When we feel frustrated, hurt, tired, rejected, embarrassed, or threatened, our reaction is often expressed through anger.
- Anger is a necessary but scary emotion. It can be a clear signal that we are putting our recovery at risk and that action is needed.
- We can assert ourselves. Express anger in non-abusive and non-destructive ways, and then let it go.
- It is helpful to examine our anger every time we sense it. Ask: Is there another deeper, hidden issue behind the anger? Is the anger a symptom of my fear, or insecurity?
- Exploring our anger in this way prevents uncontrolled reactions. We get new, fresh insights into ourselves as emotional beings. As well, getting control of anger can prevent a relapse.







## WEIGHT GAIN

- Weight gain can be discouraging for some ex-smokers.
- When we quit smoking, our metabolism (the way our body works) changes. It is normal for many people to gain some weight after quitting smoking. It's OK!
- Our taste buds start to work again, so food tastes more delicious!
- Eat healthy food, not junk food and candy bars. Drink plenty of water. And exercise every day.
- Many smokers, especially women, relapse when they think that they have put on too much weight.
- Some people just transfer their addiction from tobacco to food. That's why we need to recover, not just quit smoking.
- Remember: Being a few pounds overweight is much healthier than smoking.
- Stopping smoking is your top priority for a while. The addicted mind is very tricky. It tries to find ways to convince you to smoke again.
- Weight gain is not a reason to go back to smoking. . .

### *Develop a Weight Management Plan:*

- Review your diet and lifestyle.
- What is your present diet like? What needs changing? (You could ask a health worker for help with this.)
- How active are you? How can you be more active?

### *The Central Messages:*

- Have a weight management plan before quitting.
- Eat with awareness.
- Tobacco recovery, not weight control, is the priority.
- It is harder to quit smoking than to lose weight!



## GROUP LEADERS NEED SUPPORT AS WELL!

- We are aware that every smoker is different.
- We need to know different ways to respond in order to truly help them.
- As group leaders, we need support to do this work.
- It is too big a job to do alone.
- Helping others can make us tired and can trigger some of our own personal issues.
- We need to take care of ourselves and each other.
- Together we learn, together we share, together we heal.



## SUMMARY

### *To help people quit smoking:*

- We can start a community support group for people who want to quit smoking.
- We set group guidelines with the participants themselves.
- We lead the group in a caring, open way.
- We can use topics for meetings if that works well for the group. (Otherwise, the meetings can be less formal, just sharing individuals' experiences, insights and recovery plans.)
- We encourage people to act as buddies for each other.
- We try to deal with the special needs of different group members (e.g. women, men, recovering alcoholics, people concerned about weight gain, etc.)
- We take good care of ourselves, too!



PERSONAL SUMMARY:

What I learned in this section:

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In this section, the idea I was most interested in was:

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What most surprised me was:

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The idea I most want to share with someone important to me is:

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Other points:

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## CLOSING QUIZ

*Re-do the quiz from the start of this section to see how much you have learned.  
Compare your score now with your score from before.*

Please circle “true” (T) or “false” (F), or fill in the blank space.  
Answers are at the bottom of the page.

1. Groups work better when the participants themselves decide guidelines for the group. T/F
2. A good group leader does not share her/his own personal stories of recovery with the group. T/F
3. Most women find caring for themselves in recovery easier than most men. T/F
4. Many women need to learn to assert themselves with men. T/F
5. Many men have a harder time than women to physically recover from tobacco. T/F
6. Recovering alcoholics should not try to quit smoking or they may relapse and start drinking again. T/F
7. Quitting smoking may affect the \_\_\_\_\_ we need of some medicines.
8. Many ex-smokers gain some \_\_\_\_\_ after quitting.
9. It is more important to have a healthy body weight than to quit smoking. T/F
10. People who are grieving (e.g. after the death of a loved one) should be left alone to process their grief. T/F

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### ANSWERS:

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| 1. True.                            | 5. False. (Men often have a harder  |
| 2. False. (It is important to share | 4. True.                            |
| your stories as a participating     | 3. False. (Most women are used to   |
| member of the group.)               | caring for others, but not          |
| 3. False. (Most women are used to   | themselves.)                        |
| careful to protect their sobriety   | 2. False. (It is important to share |
| as they quit smoking.)              | your stories as a participating     |
| 7. dose.                            | member of the group.)               |
| 8. weight.                          | 3. False. (Most women are used to   |
| 9. False.                           | caring for others, but not          |
| 10. False.                          | themselves.)                        |