

I quit for me

Facilitator's guide
for a group program



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Introduction

I QUIT FOR ME

I quit for me aims to help Canadian youth aged 14–18 quit smoking and vaping. Written specifically for youth, it is informed by validated theories of adolescent development and contemporary scientific evidence about nicotine, tobacco, vaping, and addiction.

The I quit for me youth Guide is available in digital and print formats. Youth can use the Guide on their own, or as part of a facilitated group program.

I quit for me for group programs are led by Facilitators like you. Lots of careful research into group programs for youth suggests the most appealing format for a Facilitator-led, group program looks like this:

5 or 6 sessions, each lasting
no more than 50 minutes



opportunities for individual support
from the Facilitator outside the group
session and on participants' own time.

This Facilitator's Guide helps you design a 5 or 6 session program. Specifically, this Guide:

- 1 Enhances your knowledge of I quit for me.
- 2 Steers you to effective strategies for recruiting participants for your I quit for me group program.
- 3 Ensures you can confidently deliver the program:
 - reinforces your knowledge of important facts and theories; and,
 - provides instructions and necessary materials for optimal delivery and evaluation of your group program.
- 4 Builds your capacity to provide appropriate social support to youth.

HOW TO USE THIS FACILITATOR'S GUIDE

- 1 Ideally, well before your group program is scheduled to start, read...

I quit for me

to fully understand the program.

Background

to reinforce your knowledge of facts and theories related to teen development; cigarette smoking and nicotine vaping; as well as how and why teens stop using tobacco and vapes.

Facilitator skills

to bolster your capacity to facilitate participant-centered sessions and provide empathetic support to teens.

Participant recruitment and retention

to explore effective strategies for recruiting participants into your I quit for me group program.

I quit for me sessions

to become familiar with the content, procedures, and materials of each session.

Appendices

to see what extra resources are available to you.

- 2 After reading through the Facilitator Guide, plan your own 5- or 6-session group program. Do so by choosing which of the 7 sessions presented in this Facilitator's Guide you will use. Notice that 4 sessions are mandatory; 3 sessions are optional.
- 3 Set the schedule, book facilities, and recruit participants. Bear in mind two competing forces:
 - recruitment may require more time than originally expected; and,
 - the shorter the interval between program registration and program start-up, the more likely teens are to show up and stick with it.



I quit for me

INTRODUCTION

I quit for me exists because smoking and vaping pose health concerns for Canadian youth. The number of youth who smoke cigarettes continues to decline but there are still some that do and everyone is concerned about youth vaping. Many health professionals and educators are concerned that these numbers will rise.

The longer a person smokes, the more dangerous it becomes for their health, and the harder it is to quit. Because vaping is a relatively new phenomenon, less is known about it.

With that said, vaping is a less harmful option for adults that switch completely from smoking to vaping. While vaping is less harmful, it still has risks and should not be used by youth or people who do not smoke. It seems likely that young people can get ‘hooked’ on vaping very quickly. Just like smoking, they can experience difficulties quitting and there are particular health risks for youth.

Health Canada is taking steps to help youth quit smoking or vaping before the behaviour becomes a lifelong addiction. *I quit for me* program is an evolution of the *Quit 4 Life* (Q4L) program, which has been in place since the late 1990s and has been updated regularly since then.

WHAT ARE THE GOALS OF I QUIT FOR ME?

By participating in the Facilitator-led group program, youth will be better able to quit and sustain abstinence from smoking or vaping.

Other specific outcomes that are expected to result from participation in I quit for me include:

- increased knowledge of the negative effects of nicotine and benefits of not smoking/vaping;
- better skills for managing stress, resisting cravings/temptations, and obtaining social support;
- greater motivation and stronger intentions to quit;
- more effective use of quitting plans and quitting aids;
- greater confidence in ability to quit and sustain abstinence;
- more and longer quit attempts; and,
- reduction or elimination of smoking or vaping.

After I quit for me, youth will be more informed, confident, committed, and clear about trying to quit and succeeding.

WHY I QUIT FOR ME WORKS

I quit for me was developed in accordance with the principles of social cognitive theory. Using cognitive-behavioural techniques, I quit for me:

- provides information and clear instructions about how to reduce or quit smoking/vaping;
- helps participants practise the skills they need to successfully quit;
- draws attention to role models (e.g., peers who are experiencing success) and the positive outcomes that result from taking recommended actions;
- increases self-efficacy for quitting and ability to persist in the face of adversity; and,
- inspires participants to set goals, work to attain them, and take pride in their successes.



Background

INTRODUCTION

I quit for me was developed with attention to theories of adolescent development, and health behaviour change (i.e., how and why young people stop using tobacco and vapes). This section of this Facilitator's Guide provides some of that foundational material.

Also included in this section is information about motivation interviewing and delivery of social support. It can help you feel confident about your ability to facilitate the I quit for me group program.

ADOLESCENT DEVELOPMENT

THEORY

Developmental features of adolescence include impulsivity, perceived invulnerability, and susceptibility to risky decisions.^{1,2} Optimistic bias and egocentrism are also characteristic of the adolescent stage.

To be successful, smoking/vaping cessation interventions for youth must appropriately address:

- teens' own attitudes toward cessation (which can be based on biased reasoning and skewed perceptions of risks);
- teens' deep-felt concerns about the opinions of their peers (i.e., whether their peers support actions to quit); and,
- teens' *optimistic bias* (which may cause them to believe they are in total control of their smoking/vaping behaviour, and able to quit at any time if they wished to do so).

Smoking/vaping cessation interventions for youth must also take into account adolescent *egocentrism*—a construct that consists of two components: the imaginary audience and the personal fable.

- The imaginary audience comes from teens' heightened belief that others are focusing on them and makes adolescents particularly susceptible to social influence.
- Teens' personal fables about their own uniqueness and invulnerability may lead them to underestimate the effort required to quit. Being unable to easily quit may be a painful blow to their ego.

APPLICATION

Based on the developmental features of adolescence, the Facilitator-led I quit for me group program should be aimed at enhancing teens' self-esteem while carefully challenging their personal fables of invincibility. Teens should be supported to:

- make deliberate and empowered (vs impulsive) decisions;
- trust their own values (vs those of an imaginary audience); and,
- achieve and take pride in small successes.

BEHAVIOUR CHANGE THEORIES

THEORY

Behavioural capability is a construct common to all theories of behaviour change. To be able to successfully perform a behaviour (like quitting smoking/vaping), individuals must acquire a sufficient level of skill. Instruction, observation of others, active practice, and behavioural rehearsals, are all necessary for skill-development.

Self-efficacy is another important construct in behaviour change theories. Self-efficacy is defined as the belief that one has the ability to perform a behaviour. Self-efficacy strongly influences whether actions will be initiated and how long individuals will persist in the face of adversity.

Other theories of behaviour change address the **expectations** individuals have about whether a behaviour will produce a desired outcome. The amount of effort channeled into a behaviour is commensurate with how **valuable** its outcome is. So, for example, if cessation is not highly valued, little effort will be invested in behaviours aimed at quitting.

Finally, according to the construct of **subjective norms**, individuals feel an internal pressure to engage in behaviours that trusted, valued people want them to engage in. In other words, individuals want to behave in ways that conform to the norms of their family, or peer, or other important social group.

APPLICATION

It is important for the Facilitator-led I quit for me group program to address behavioural capability, self-efficacy, expectations, and subjective norms.

The group program can reinforce *behavioural capabilities* youth are developing through their own self-directed efforts by giving participants the chance to rehearse new skills, receive feedback, and praise. A Facilitator can thoughtfully coach participants to sustain the actions required to achieve lasting abstinence.

Self-efficacy to quit smoking/vaping can be bolstered by ensuring participants are able to:

- see their peers achieving success;
- make their own small successful steps;
- receive praise for their behavioural efforts;
- hear messages that support their sense of self-efficacy; and,
- overcome feelings of discomfort that might make them believe they are failing.

Within the group of participants, a peer-based social norm for cessation can be nurtured, and abstinence can be positioned as a *valuable* outcome of the quitting process. Teens can find a safe space to express anxieties that may arise if the challenges of quitting threaten their personal fables (about their superior abilities to quit easily). The opportunity for social comparison—which is unavailable in a strictly self-help approach—may also help teens realistically adjust their *expectations* about the challenges of quitting.

NICOTINE, SMOKING, AND VAPING

NICOTINE

The human brain is still developing during the teen years and early 20s. Smoking or vaping nicotine during this time can harm the normal neurodevelopment of the brain.

Nicotine can cause changes in the brain that favour continued self-administration of nicotine through the use of cigarettes and vapes. These changes may be more pronounced in the developing adolescent brain compared to the adult brain. This means adolescents are more vulnerable to nicotine addiction than if they start using nicotine at a later age.³

Young people who vape with nicotine or smoke cigarettes are uniquely at risk for long-term, long-lasting effects of exposing their developing brains to nicotine. In addition to learning and cognitive deficits, and greater risk of nicotine dependence and/or addiction, these risks can include mood disorders and lowering of impulse control.^{4,5}

Quitting vaping or smoking can be challenging once a teen has developed a physical dependence and/or an addiction to nicotine.

For information about nicotine and the health effects of smoking please visit [Canada.ca/tobacco](https://www.canada.ca/tobacco).

CIGARETTES VS VAPES

The negative health effects of smoking are well established, and this is mainly due to the 7000 chemicals in tobacco smoke.

There can be a number of chemical compounds in e-liquids and in the aerosol produced by vaping. While vape aerosol tends to have far fewer and much lower levels of toxicants and carcinogens than tobacco smoke, there are risks to vaping. It is difficult to assess the exact impact of vaping on human health because the number of toxic chemicals in vaping products is uniquely influenced by device design, power output, liquid flavourants, nicotine concentration, puff topography, and user behaviour.⁶ It also takes years to learn of the long term health effects.

Vaping is a less harmful way of delivering nicotine than continuing to smoke cigarettes. For people who already smoke cigarettes, switching completely to vaping products will reduce their exposure to many toxic and cancer-causing chemicals. The best option is to NOT smoke and to NOT vape. Vaping cannabis or THC is something all together different! Don't confuse that with nicotine.

To get the latest on the risks of vaping, please visit Canada.ca/vaping.



VAPES AND VAPING

Vaping is the act of inhaling and exhaling an aerosol produced by a vaping device.

Cannabis and THC can be vaped. It's important to clarify with teen participants in I quit for me that the information offered applies to nicotine, and may not for cannabis or THC.

Vaping devices are available in many shapes and sizes. Some are small and look like USB drives or pens, while others are much larger.

Most vaping devices consist of a battery, heating element, chamber (i.e., a tank or reservoir to contain a liquid/substance) and a mouthpiece. The electrical power from the battery heats the solution or substance, causing it to vaporize. The vapour then condenses into an aerosol, which is breathed in by the user through the mouthpiece.

Many interchangeable labels are applied to vaping devices. Examples include: mods, vapes, sub-ohms, vape pens, disposables, electronic cigarettes/e-cigarettes, and ENDS (electronic nicotine delivery systems). They may also be known by their brand names.

Vaping devices can be “open systems,” which means they can be refilled, or “closed systems,” which means either the whole device, or the part holding the vaping substance, must be replaced when depleted.

Most vaping liquids/substances available for sale are flavoured and contain nicotine. Other ingredients are glycerol and propylene glycol.

Because vapes are regulated differently in Canada and the United States, news reports and research findings emerging from the U.S. may not apply to Canada.

Health Canada, About Vaping [Canada.ca/vaping](https://www.canada.ca/vaping)



Facilitator skills

INTRODUCTION

Adolescents who smoke or vape are unique – both as individuals and with regard to their use of nicotine. Good Facilitators learn about each individual participant, establish a rapport with them, and sensitively engaging them in experiences that match their readiness to stop using nicotine. At a minimum, this means avoiding judgemental, critical, or confrontational communications that teens who smoke/vape say they expect from a cessation program. More comprehensively, it means creating a positive and safe space where teens feel eager to participate in activities, and seek extra support if they need it.

For teens who are, or feel themselves to be, members of marginalized groups, entering into a supportive relationship with a caring adult may have benefits that extend beyond cessation of vaping/smoking. A Facilitator who is able to build genuine connections with participants may have the opportunity to guide youth who self-identify as Indigenous, LGBTQIA2S*, low socioeconomic status (SES), or new Canadians (etc.) to culturally-appropriate interventions in their school or community.

This section describes two useful approaches for establishing rapport with participants in the I quit for me group program.

MOTIVATIONAL INTERVIEWING**

OVERVIEW

Theory. Motivational Interviewing (MI) is a way of communicating with individuals (often “clients” or “patients”) in order to strengthen their motivation for change. MI involves exploring the individual’s own thoughts, views, and justifications for change.

* Abbreviation: LGBTQIA2S, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Two spirit.

** This section draws heavily from the following sources:

Rosengren, D. (2009). Building Motivational Interviewing Skills: A Practitioner Workbook. New York: Guilford.

Modesto-Lowe V. & Alvarado C. (2017). E-cigs . . . Are they cool? talking to teens about e-cigarettes. *Clinical Pediatrics*, 56(10), 947-952. doi: 10.1177/0009922817705188

This can sound fairly complex, but in truth MI is simply a non-confrontational approach for discussing healthy behaviour change. MI emphasizes reflective listening, expressing empathy, avoiding arguments, and supporting individual autonomy. Advice is never given. Instead, conversations are used to heighten feelings of ambivalence about an unhealthy behaviour. Ambivalence arises when an individual recognizes the undesirable aspects of a behaviour. Once the undesirable aspects are acknowledged, the individual may be more inclined to change the behaviour. Motivation for change comes from within the individual.

Application. MI strategies can be used to develop rapport with group members, and to assist individuals who may need extra support. Given MI's non-confrontational, autonomy-building approach, teens respond to it very well. Even if youth do not stop using nicotine immediately, they have an immersive, positive experience that may shape success with quitting in the future.

Performing MI at a clinical level takes significant training and is well beyond the role of an I quit for me group Facilitator. However, MI offers some helpful strategies that can be easily applied in a setting such as a smoking/vaping cessation program for teens. These are detailed below.

KEY STRATEGIES OF MOTIVATIONAL INTERVIEWING

Empathy. The basic underlying principle of MI is expressing empathy. Empathy is the ability to accurately understand what another person means.

Everyone views the world differently and has different opinions about what is good and bad. The key when speaking to teens about their smoking/vaping is to listen without making any assumptions or judgements. Check your own beliefs, thoughts, and feelings at the door and truly hear the young person. Aim to understand *their* beliefs, thoughts, and feelings. Experience their point of view. By doing this, you will learn a lot about why that person smokes/vapes, and their motivation, if any, to change their behaviour.

Listening allows you to identify any inconsistencies the person who smokes/vapes is struggling with. For example, teens may tell you they don't believe the health consequences of smoking apply to them because they don't smoke a lot. They may also tell you that last time they had a cold; it took them a long time to get over it. By genuinely hearing all their words, you might be able to ask, in a non-threatening way, whether their prolonged cold was indeed a health consequence of their smoking.

Creating ambivalence about smoking can promote consideration of cessation. The key is to maintain a non-confrontational approach. Clumsy attempts to develop ambivalence might lead teens to resist change. A Facilitator's natural inclination to that resistance may be to lecture on the dangers of cigarettes/vapes. A better response is to accept the resistance, avoid direct confrontation, and display empathy. Even if youth do not stop using nicotine immediately, they have a positive experience that may shape success with quitting in the future.

O-A-R-S. One of the key strategies of MI is to use OARS to engage someone in a conversation about their smoking/vaping. OARS stands for Open-ended questions, Affirmations, Reflections, and Summaries.

FIGURE 1 explains how to use OARS to engage teens who smoke/vape in self-reflection leading to a decision to quit (or reduce) smoking/vaping.

FIGURE 1. Motivational Interviewing: Using OARS

Explanation	Example
<p>Open-ended Questions</p> <p>Simply put open-ended questions are questions that can't be answered in one or two words. When asking open-ended questions, one remains open to receiving any information that may come as a result. Open-ended questions probe widely for information and help uncover an individual's priorities and values. By contrast, close-ended questions ask for very specific details, create an incomplete picture of what a person is experiencing and do not contribute positively to the flow of the conversation.</p>	<p>Consider these two questions:</p> <ul style="list-style-type: none"> • <i>Are you experiencing cravings?</i> • <i>How are you feeling?</i> <p>The first question is close-ended; the answer is a simple yes or no. This question is not likely to move the conversation forward.</p> <p>The second question is open-ended, with many different answers. The individual's answer can be used to move the conversation forward.</p>
<p>Affirmations</p> <p>Affirmations recognize an individual's struggles, achievements, values, and feelings. They show appreciation of an individual's strengths, talents, and skills.</p> <p>Using affirmations is a way to let people know you hear and appreciate their efforts towards change.</p> <p>Affirmations are not judgments of good or bad; nor are they compliments. (Judgements and compliments both assume a power differential that positions the giver as superior to the receiver.) Affirmations are genuine expressions of positive regard.</p>	<p>Some examples of affirmations include:</p> <ul style="list-style-type: none"> • <i>It takes guts to decide to quit smoking.</i> • <i>You're really concerned about being a good role model for your younger sibling.</i> • <i>Quitting vaping is important to you.</i> • <i>When you set your mind to something, you get it done.</i> • <i>You work hard to be a valuable player on your sports team.</i> <p>Tip! In order to avoid compliments it is best not to begin affirmations with "I" statements, such as "I am proud of you".</p>

Reflections

Reflections are a crucial MI strategy. They depend heavily on listening, being interested in what someone is saying, and having respect for individuals' knowledge about themselves.

The basic concept of a reflection involves carefully listening to what someone is saying and reflecting it back to them with the aim of checking whether you truly understand the meaning of their words.

Reflections show you are listening to what someone is saying to you. They deepen a conversation and help the person you are speaking with understand themselves better.

YOU: *What are some reasons you vape?*

Teen: *I vape because I vape—I just feel like it. It's not like some event or mood or situation makes me vape.*

YOU: *The way you see it, there's no specific reason for your vaping. Basically, it is just that you vape because you want to.*

These phrases are good ways to start a reflective listening statement:

- *For you, it's a matter of...*
- *From your point of view...*
- *So you feel...*
- *The thing that bothers you is...*
- *You're feeling like...*
- *Your concern is that...*
- *You're wondering if...*

Tip! The conversation is focused on the teen's experience, so use "you" as much as possible.

Summaries

Summaries are a form of reflection that include key points of a conversation and exclude irrelevant points. Think of summaries like this: You are presenting the teen with a bouquet of flowers. As the teen speaks with you, they are providing information, or dropping flowers. Your job at the end of the conversation is to decide which flowers to pick up in order to give the teen a nice bouquet that represents your conversation *and* helps the teen see their smoking/vaping in a new (hopefully, less favourable) light.

Summaries are especially useful after a long conversation. They may not be needed in short conversations.

YOU: *You've told me a lot about why you like smoking/vaping. It's a good way to relax, and fun to do with friends. You also said it's starting to cost a lot of money and you're actually a bit worried you're getting addicted.*

After offering a summary, it may be appropriate to encourage the teen to keep thinking about their behaviour.

It is not appropriate to offer advice—especially advice to quit. Motivational interviewing is all about the people reaching their own decision.

SOCIAL SUPPORT AND HEALTH***

It is well established that social support can facilitate positive health outcomes across diverse populations and conditions. Social support is conceptualized as both perception and actuality of being cared for within a supportive social network. Perceived and received social support are typically (though not always) described as follows:

- Informational support involves the provision of helpful information, recommendations, and advice.
- Instrumental support is the furnishing of financial, material, or physical assistance, such as the provision of money or labour.
- Belonging support (Companionship) creates a sense of belonging and involves the availability of companions for shared social activities.
- Appraisal support (Emotional) involves the expression of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring; it lets the individuals know they are valued.

Teens seek and receive social support from a variety of sources: family, friends, classmates, pets, school staff, mental health specialists, community leaders, etc. The source of the social support is an important determinant of its impact on health and well-being. For example, a long talk with an empathic listener feels different from a talk with someone who has plenty of advice to offer.

There are two models to explain how social support likely influences health. The buffering model says social support protects against the negative impacts of stressors. This suggests that social support is mostly beneficial during stressful times. The direct effects model says social support is beneficial to health even in the absence of stressors. And indeed, people with high social support are generally healthier than people with low social support, regardless of the stress they are experiencing.

*** This section draws heavily from the following sources:

Cohen, S. & T.A. Wills (85). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357.

de Grey, R.G.K., Uchino, B.N., Trettevik, R., Cronan, S. & Hogan, J. (2018). *Social Support*. Oxford Bibliographies Online Datasets in Psychology. doi: 10.1093/obo/9780199828340-0204.

Ditzen, B. & Heinrichs, M. (2014). Psychobiology of social support: The social dimension of stress buffering. *Restorative Neurology and Neuroscience*, 32(1), 149–162.

Heaney, C.A., & Israel, B.A. (2008). Social networks and social support. In K. Glanz, B.K. Rimer & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice*. 4th Ed. (pp. 189–210). San Francisco: Jossey-Bass.

Adolescents—because of the developmental tasks they face—experience high levels of real and perceived stress. In a group program for smoking/vaping cessation, they may obtain social support from friends who join with them, other group members, or the Facilitator.

The Facilitator has an exceptional opportunity to provide support that enhances teens' health. In this regard, it is important to recognize that informational support, when offered in the form of unsolicited advice, may not be helpful. On the other hand, appraisal support (which involves the expression of empathy, concern, acceptance, or encouragement) probably cannot be overdone as long as it is genuine.





Participant recruitment and retention

INTRODUCTION

When teens think of group programs, they usually imagine programs that emphasize teaching and homework, rely on regimented progress to a single defined goal, and demand scheduled attendance at inconvenient times.

No wonder it can be extremely challenging to persuade them to join group programs!

Successful recruitment and retention depends on convincing teens that the I quit for me group program is conveniently scheduled, features fun opportunities to be with friends, and includes non-judgemental support from a Facilitator. Recruiting and retaining a critical mass of participants generates the “social pull” needed to keep participants engaged and successful.

STRATEGIES FOR EFFECTIVE RECRUITMENT

OFFER WHAT TEENS WANT

“We all know that something like 85% of kids like to quit on their own. So recruiting them for a group program is not necessarily a cool thing, and is tough. Group is not necessarily for everybody, it isn’t for every adult and it isn’t for every kid.”

(Quit 4 Life Facilitator, previous version)

“I would not bother going out just generally in the community as we did in the beginning, I would go right to schools and recruit from there. The other thing that I did not do, but wish I had done is to go right into the smoking areas.”

(Quit 4 Life Facilitator, previous version)

To successfully recruit teens into your I quit for me group program, make sure your promotions communicate (in appropriate, teen-friendly language) that the program includes:

- great opportunities to interact with peers;
- freedom to set personal goals and to self-pace;
- a warm, non-judgemental Facilitator;
- a comfortable, accessible place to meet; and,
- incentives (food, time off school, prizes, etc.).

CAPITALIZE ON THE SCHOOL SETTING

Schools are an excellent location for group-based smoking/vaping cessation programs. Virtually all youth, regardless of sociodemographic or psychosocial characteristics attend school. Students are familiar with their school's facilities and rules. The setting is convenient. Channels for promoting the program are readily available in schools, and teachers, principals, and support staff are generally willing to help promote it.

LEVERAGE SOCIAL INFLUENCE

Adolescents' heightened belief that others are intently interested in them, combined with their need to conform to group norms, makes teens susceptible to social influence.² Social influence can be leveraged to persuade groups of teens to join a group program.

To do so, start with those who smoke/vape and are motivated to quit. These are typically regular teens who smoke/vape and are easy to spot around school property. Convince them to join and to influence the less motivated members of their social group to join, too.

The less motivated members of the group are typically those who smoke/vape lightly. They confidently feel they can quit on their own, and don't see the value of joining a group.¹² Considering that those who smoke/vape lightly have the greatest odds of success in cessation programs¹³⁻¹⁴ it's important to recruit them. They become role models of successful quitting for others to follow.

Consider recruiting a few who do not smoke/vape and are good friends with those who smoke/vape. These teens can inspire non-smoking/vaping choices and support those who smoke/vape in their efforts to quit. Research shows adolescent smokers' intentions to quit are stronger if they feel their immediate social circle of friends support this action.¹⁴⁻¹⁵ Furthermore, cessation spreads through social networks such that groups of socially-connected people stop smoking together.¹⁶

BLITZ RECRUITMENT

Impulsivity is a defining feature of adolescence. Research shows the shorter the time-period between registration and the start of the program, the more likely teens are to attend the first session and remain in the program after that.

To create a safe, supportive social group for I quit for me program participants, it is important for all members to begin and end the program together. Protracted recruitment, and/or admission of latecomers to the program may produce a collection of individuals rather than a cohesive, supportive group. A short, intense, recruitment period that pulls in all the group members at once is likely the better strategy.

PRACTICAL TIPS FOR RECRUITMENT

Recruiting teens for I quit for me is most effectively done at schools, and through community organizations that are already serving youth. Don't limit yourself to one recruitment activity: multiple strategies work best.

The following are some recruitment ideas that have worked for program facilitators in the past.

- Ask stakeholders to promote the program (using materials/messages you provide) and solicit their co-operation:
 - school teachers, principals, trustees, administrators;
 - public health staff who can access other programs involving youth; and/or,
 - staff from community centres, youth addiction programs, youth services, parks and recreation.

- Get the word out to youth:
 - speak directly to those who smoke/vape who are using “smoking areas” near schools, malls, movie theatres, clubs, restaurants, community centres, skate parks, etc.;
 - with permission, hand out materials in these places;
 - distribute program information in school guidance and health offices;
 - make announcements (or distribute information) to classes;
 - announce the program over the school PA system; and/or
 - invite teens to join as a group or to bring a friend.

- Connect with social influencers and opinion leaders:
 - ask students to post about the program on their social media platforms; and/or,
 - identify individuals with a positive relationship with youth (e.g., specific teachers, guidance counselors, cafeteria staff, addiction workers, youth workers) and ask them to approach young people they personally know would benefit from the program.

➤ Provide incentives:

- recruit in a contest format (“bring a friend and win a prize”);
- hand out sugar-free gum or candies, and stickers along with program information; and/or,
- offer a small prize for attending the first session (gum, pen, movie ticket, muffins).

Finally, remember that you cannot measure recruitment success exclusively by the number of participants who attend a program. A school-based program that reaches those students who are most in need and can benefit from I quit for me is successful, even though they might be few in number. For example, one program reported that 100% of all those who smoke in a small school were registered in the group: a total of four!

STRATEGIES FOR RETENTION

GENERAL

Retaining participants in any group program can be a challenge. Attendance may be affected by contextual factors, such as changes in school schedules, weather, examination periods, sports or recreational activities, or personal/life issues (e.g., changing schools, moving out, getting a job). On average, one-third to one-half of participants may drop out prior to completion, but this will vary considerably.

Once your group begins to meet, it is important to keep holding regularly scheduled sessions, even if only a small number show up to a particular session. This shows your commitment to those participants who do attend, and is a positive response to their motivation to quit or cut down.

To enhance attendance and retention you may want to:

- use a buddy system;
- use incentives (e.g., snacks, prizes or draws at each session); and/or,
- speak with participants who miss sessions to encourage them to continue.

GROUP SIZE

The maximum recommended size for a group program is 15 participants; any bigger and it becomes difficult to facilitate activities and discussions in a way that connects with each participant. There is no minimum group size; with a few adaptations, it is quite feasible to run the program with only one or two teens.

DIVERSITY OF PARTICIPANTS

Diversity of group members is generally very positive. In terms of age, for example, younger teens may be less motivated to quit completely, and may need more information about the impact of nicotine dependency and the increasing difficulty of quitting the longer they smoke or vape. Older teens can provide a positive influence since they are living proof of how much harder it is to quit over time.

All types of youth gender identities can learn from and about each other. They sometimes have different concerns about quitting smoking/vaping, but these differences can enrich the sessions. Furthermore, being together prepares them to deal with their social environment when cutting down and quitting.

Smoking and vaping are not limited to youth in the majority culture. It is important to welcome and respect the needs and values of youth who identify with distinct communities or cultures. For example, smoking and vaping rates are higher among youth who self-identify as LGBTQIA2S, or Indigenous, or experiencing poorer mental health. Youth from lower income brackets may also be at higher risk of smoking and vaping. When these teens join the Facilitator-led I quit for me group program, it may be appropriate to confidentially explore with them the social, psychological, familial, and physical contexts in which they are quitting. The I quit for me youth Guide is designed to acknowledge diversity. This can be readily carried through to the group program. Alternatively, in certain settings or under certain circumstances, it may be desirable to offer groups sessions to identified groups. Facilitators can make this determination.

I quit for me material is available in both English and French. Linguistically mixed groups (e.g., French and English) are possible, but must be facilitated with care. If members of your group speak a different mother tongue, you may want to pay attention to the level of participation and ease of communication in open discussions. You may also want to monitor understanding of written versus orally delivered material.

SCHEDULING

Scheduling group sessions depends on the needs of the participants and the context of the host site. Review the needs of your participants, with attention to other demands on their time and energies, such as examination dates, holidays, major sports events, band concerts, class trips, etc. Simultaneously, keep in mind the constraints of your site (e.g., the needs of stakeholders and institutional supports, such as administrators, recreational leaders, and teachers). Try to schedule sessions so they can be easily attended by participants and don't disrupt daily activities.

The following are some options:

- Lunch hour group meetings in school [*Providing food, not conflicting with classes, and being on location increases attendance.*]
- Class-time group meeting [*When integrated into the school day, the program is seen as "important" enough to miss class-time, and does not interfere with other activities.*]
- Alternating between lunch and in-class meetings [*The classes and activities missed vary so neither suffers too much.*]
- Before- or after-school group meetings at school [*Teens are already at school, so no additional transportation is needed, and it does not interfere with class-time.*]
- After-school or weekend group meetings at a community site [*Teens attend the site; the program can be integrated into other events and/or recreational activities, and kept distinct from 'lessons' or 'school.'*]

In addition to the more traditional scheduling options above, digital platforms offer opportunities for online group sessions. Many “meeting room” apps are available free of charge. Most teens have access to electronic devices that support these apps. Importantly, I quit for me sessions are designed to be short and interactive: ideal qualities for online sessions.

INCENTIVES

Facilitators have used a range of different incentives to boost recruitment, reward attendance, and enhance retention. Incentives can also be used to reward behaviour change associated with reducing or quitting smoking and vaping.

Incentives might include: sugar-free gum or candy; stickers; yogurt; subs or sandwiches; reusable water bottles; movie theatre passes; or gift certificates.

To secure incentives, consider whether your home/school association, or school council can provide a small budget for incentives. Ask local businesses whether they can donate gift certificates. Determine whether service clubs can finance small incentives.

If no material incentives are available, get creative with no-cost incentives, such as:

- public announcements at school recognizing participants’ successes;
- articles in school/community newsletters featuring successful quitters;
- certificates of attendance (possibly awarded during school assemblies); and/or,
- being allowed to leave school early to attend a special celebration.

I quit for me group sessions

DESIGN YOUR PROGRAM

After reading through the Facilitator's Guide, plan your own 5- or 6-session group program. Do so by choosing which of the 7 sessions presented in this section you will use.

Notice that 4 sessions are mandatory; 3 sessions are optional. Therefore, your planning should look like this:

- **Introduction: Who Are You and What's Your Plan?**
- **Ways to Quit: Making a Plan and Choosing a Method**
 - 5-session program, ONE of:**
 - Staying Quit: How to Resist Cravings**
 - Staying Quit: How to Deal with Stress**
 - Staying Quit: Dealing with Life**
 - 6-session program, TWO of:**
 - Staying Quit: How to Resist Cravings**
 - Staying Quit: How to Deal with Stress**
 - Staying Quit: Dealing with Life**
- **Staying Quit: How to Become Smoke-free/Vape-free**
- **Conclusion: Celebrating Achievement**

Remember: This Facilitator's Guide helps all Facilitators deliver I quit for me consistently. However, consistency does not mean uniformity. Each I quit for me group will have unique features. As a Facilitator, you can adjust, supplement, and fine tune sessions to reflect the specific needs and circumstances of the teens in your group.

Be sure all registrants are instructed to access the I quit for me youth Guide—digital or hard-copy on Health Canada's website: Canada.ca/tobacco.

USE ALL YOUR RESOURCES

The “lesson plans” for most of the group sessions include **QUICK NOTES** for the Facilitator. These provide foundational information that is especially pertinent to the session.

The **Background** section of this Facilitator’s Guide also offers some “content” information that may be useful when delivering the group sessions.

Finally, there is plenty of high-quality, validated information on Health Canada’s website (visit: Canada.ca/vaping and/or Canada.ca/tobacco). It may also be possible to access some of the research papers and scientific reports listed in **APPENDIX C**.

TRACK YOUR SUCCESS

Successful health programs (like I quit for me) use monitoring and evaluation to guide their design and implementation, and to assess their effectiveness.

MONITORING

Monitoring generally tracks how a program is performing while it’s being offered.

FIGURE 2 presents indicators you can monitor during your I quit for me group program.

EVALUATION

Evaluation is a systematic assessment of whether and how participants changed because of their participation in the program. It can also be used to determine what components of the program contributed to the changes observed in participants.

The Facilitator-led I quit for me group program is evaluated using a standard survey that participants complete in the first session and the last session of the program. It is extremely important that all participants complete both surveys, and that they do so as accurately as they can.

Surveys are available in **APPENDIX A**. Instructions for administering them are included.

FIGURE 2. Indicators to monitor during the I quit for me program

Total number of registrants

At Each Session:

Date

Start and end time of session

Number of participants in attendance

Number of participants who made a (new) quit attempt in the past week

Participants' satisfaction with session: **very dissatisfied 1 : 2 : 3 : 4 : 5 very satisfied**

[Participants can offer their ranking verbally, or on a ballot you prepare.]

SESSIONS AT-A-GLANCE

INTRODUCTION: WHO ARE YOU AND WHAT'S YOUR PLAN?

[MANDATORY]

Aims

Create a welcoming, respectful, safe social network

Encourage self-awareness

Expected Outcomes

Increase knowledge about: (1) nicotine; (2) quitting methods

Increase motivation to reduce/quit

Increase social supports for reducing/quitting

Guiding Theoretical Constructs

Teens' egocentrism, expressed in personal fables of invincibility to addiction and absolute ability to quit

Social norms (boosting the desirability of reducing/quitting smoking or vaping)

Resources for Facilitator

QUICK NOTES: Nicotine and Nicotine Addiction

EXAMPLES: Ground Rules

EXAMPLES: Ice Breakers

WAYS TO QUIT: MAKING A PLAN AND CHOOSING A METHOD [MANDATORY]

Aims

- Launch attempts to quit (or reduce) smoking or vaping
- Expand awareness of approaches and aids for quitting

Expected Outcomes

- Increase knowledge about: (1) how to quit smoking/vaping (2) quitting aids
- Increase intention to reduce/quit
- Increase social supports for reducing/quitting
- Increase number of quit attempts

Guiding Theoretical Constructs

- Outcome expectancy (that a plan and/or aid can enhance likelihood of success)
- Behavioural capability (through increased knowledge)
- Social norms (boosting the desirability of reducing/quitting smoking or vaping)

Resources for Facilitator

- QUICK NOTES: Quitting Options and Aids
-

STAYING QUIT: HOW TO RESIST CRAVINGS [OPTIONAL]

Aims

- Reduce number of cigarettes/frequency of vaping
- Convert quit attempt into sustained abstinence

Expected Outcomes

- Increase knowledge about: (1) withdrawal, (2) cravings/urges, (3) ways to resist
- Increase self-efficacy and skills for resisting urges to smoke or vape
- Increase duration of quit attempt(s)

Guiding Theoretical Constructs

- Self-efficacy by observing others' successful actions and being persuaded they can succeed too
- Self-efficacy by experiencing personal success at resisting (some) urges to smoke or vape
- Behavioural capability (through skill development)

Resources for Facilitator

- QUICK NOTES: Withdrawal vs Cravings

STAYING QUIT: HOW TO DEAL WITH STRESS [OPTIONAL]

Aims

- Convert quit attempt into sustained abstinence
- Build secondary skills that support potential for successful abstinence

Expected Outcomes

- Increase knowledge about specific stress management techniques
- Increase ability to manage stress without using cigarettes or vapes
- Increase duration of quit attempt(s)

Guiding Theoretical Constructs

- Teens' egocentrism, expressed in personal fables that their own stress is exceptional
- Behavioural capability (through knowledge and skill development)
- Social norms (establishing the norm of using stress management techniques)

Resources for Facilitator

- QUICK NOTES: Stress and Its Relationship to Smoking/Vaping
 - EXAMPLES: Stress Management Techniques
-

STAYING QUIT: DEALING WITH LIFE [OPTIONAL]

Aims

- Support positive mental health; build self-esteem
- Respect and embrace diversity

Note. At the Facilitator's discretion, this session can lean into specific mental health issues (e.g., depression, anger), or specific communities that tend to experience greater pressures on their mental health (e.g., LGBTQIA2S, Indigenous, low income, new Canadians).

Expected Outcomes

- Improve teens' ability to make and take pride in small steps toward successful abstinence
- Increase teens' use of social support for managing stigma, discrimination

Guiding Theoretical Constructs

Teens' egocentrism, expressed in deep-felt concerns about the opinions of their peers and whether their peers approve of their life choices

Behavioural capability (through knowledge and skill development)

Resources for Facilitator

Rather than a typical focus on physical health effects of smoking/vaping, this session examines nicotine use in relation to social and mental health. Background preparation is encouraged.

STAYING QUIT: HOW TO BECOME SMOKE-FREE/VAPE-FREE [MANDATORY]

Aims

Move youth toward new identity of being smoke-free/vape-free

Boost self-esteem

Convert quit attempt into sustained abstinence

Expected Outcomes

Increase resilience to perceived "failure" (i.e., slips, relapse)

Increase self-efficacy and ability to resume abstinence after slipping/relapsing

Increase commitment to quitting

Guiding Theoretical Constructs

Outcome expectancy (that slips are normal and serve as practice for successful abstinence)

Behavioural capability (through increased knowledge)

Social norms (that avoid labelling slips as failures and support repeated quit attempts)

Resources for Facilitator

QUICK NOTES: Slips and Relapse

CONCLUSION: CELEBRATING ACHIEVEMENTS [MANDATORY]

Aims

Offer closure through a celebration of achievements

Encourage maintenance of support network and actions to quit and sustain abstinence

Expected Outcomes

Increase intention, self-efficacy, and ability to quit and sustain abstinence

Increase the number of consecutive days tobacco-free/vape-free

Increase knowledge and use of (social) supports for reducing/quitting

Guiding Theoretical Constructs

Outcome expectancy (that reducing/quitting/abstinence has personal value)

Behavioural capability (through inventory of acquired skills and knowledge)

Social norms (boosting the desirability of being smoke-free/vape-free)



INTRODUCTION: WHO ARE YOU AND WHAT'S YOUR PLAN? [MANDATORY SESSION]

Aims

- Create a welcoming, respectful, safe social network
- Encourage self-awareness

Expected Outcomes

- Increase knowledge about: (1) nicotine; (2) quitting methods
- Increase motivation to reduce/quit
- Increase social supports for reducing/quitting

Guiding Theoretical Constructs

- Teens' egocentrism, expressed in personal fables of invincibility to addiction and absolute ability to quit
- Social norms (boosting the desirability of reducing/quitting smoking or vaping)

INTRODUCTORY REMARKS

- Welcome teens and express appreciation that they chose to join. Ensure each has an I quit for me youth Guide.
- Make these points explicitly:
 - The group is designed to help teens cut back or quit smoking or vaping; it includes [#] sessions (dates/times/locations). It covers these topics: [*topics selected by Facilitator*].
 - Each person sets their own goals for reducing or quitting, and works at their own pace. There is no pressure to quit on a certain date, in a certain way.
 - In group sessions, everyone will work together to try out techniques that usually help people reduce or quit smoking or vaping. There will be lots of time for everyone to share their own ideas and experiences. There won't be a lot of lecturing and teaching.
 - It is important to attend every session if possible.*
 - * Frame this positively (e.g., "*your input helps others*", "*everyone counts on each other; someone is counting on you*").
- Set a few ground rules (see examples in **FIGURE 1.1**), then invite participants to establish the rest.
- Check participants' satisfaction with program logistics and ground rules.

BASELINE SURVEY

- Administer the baseline survey (available in **APPENDIX A**).
- Explain why the survey is needed (i.e., how the data will be used).
- State who will see completed surveys and how they will be stored/destroyed.

ICE-BREAKER

- Do one of the icebreakers from **FIGURE 1.2**.

ACTIVITY: ARE YOU ADDICTED?

- Ask participants to complete the “**Are You Addicted**” quizzes (I quit for me youth Guide).
- Invite participants to share their answers, if they feel comfortable sharing (i.e., total scores).
- Provide facts about nicotine addiction and the impact of nicotine on healthy teen brain development/functions, as well as susceptibility to other addictions. See **QUICK NOTES 1.1**.

ACTIVITY: IS QUITTING IN YOUR FUTURE?

- Ask participants to complete “**Reasons to Quit Smoking or Vaping**” (I quit for me youth Guide).
- Invite participants to discuss their reasons for quitting.
- Acknowledge that reducing is also an option for those not ready to quit.

TAKE-AWAY ACTIVITIES

- 1 Secure participants’ commitment to complete “**How will YOU quit smoking or vaping?**” (I quit for me youth Guide).
- 2 Invite participants to get started on their preferred quit plan *if they want to*.
- 3 Secure participants’ commitment to read “**Choose Your Own Way to Quit**” (I quit for me youth Guide).

FIGURE 1.1 Examples of ground rules

Arrive on time

This permits the group to start on time and have enough time to complete activities. When participants arrive late, the entire group must wait or review what was missed.

Put away cell phones

Phones can be handy in case of emergency (unless used for online sessions).

Let one person speak at a time

It is difficult to hear and share information if everyone is speaking at the same time. Agree on how to take turns speaking.

Give everyone a chance to speak

This might mean prompting a quiet person to speak and asking a vocal person to wait for others before speaking again.

Take a pass on a question

Choosing not to answer a question is perfectly acceptable and won't be questioned.

Maintain confidentiality

What's discussed in the group stays in the group (Facilitators can acknowledge they must break this rule if someone expresses intention to harm self or others).

Accepting and sensitive to differences

Avoid judgemental comments related to different cultures, racial backgrounds, gender identities, sexual orientations, etc.

Don't judge

Disagreeing with a person's point of view is okay; putting down a person is **not** okay (no matter what).

Respect the privacy of others

If someone else is part of an experience being shared, that person should not be named (or identified).

Ask questions

Everyone is always free to ask for clarification.

Keep your hands and feet to yourself

No one should get physical.*

Respect the space

Tidy the room and return furniture to the standard set-up when departing.*

* Not applicable for online sessions.

Adapted with permission from: informeddecisionsblog.wordpress.com

FIGURE 1.2 Examples of ice breakers

Draw Yourself

- Give each participant or ask them to grab (for online sessions) a piece of paper and a writing utensil.
- Ask each person to draw themselves with their non-dominant hand while closing their eyes.
- Once participants have finished drawing themselves, ask them to introduce themselves, and share their drawing with the group.

Acting Out

- Invite participants to spread out around the room and await your instructions.
- Announce the name of a sport or common activity.
- When participants hear the announcement, they must pose and hold a ‘freeze frame’ depicting the sport or activity.
- Give everyone a chance to look around, then invite a few participants to introduce themselves.
- Repeat the process with a different sport or activity.

Getting to Know You

- Give each participant or ask them to grab (for online sessions) a piece of paper and a writing utensil.
- Ask them to draw something that they feel represents them or their passion, or that is meaningful to them.
- Once participants have finished drawing, ask them to introduce themselves and share their drawing with the group.

QUICK NOTES 1.1 Nicotine and nicotine addiction

Nicotine is a very addictive drug found in cigarettes, vapes and other tobacco products.

Addiction involves physiological and psychological factors that make it very hard to give up nicotine, even if the person really wants to.

In the brain, nicotine causes a chemical called dopamine to be released. Dopamine causes mood-altering changes so the person temporarily feels good.

To keep getting this feeling, the person keeps smoking/vaping, and an addiction is formed.

Over time, smoking or vaping nicotine can cause changes in the brain. These changes seem to be more pronounced in the developing brain of adolescents (versus adults). This makes adolescents more vulnerable to nicotine dependence and/or addiction. Smoking/vaping also increases their vulnerability to becoming addicted to other drugs.⁷ This may be caused by physiological and/or a propensity for risk-taking behaviours.

Young people who vape with nicotine or smoke cigarettes are uniquely at risk for long-term, long-lasting effects of exposing their developing brains to nicotine. In addition to learning and cognitive deficits, and greater risk of nicotine dependence and/or addiction, these risks can include mood disorders and lowering of impulse control.^{4, 5}

Because nicotine can reduce anxiety, smoking/vaping may become a tool for managing social anxiety.⁸⁻¹¹ Youth with mood disorders and cognitive symptoms may use smoking/vaping to manage their symptoms. This may work in the short term, but research shows that people who stop using nicotine report positive impacts on their mental health after quitting compared to before.¹⁹ Even so, the immediate relief nicotine provides can make it hard to give up smoking or vaping.

For information about addiction, see: Centre for Addiction and Mental Health (CAMH) (2020). Nicotine dependence. www.camh.ca/en/health-info/mental-illness-and-addiction-index/nicotine-dependence

WAYS TO QUIT: MAKING A PLAN AND CHOOSING A METHOD [MANDATORY SESSION]

Aims

- Launch attempts to quit (or reduce) smoking or vaping
- Expand awareness of approaches and aids for quitting

Expected Outcomes

- Increase knowledge about: (1) how to quit smoking/vaping (2) quitting aids
- Increase intention to reduce/quit
- Increase social supports for reducing/quitting
- Increase number of quit attempts

Guiding Theoretical Constructs

- Outcome expectancy (that a plan and/or aid can enhance likelihood of success)
- Behavioural capability (through increased knowledge)
- Social norms (boosting the desirability of reducing/quitting smoking or vaping)

INTRODUCTORY REMARKS

- Welcome participants back. Make sure everyone has their I quit for me youth Guide.
- Express appreciation that they chose to return, and optimism that they will continue to do so.
- Review objectives of the group program:
 - designed to help teens cut back or quit smoking or vaping;
 - self-paced to participants' own goals for reducing or quitting; and,
 - centred around trying out “proven” techniques, and sharing ideas/experiences.
- Review house rules (if desired).

OPEN DISCUSSION

- Invite each participant to share their experiences related to:
 - selecting a quitting plan; and,
 - implementing that plan (if they did so).

Notes to Facilitator:

- Use the discussion as an opportunity to: build rapport (using Motivational Interviewing techniques); and help participants get the types of social support they need from the group.
- Praise desired behaviours to reinforce them and encourage observational learning.

QUIT AIDS: 10-MINUTE CRASH COURSE + FAQs

- Provide facts about quitting aids for tobacco/vapes. See **QUICK NOTES 2.1**.
- Ask for questions (so more attention can be given to the quit aids that participants are interested in).

QUIT COMMITMENT

- Ask all participants to make a commitment to continue or launch their quit attempt, and instruct them to write it down, type a note in their phone, etc. (Affirm that reduction is viable option to continue/launch).
- Make these points explicitly:
 - When people make a commitment, they are more likely to follow through with it if they write it down/type a note in their phone, instead of just thinking it.
 - When people tell someone else about their commitment, they are even more likely to follow through.
 - When a group of people share a commitment (like this group making a commitment to reduce or quit smoking/vaping), there are even more benefits because everyone can support each other to do what they said.
- Invite each teen to state their commitment out loud to the group.
- Discuss ways participants can make their commitment more public (e.g., by sharing it with someone outside the group, on social media, etc.).

Notes to Facilitator:

- Commitments should be sought only for behaviours which individuals express interest in doing; commitment will not work if the person feels pressured to commit.
- **Public** commitments are more effective than private ones because individuals want to appear consistent (i.e., do what they say they will do; be who they say they are).
- **Group** commitments foster social norms (because they are witnessed and agreed to by a collective of individuals).
- Commitments work best when individuals have frequent and immediate chances to engage in the action they committed to.

TAKE-AWAY ACTIVITIES

- 1 Invite participants to share their commitment with people outside the group.
- 2 Secure participants' commitment to read/complete any parts of the I quit for me youth Guide that will support delivery of the next session.

QUICK NOTES 2.1 Quitting options/methods

The following methods are backed by research.

Cold Turkey

- Cold turkey—quitting on your own—works best when you have a plan.
- So, read the I quit for me youth Guide, make a plan, and follow it to quit smoking/vaping.

- Even if cold turkey doesn't work this time, try it again 'til it does!

Social Contracts

- Get a friend who smokes/vapes to quit with you; and,
- Tell friends who smoke/vape that you are trying to quit and to not smoke around you.

- Ask friends to keep you distracted and send you positive texts.

A Quit Line

- Free practical tools, proven strategies, and personalized support.
- Visit the free pan-Canadian quitline **1-866-366-3667** or visit **[Gosmokefree.gc.ca/quit](https://gosmokefree.gc.ca/quit)**.

- Choose the online programs, text support, or phone services you want.
- Non-judgemental Quit Coaches are available 7 days a week.

Speak to a Health Professional

- Talk to a nurse, doctor, or pharmacist about your quit plan.

- Talk about: what happened the last time you tried to quit; what you plan to do this time; and whether nicotine replacement products or prescription medications might help.



A note about nicotine replacement products—patch, gum, inhaler, spray, lozenge:

These products aim to ease withdrawal symptoms and help **adults** quit smoking. Due to insufficient results, these **may** not be effective smoking cessation aids for teens.^{3,17,18} Even though no prescription is required, these products are not recommended for anyone under 18 years of age. Teens who are interested in these nicotine replacement products should speak with a health professional to assess suitability.

Nicotine Patch

- No prescription needed.
 - Slap it on daily for the recommended number of weeks.
-
- Ask the pharmacist what strength patch is right for you.
 - Use it to wean yourself off nicotine.

Nicotine Gum

- No prescription needed.
 - Chew gum a few times, then park it between your gum and cheek.
-
- Ask the pharmacist what strength gum is right for you.
 - Use gum when a craving hits.

Nicotine Inhaler, Spray, Lozenge

- No prescription needed.
 - Inhaler: inhale deeply or puff in short breaths.
 - Spray: spray into mouth, wait a few seconds, swallow.
 - Lozenge: Suck on lozenge until dissolved.
-
- Carefully follow the directions for these products.

Zyban or Champix

- See your doctor for a prescription.
-
- These medications work with chemicals in your brain to reduce nicotine cravings.
 - Follow your doctor's advice carefully.



There is limited scientific evidence to suggest the following approaches for smoking cessation, though some adults report success. Best to get advice from a health professional like a doctor, pharmacist or trained quit smoking coach before spending your money on these options.

Acupuncture / Acupressure

Needles, seeds, or beads are inserted or attached to particular locations on the body with the aim of relieving cravings and withdrawal symptoms.

Hypnosis

In hypnotherapy, the goal is to replace your reasons for smoking with ones that make you want to quit. This is supposed to weaken your desire to smoke or strengthen your desire to quit.

Laser / Electro-Stimulation

Laser or electrical current is applied to stimulate different spots on the body, including the head for electro-stimulation.

STAYING QUIT: HOW TO RESIST CRAVINGS

[OPTIONAL SESSION]

Aims

- Reduce number of cigarettes/frequency of vaping
- Convert quit attempt into sustained abstinence

Expected Outcomes

- Increase knowledge about: (1) withdrawal, (2) cravings/urges, (3) ways to resist
- Increase self-efficacy and skills for resisting urges to smoke or vape
- Increase duration of quit attempt(s)

Guiding Theoretical Constructs

- Self-efficacy by observing others' successful actions and being persuaded they can succeed too
- Self-efficacy by experiencing personal success at resisting (some) urges to smoke or vape
- Behavioural capability (through skill development)

INTRODUCTORY REMARKS

- Welcome participants back.
- Express appreciation that they chose to return, and optimism that they will continue to do so.
- (If desired) review objectives of the group program:
 - designed to help teens cut back or quit smoking or vaping;
 - self-paced to participants' own goals for reducing or quitting; and,
 - centred around trying out “proven” techniques, and sharing ideas/experiences.
- (If desired) review house rules.

OPEN DISCUSSION

- Invite each participant to share their quitting/reducing experiences since the last session.

Notes to Facilitator:

- Prepare suitable prompts to elicit comments from participants.
- Use the open discussion as an opportunity to: build rapport (using Motivational Interviewing techniques); and help participants get the types of social support they need from the group.
- Praise desired behaviours to reinforce them and encourage observational learning.

CRAVINGS: 10-MINUTE CRASH COURSE + FAQs

- Remind participants that the program is designed so everyone works together to try out techniques known to help people reduce or quit smoking or vaping.
- State that this session addresses techniques for dealing with cravings and urges to smoke or vape.
- Provide facts about withdrawal versus cravings and urges. See **QUICK NOTES 3.1**.
- Ask for questions (so more attention can be given to concerns participants are interested in).

ACTIVITY: CRUSH CRAVINGS

- Read this small passage of text from the “**Crush Cravings**” (I quit for me youth Guide):
“A great way to handle a craving is to change whatever you’re doing. Get away from what’s making you crave nicotine. Shift your attention to something else”.
- Ask participants what this means to them.
[*Move directly into next activity.*]

ACTIVITY: RESIST THE URGE

- Ask participants to suggest concrete ways to resist cravings and urges to smoke or vape.
[*To get started, or for more ideas, direct them to “Resist the Urge” (I quit for me youth Guide).*]
- After the discussion, ask participants to complete “**Resist the Urge**” (I quit for me youth Guide).
- Invite participants to share what they wrote.
- Organize participants into groups of two or three with instructions to tell/text each other whenever they successfully resist urges to smoke/vape, and to help each other continue to do so every time.

Notes to Facilitator:

- Using the 4Ds is a standard suggestion for resisting cravings and urges. The 4Ds are: delay (i.e., wait it out); distract (i.e., do something else); drink water; deep breathe.
- Other ideas include:
 - Chew gum; eat a peppermint or black licorice; drink water;
 - Do a short burst of physical activity: walk; go up and down stairs; dance; do calisthenics;
 - Take slow, deep breaths;
 - Text friends, post something fun, scroll; and/or,
 - Use your “**Quit Gear**” (I quit for me youth Guide).

TAKE-AWAY ACTIVITIES

- 1 Remind participants to check in with each other about their successes at resisting urges.
- 2 Secure participants’ commitment to read/complete any parts of the I quit for me youth Guide that will support delivery of the next session.

QUICK NOTES 3.1 Withdrawal versus cravings

Withdrawal. After smoking/vaping for a while, the body becomes accustomed to having nicotine on board and continues to adapt to this ‘new normal’ so that tolerance may develop (meaning more nicotine is needed to get the same effect).

When nicotine is not being delivered to the body, physiological withdrawal occurs. Typical nicotine withdrawal symptoms include headache, shaking, irritability, moodiness, insomnia, constipation, and coughing. The symptoms of withdrawal can be strong during the first few days after quitting, but they are temporary and fade (after 2–4 weeks) as the body adjusts to the lack of nicotine.

Cravings. After quitting, some who smoke/vape experience nicotine cravings. These are intense urges to smoke/vape. They can be very hard to ignore and resist. Some who smoke experience frequent cravings that happen one after another. Cravings can last long after the withdrawal period, especially if environmental cues that were once associated with smoking or vaping are encountered. However, as time passes, cravings become further apart, and get weaker. Nicotine replacement products are designed to reduce the frequency and strength of cravings, but due to insufficient results they seem to be less effective for teens than adults.^{3,17,18}

Teens vs adults. Nicotine addiction is different in teens and adults.⁷ Compared to adults, teens experience fewer/weaker withdrawal symptoms.³ For teens, cravings (intense urges to smoke/vape), seem to be more challenging to manage than withdrawal symptoms.³

Even though teens might not feel withdrawal as strongly as adults do, nicotine withdrawal does occur. It adversely affects teens’ cognitive processes, mood states, and attention levels.⁷

High emotionality and impulsivity during adolescence make it hard for teens to sustain abstinence after trying to quit.⁹

Youth need to be explicitly coached to identify situations that will trigger a craving, and identify alternative activities to avoid cigarette/vape use.

STAYING QUIT: HOW TO DEAL WITH STRESS

[OPTIONAL SESSION]

Aims

- Convert quit attempt into sustained abstinence
- Build secondary skills that support potential for successful abstinence

Expected Outcomes

- Increase knowledge about specific stress management techniques
- Increase ability to manage stress without using cigarettes or vapes
- Increase duration of quit attempt(s)

Guiding Theoretical Constructs

- Teens' egocentrism, expressed in personal fables that their own stress is exceptional
- Behavioural capability (through knowledge and skill development)
- Social norms (establishing the norm of using stress management techniques)

INTRODUCTORY REMARKS

- Welcome participants back.
- Express appreciation that they chose to return, and optimism that they will continue to do so.
- (If desired) review objectives of the group program:
 - designed to help teens cut back or quit smoking or vaping;
 - self-paced to participants' own goals for reducing or quitting; and
 - centred around trying out "proven" techniques, and sharing ideas/experiences.
- (If desired) review house rules.

OPEN DISCUSSION

- Invite each participant to share their quitting/reducing experiences since the last session.

Notes to Facilitator:

- Prepare suitable prompts to elicit comments from participants.
- Use the open discussion as an opportunity to: build rapport (using Motivational Interviewing techniques); and help participants get the types of social support they need from the group.
- Praise desired behaviours to reinforce them and encourage observational learning.

STRESS MANAGEMENT: 10-MINUTE CRASH COURSE + FAQs

- Remind participants that the program is designed so everyone works together to try out techniques known to help people reduce or quit smoking or vaping.
- State that this session addresses techniques for dealing with stress without smoking or vaping.
- Provide facts about stress and its relationship with smoking/vaping. Firmly position facts in the context of teenage culture and development. See **QUICK NOTES 4.1**.
- Ask for questions (so more attention can be given to concerns participants are interested in).

ACTIVITY: DE-STRESS

- Teach and rehearse at least one of the stress management techniques from **FIGURE 4.1**.
- Make these points explicitly:
 - The stress management technique(s) we did today are skills that take practice.
 - There is no one right technique for dealing with stress.
 - This means that you must find a technique that works for you; and must practise it to make it work.
- Invite each participant to state which technique they will use and/or when they will use it.
- Direct teens to set a specific schedule for *practising* the technique (e.g., every day after dinner).

TAKE-AWAY ACTIVITIES

- 1 Remind participants to practise their preferred stress management technique.
- 2 Secure participants' commitment to read/complete any parts of the I quit for me youth Guide that will support delivery of the next session.

QUICK NOTES 4.1 Stress and its relationship to smoking/vaping

Deliver the information below through an interactive discussion of questions such as:

What is stress?

What causes stress for teens?

Do you believe smoking/vaping helps you deal with stress?

What else could help you deal with stress?

Perceived stress is the degree to which individuals experience life events as unpredictable, uncontrollable, or generally overloading. Overall, adults who smoke report higher perceived stress in their lives than people who have never smoked and previously smoked. (This applies to adolescents who smoke and vape just as much).

A common belief among adolescents who smoke/vape is that smoking/vaping helps them calm down when they feel stressed.

This belief leads them to see smoking/vaping as an effective way to deal with their stress. And, that's true whether the stress comes from social anxiety, fear of being judged, nervousness, negative self-thoughts, discrimination, stigma, family roles, abuse, etc.

Even though adolescents may believe smoking/vaping is helping them reduce stress, regular consumption of nicotine can cause changes in developing brains that ultimately worsen anxiety and irritability.³ Over time, those who smoke/vape may experience mood fluctuations and daily stress as a *result of nicotine* dependence.³

To help teens who smoke/vape quit, it is important to address stress in two ways:

- 1 dispel their expectation that smoking/vaping reduces stress; and,
- 2 strengthen their expectation that other ways effectively reduce stress.

From there, teens need to be supported to stop using nicotine, and to start using healthy ways to manage stress.

This "QUICK NOTES" draws heavily from the following sources:

Robles Z. et al. (2016). Examining an underlying mechanism between perceived stress and smoking cessation-related outcomes. *Addictive Behaviors*, 58, 149–154. DOI: 10.1016/j.addbeh.2016.02.022

Truth Initiative. (2020, May 8). Tips for quitting tobacco during times of stress. Available;

truthinitiative.org/research-resources/quitting-smoking-vaping/tips-quitting-tobacco-during-times-stress

Watson, N. et al. (2018). Cigarette craving and stressful social interactions: The roles of state and trait social anxiety and smoking to cope. *Drug and Alcohol Dependence*, 185, 75–81.

FIGURE 4.1 Examples of stress management techniques

Deep Breathing

Within minutes, deep breathing can calm feelings of anxiety, stress, nervousness, anger, and/or frustration.

Close your eyes and take a deep breath.

Hold it for a couple of seconds, and then breathe out slowly and completely.

Do it again. Imagine breathing in calm, relaxing air; and breathing out tense, hostile air.

Take 10–12 deep breaths like that – inhale peaceful air, exhale stressful air.

Smile as you do this.

Open your eyes when you are ready, and carry the sense of calm with you.

Imagery

To counteract stress and other negative feelings, take 2 minutes to imagine a relaxing, peaceful setting. Here are two examples that might work for you...

1 IMAGINE YOURSELF AT A WHITE-SAND BEACH, BY COOL TURQUOISE WATER.

Breathe in the deep, clean air...it feels good to do that.

Feel the warm, white sand, and the sun beating down on you.

Enjoy the refreshing breeze that washes over you.

Notice the clear blue water meeting the shore.

Listen to the soft sounds of the waves.

Let yourself soak up the calming, peaceful feelings...

2 IMAGINE YOURSELF BY A DEEP BLUE LAKE, IN A COOL GREEN FOREST.

Breathe in the deep, clean air...it feels good to do that.

The trees are brilliant shades of green, grey, emerald, and brown.

The lake sparkles in blues and silvers.

The sky is bright with pure white clouds.

The air is fresh and sweet.

The sounds of birds and insects make the place musical.

Your mind is calmed by the rugged beauty of this place...



Notice 5 Things

When you mindfully (intentionally) tune into the present, stress recedes into the background.

To tune into the moment, make a deliberate decision to notice 5 interesting things that you can see, hear, feel, or smell in your surroundings. This simple exercise makes everything fresh—even the most boring, routine activity—because you have to notice what is unique, new, or previously unnoticed. It counters any stress that might be spinning in your brain by making you focus totally on the present moment.

Smile

Usually we think that a positive experience makes us smile. But, seems the reverse is true too: smiling can make an experience more positive.

In a research study, half the people placed a pen lengthwise between their teeth; the other half placed it between their lips. The between-the-teeth position forces something like a smile; the between-the-lips position makes more of a frown. The people who were “smiling” around the pen actually felt happier, more positive. This phenomenon has been studied and replicated in decades’ worth of research (see facial feedback hypothesis).

So, if you’re feeling bad, make yourself smile. It will give you a boost.

STAYING QUIT: DEALING WITH LIFE [OPTIONAL SESSION]

Aims

Support positive mental health; build self-esteem

Respect and embrace diversity

Note. At the Facilitator's discretion, this session can lean into specific mental health issues (e.g., depression, anger), or specific communities that tend to experience greater pressures on their mental health (e.g., LGBTQIA2S, Indigenous, low income, new Canadians).

Expected Outcomes

Improve teens' ability to make and take pride in small steps toward successful abstinence

Increase teens' use of social support for managing stigma, discrimination

Guiding Theoretical Constructs

Teens' egocentrism, expressed in deep-felt concerns about the opinions of their peers and whether their peers approve of their life choices

Behavioural capability (through knowledge and skill development)

INTRODUCTORY REMARKS

- Welcome participants back.
- Express appreciation that they chose to return, and optimism that they will continue to do so.
- (If desired) review objectives of the group program:
 - designed to help teens cut back or quit smoking or vaping;
 - self-paced to participants' own goals for reducing or quitting; and,
 - centred around trying out "proven" techniques, and sharing ideas/experiences.
- (If desired) review house rules.

OPEN DISCUSSION

- Invite each participant to share their quitting/reducing experiences since the last session.

Notes to Facilitator:

- Prepare suitable prompts to elicit comments from participants.
- Use the open discussion as an opportunity to: build rapport (using Motivational Interviewing techniques); and help participants get the types of social support they need from the group.
- Praise desired behaviours to reinforce them and encourage observational learning.

DEALING WITH LIFE: 10-MINUTE CRASH COURSE + FAQs

- Remind participants that the program is designed so everyone works together to try out techniques known to help people reduce or quit smoking or vaping.
- State that this session addresses the relationship between smoking/vaping and how people deal with the highs and lows of life.
- Make these points explicitly:
 - Events in life can be overwhelming sometimes and manageable other times.
 - Some people have to deal with difficult events and circumstances in their lives: discrimination, abuse, violence, bullying, isolation, depression, mental illness, stigma, loss. *[Give participants time to: reflect on this; offer comments; ask questions; share experiences].*
 - Whether you are or aren't dealing with stuff like this in *your* life, keep in mind everyone's life is different. Even when it seems like two people are facing similar difficulties, their ability to handle things will likely be very different.
 - So, it's important that we all learn to be kind to ourselves and others. We need to give help when others need it and ask for help when we need it.

Notes to Facilitator:

- Rather than the typical focus on physical health effects of smoking/vaping, this session examines nicotine use in relation to social and mental health.
- Based on participants' characteristics/needs and the Facilitator's abilities, this session can lean into specific mental health issues (e.g., depression, anger), or specific communities that tend to experience greater pressures on their mental health (e.g., LGBTQIA2S, Indigenous, low income, new Canadians).
- Background research/preparation is encouraged.

ACTIVITY: GIVE AND RECEIVE SUPPORT

- Invite participants to describe a time they helped someone else and how it made them feel. (*Determine if it made them feel good*).
- Ask: “If you are happy to help others and feel good doing it, do you also feel good about asking for help? If not, why not?”
- Debrief by mentioning that some people believe giving help is a sign of strength and asking for help is a sign of weakness. Rhetorically ask whether participants actually think people who ask for help are weak? Conclude that everyone has times when they should reach out for help.
- Complete the “**Give and Receive Support**” activity sheet (available in **APPENDIX B**).
- Debrief with these messages:
 - Hopefully you discovered you have lots of people you can ask for help.
 - Of course, not everyone can help with every issue. If the first person you reach out to is unable or unwilling to help, try someone else.
 - Don’t rule out help from places like Kids Help Phone. No matter what you want to talk about, someone is there to listen. No judgment. Totally private. 24/7. **1-800-668-6868**.

[If appropriate, provide referrals to professional services, cultural organizations, etc.]

TAKE-AWAY ACTIVITIES

- 1 Secure participants’ commitment to read/complete any parts of the I quit for me youth Guide that will support delivery of the next session.

STAYING QUIT: HOW TO BECOME SMOKE-FREE/VAPE-FREE

[MANDATORY SESSION]

Aims

- Move youth toward new identity of being smoke-free/vape-free
- Boost self-esteem
- Convert quit attempt into sustained abstinence

Expected Outcomes

- Increase resilience to perceived “failure” (i.e., slips, relapse)
- Increase self-efficacy and ability to resume abstinence after slipping/relapsing
- Increase commitment to quitting

Guiding Theoretical Constructs

- Outcome expectancy (that slips are normal and serve as practice for successful abstinence)
- Behavioural capability (through increased knowledge)
- Social norms (that avoid labelling slips as failures and support repeated quit attempts)

INTRODUCTORY REMARKS

- Welcome participants back. Express appreciation for their continued attendance, and enthusiasm for their participation today and in the next, final session.
- (If desired) review objectives of the group program:
 - designed to help teens cut back or quit smoking or vaping;
 - self-paced to participants’ own goals for reducing or quitting; and,
 - centred around trying out “proven” techniques, and sharing ideas/experiences.
- (If desired) review house rules.

OPEN DISCUSSION

- Invite each participant to share their quitting/reducing experiences since the last session. Focus on causes of and reactions to slips and relapses.

Notes to Facilitator:

- Prepare suitable prompts to elicit comments from participants.
- Use the open discussion as an opportunity to: build rapport (using Motivational Interviewing techniques); and help participants get the types of social support they need from the group.
- Praise desired behaviours to reinforce them and encourage observational learning.

SLIPS AND RELAPSE: 10-MINUTE CRASH COURSE + FAQs

- State that this session addresses causes of and reactions to slips and relapses.
- Very briefly define slips and relapse.
 - After quitting, you might let yourself vape or smoke a cigarette. If it's just a bit, we usually consider it a "slip."
 - If you end up smoking or vaping the way you used to, we call it a "relapse." It's a return to your usual amount of smoking/vaping.
- Invite participants to share their perceptions and experiences of slips and relapse.
[Focus on labels they use, and emotional, psychological, behavioural, social reactions they have.]
- Offer statements and steer discussion to reframe slips and relapse as perfectly normal (using the analogy of video gaming). See **QUICK NOTES 6.1**.
- Acknowledge a slip/relapse can be a blow to self-esteem, so it's important to stay strong.

ACTIVITY: HOW DO YOU DO YOU?

- Ask participants to complete "How Do You Do you?" (I quit for me youth Guide).
- Invite participants to share and discuss any of their answers.
[Affirm speakers' sense of self; praise desired behaviours; encourage observational learning.]

ACTIVITY: PLAN A GRAND FINALE

[Check policies, budgets, resources of the host organization prior to this activity.]

- Remind participants that the next session is the final one.
- Present viable options for celebrating their achievements (e.g., ordering pizza; toasting each other with sparkling water; playing a game; etc.)
- Decide, through consensus or vote, what to do.

TAKE-AWAY ACTIVITIES

- 1 Remind participants to use social support from group and others to renew commitment and attempts to quit and sustain abstinence.
- 2 Secure participants' commitment to attend final session.

QUICK NOTES 6.1 Slips and relapse

Background Information for Facilitator

Due to their optimistic bias, youth may find both initial quitting and long-term abstinence harder than they expected.^{1,2} The egocentrism of adolescence may cause teens to deny the possibility that they (personally) would struggle as much as other people do to give up smoking/vaping. Ultimately, when faced with the challenges of quitting smoking/vaping, youth may not have the motivation and self-efficacy needed to sustain the effort required to achieve lasting abstinence.

It is vital to increase teens' self-efficacy for quitting smoking/vaping by: supporting them to build skills; focusing their attention on the small, progressive successes they achieve; and encouraging them to acknowledge and take pride in these successes.

Given the potential fragility of teens' egos, it is counterproductive to define slips and relapses as "set-backs" or "failures."

Slips and relapses should be reframed as learnings in much the same way that initial inability to achieve the next level in gaming videos is regarded as a perfectly normal, totally expected occurrence, never as a reason to abandon the game.

Using a video gaming analogy speaks to teens and eliminates the stigma of failure.

Sample Statements about Slips and Relapses

[These can be offered as statements or embedded in discussion.]

Quitting vaping/smoking is like video gaming... *[Name some popular games].*

If you want to climb the leaderboard, you have to master the basics, know the cheats, and take control.

You don't get to the top in an afternoon; it takes practice.

Quitting is like that.

You may not quit the 1st time, or the 2nd, or even the 3rd. But you get better every time you try. Don't waste your time feeling bad. Just hit refresh and quit again.

CONCLUSION: CELEBRATING ACHIEVEMENTS [MANDATORY SESSION]

Aims

- Offer closure through a celebration of achievements
- Encourage maintenance of support network and actions to quit and sustain abstinence

Expected Outcomes

- Increase intention, self-efficacy, and ability to quit and sustain abstinence
- Increase the number of consecutive days tobacco-free/vape-free
- Increase knowledge and use of (social) supports for reducing/quitting

Guiding Theoretical Constructs

- Outcome expectancy (that reducing/quitting/abstinence has personal value)
- Behavioural capability (through inventory of acquired skills and knowledge)
- Social norms (boosting the desirability of being smoke-free/vape-free)

INTRODUCTORY REMARKS

- Welcome participants to the final session and thank them for making the program a success.

END-OF-PROGRAM SURVEY

[Note: Get this task out of the way. The rest of the session is energetic and upbeat.]

- Administer the outcome survey (available in **APPENDIX A**).
- Explain why the survey is needed (i.e., how the data will be used).
- State who will see completed surveys and how they will be stored/destroyed.

ACTIVITY: MY BEST

- Restate that the session is a celebration of personal achievements and the success of the program.
- Ask participants to complete the “**My Best**” activity sheet (available in **APPENDIX B**).
- Advise participants you will collect the completed sheets, and their answers will be used to make the program even better in the future.
- Organize participants into groups of two or three and give them these instructions:
 - You just wrote down your best advice about how to quit smoking or vaping.
 - Your job now is to create a 2-minute performance featuring your best advice for quitting.
 - You can offer a maximum of 3 tips.
 - All the groups will present their work.
 - Remember to keep it to a maximum of 2 minutes long.
[Note. Skits can be videotaped and shared with participants if everyone agrees].

THANKS AND CELEBRATION

- Tell participants what you are planning in terms of continuing to support them (e.g., whether and how they can contact you, etc.).
- Remind them to continue using all the resources they have to quit and stay abstinent.
- Congratulate everyone and celebrate!

Appendix A

BASELINE AND END-OF-PROGRAM SURVEYS

Administering surveys is straightforward. Offering the following information helps ensure participants can comfortably and accurately complete the survey.

- Fill in this survey as accurately as you can.
- I will see your answers, but you don't have to share them with anyone else unless you want to.
- I will keep all the surveys in [a secure location] until our program is over. Then, I'll record everyone's answers in an anonymous spread sheet and shred the surveys.
- Your answers will be used to see how well the program worked. No one is judging you.

Sometimes, participants find it hard to answer questions, either because they don't understand the question, or they don't have the information they need to answer it (e.g., they can't remember how many times they smoked/vaped). This can create frustration and anxiety. An empathetic response that includes instructions to answer as best they can usually resolves the situation.

Remember to keep track of these indicators:

Total number of registrants

At Each Session:

Date

Start and end time of session

Number of participants in attendance

Number of participants who made a (new) quit attempt in the past week

Participants' satisfaction with session: **very dissatisfied 1 : 2 : 3 : 4 : 5 very satisfied**

[Participants can offer their ranking verbally, or on a ballot you prepare]

BASELINE SURVEY

Before starting the I quit for me program, please answer these questions.

DATE: _____

NAME (or code): _____

Questions about you.

The first set of questions ask a bit about you.

1. Age: _____

2. Gender:

- Gender Fluid
- Gender non-binary
- Man
- Two-Spirit
- Woman
- I prefer to self-identify _____
- A gender not listed
- Prefer not to answer

3. Where do you live?

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon
- Outside of Canada

4. How did you learn about I quit for me?

- Friend
- Family member
- Teacher
- School
- School Nurse
- Family doctor
- Other, please specify _____

SMOKING

These questions ask about smoking cigarettes. Please answer to the best of your ability.

5. In the past 30 days, how often did you smoke cigarettes?

- every day or almost every day
- at least once a week
- once or twice all together
- not at all, not even a puff **(skip to question 12)**
- I have never smoked a cigarette **(go to question 12)**

6. In the past week, how many cigarettes did you smoke?

_____ (Write 0 if you did not smoke at all in the past week)

7. On the days that you smoke, how soon after you wake up do you smoke your first cigarette?

- within 5 minutes
- 6 to 30 minutes
- 31 to 60 minutes
- more than 60 minutes

8. Would you say that you are...

- very addicted to smoking
- somewhat addicted to smoking
- not at all addicted to smoking
- I don't know

9. In the past 30 days, how many times did you try to quit smoking cigarettes?

_____ (Write 0 if you did not try quitting at all in the past month)

10. When are you planning to fully quit smoking cigarettes?

- within the next month
- within the next 6 months
- sometime in the future beyond 6 months
- I don't want to quit smoking

11. On a scale of 1 to 10, where 1 means that you are **'not at all'** confident and 10 means that you are **'very'** confident, how confident are you that you can quit smoking cigarettes for good?

Not at all 1 2 3 4 5 6 7 8 9 10 Very

VAPING

These questions ask about vaping nicotine. Please answer to the best of your ability.

12. In the past 30 days, how often did you vape nicotine?

- every day or almost every day
- at least once a week
- once or twice all together
- not at all, not even a puff (**skip to question 20**)
- I have never vaped nicotine (**skip to question 20**)

13. In the past week, how many times did you vape nicotine?

_____ (Count each session as 1 time) A session = 5+ hits in a row

_____ (Write 0 if you did not vape at all in the past week)

14. On the days that you vape freely, how soon after you wake up do you first use your vape?

- within 5 minutes
- 6 to 30 minutes
- 31 to 60 minutes
- more than 60 minutes

15. Would you say that you are...

- very addicted to vaping
- somewhat addicted to vaping
- not at all addicted to vaping
- I don't know

16. When you vape nicotine, how many puffs do you usually take?

- Less than 5
- 5–9
- 10–29
- 30 or more

17. In the past 30 days, how many times did you try to quit vaping nicotine?

_____ (Write 0 if you did not try quitting at all in the past month)

18. When are you planning to fully quit vaping?

- within the next month
- within the next 6 months
- sometime in the future beyond 6 months
- I don't want to quit vaping

19. On a scale of 1 to 10, where 1 means that you are '**not at all**' confident and 10 means that you are '**very**' confident, how confident are you that you can quit vaping for good?

Not at all 1 2 3 4 5 6 7 8 9 10 Very

20. Is there anything else you'd like to share? Any questions, comments or concerns you might have about quitting smoking or quitting vaping? Anything you're looking forward to?

FINAL GROUP SESSION SURVEY

Today was the last I quit for me session. Please answer these questions that ask about your opinions and reactions to the whole program.

DATE: _____

NAME (or code): _____

1. What did you think of the I quit for me program?

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
It was helpful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I attended all or almost all sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I liked being with other people who were trying to quit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be better as a do-it-yourself program that you use alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It gave me new info about smoking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It gave me new info about vaping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It gave me new info about help or ways to quitting smoking/vaping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It motivated me to try to quit smoking or vaping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It made me feel more confident that I could quit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It taught me new ways to quit smoking or vaping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It made me feel better about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a friend was trying to quit, I'd tell them to join a I quit for me program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How did you use the I quit for me program?

	almost never	rarely	sometimes	often	almost always
I answered the quizzes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I answered the questions/filled in the blanks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used the techniques for coping with stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used the techniques for dealing with cravings and resisting urges to smoke/vape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used the suggestions about asking someone to help me quit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I followed at least one of the plans for quitting smoking or vaping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Feel free to give more details about how you used I quit for me to help you quit smoking or vaping.

SMOKING AND VAPING

The next set of questions ask about cigarette smoking and vaping. Please answer as best as you can.

SMOKING

4. In the past 30 days, how often did you smoke cigarettes?

- every day or almost every day
- at least once a week
- one or twice all together
- not at all, not even a puff (**skip to question 12**)
- I have never smoked a cigarette (**skip to question 13**)

5. In the past week:

- I did not smoke at all, not even a puff.
- I smoked.

6. In the past week, how many cigarettes did you smoke?
_____ (Write 0 if you did not smoke at all in the past week)
7. On the days that you smoke, how soon after you wake up do you smoke your first cigarette?
- within 5 minutes
 - 6 to 30 minutes
 - 31 to 60 minutes
 - more than 60 minutes
8. Would you say that you are...
- very addicted to smoking
 - somewhat addicted to smoking
 - not at all addicted to smoking
 - I don't know
9. Since starting the I quit for me program, how many times did you try to quit smoking cigarettes?
_____ (Write 0 if you did not try quitting since starting the program)
10. Since starting the I quit for me program, how many days in a row have you been totally smoke-free, without smoking even a single puff?
_____ (Write 0 if you still smoke sometimes)
11. When are you planning to fully quit smoking cigarettes?
- within the next month
 - within the next 6 months
 - sometime in the future beyond 6 months
 - I'm not planning to quit
 - I have already quit
12. On a scale of 1 to 10, where 1 means that you are **'not at all'** confident and 10 means that you are **'very'** confident, how confident are you that you can quit smoking cigarettes for good?
- Not at all 1 2 3 4 5 6 7 8 9 10 Very

VAPING

13. In the past 30 days, how often did you vape nicotine?

- every day or almost every day
- at least once a week
- once or twice all together
- not at all, not even a puff **(skip to question 22)**
- I have never vaped nicotine **(skip to question 24)**

14. In the past week:

- I did not vape nicotine at all, not even a puff.
- I vaped nicotine.

15. In the past week, how many times did you vape nicotine?

_____ (Count each session as 1 time)

_____ (Write 0 if you did not vape at all in the past week)

16. On the days that you vape freely, how soon after you wake up do you first use your vape?

- within 5 minutes
- 6 to 30 minutes
- 31 to 60 minutes
- more than 60 minutes

17. Would you say that you are...

- very addicted to vaping
- somewhat addicted to vaping
- not at all addicted to vaping
- I don't know

18. When you vape nicotine, how many puffs do you usually take?

- Less than 5
- 5-9
- 10-29
- 30 or more

19. Since starting the I quit for me program, how many times did you try to quit vaping nicotine?
_____ (Write 0 if you did not try quitting since starting the program)

20. Since starting the I quit for me program, how many days in a row have you been totally vape-free, without vaping even a single puff?
_____ (Write 0 if you still vape sometimes)

21. When are you planning to fully quit vaping?

- within the next month
- within the next 6 months
- sometime in the future beyond 6 months
- I'm not planning to quit
- I have already quit

22. On a scale of 1 to 10, where 1 means that you are **'not at all'** confident and 10 means that you are **'very'** confident, how confident are you that you can quit vaping nicotine for good?

Not at all 1 2 3 4 5 6 7 8 9 10 Very

23. We understand that people's experiences with quitting smoking and/or vaping can be influenced by so many things. If you have any comments or suggestions that you'd like to share about I quit for me, please contact Health Canada's Tobacco Control Directorate at **1-866-318-1116** or **tcp.questions-plt@hc-sc.gc.ca**.

Appendix B

GIVE AND RECEIVE SUPPORT

Think about family, friends, classmates, co-workers, neighbours, teachers, professionals, or services. On the left side of the chart, *name* the people you can or do support for each specific task listed in the centre column. On the right side of the chart, name the people (or services) you could ask for support. Try to name lots of people and services so you end up with a large network of support for yourself.

People I can or do support	Task	People I can ask to support me
	Help with schoolwork	
	Offer emotional support	
	Be trusted with a secret	
	Provide a reality check	
	Offer encouragement unconditionally	
	Celebrate	
	Make each other laugh	
	Provide motivation for positive action	
	Explore potential solutions	
	Hold accountable to follow through	

MY BEST

Think about the entire workshop, all the sessions you've attended, the I quit for me youth Guide you used, the people who were with you, the stuff you did in between sessions, the things you've achieved.

What's been your biggest accomplishment?

What was your favourite session, or activity, or event?

What's the best piece of advice you'd give someone who's trying to quit?

Appendix C

REFERENCES

1. Arnett, J. (2000). Emerging adulthood - A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480.
2. Lin, P. (2016). Risky behaviors: integrating adolescent egocentrism with the Theory of Planned Behavior. *Review of General Psychology*, 20(4), 392–398. doi: 10.1037/gpr0000086
3. U.S. Department of Health and Human Services. (2012). *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.
4. Smith, R.F., McDonald, C.G., Bergstrom, H.C., Ehlinger, D.G. and Brielmaier, J.M., 2015. Adolescent nicotine induces persisting changes in development of neural connectivity. *Neuroscience & Biobehavioral Reviews*, 55, pp.432–443.
5. England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *American journal of preventive medicine*, 49(2), pp.286–293.
6. Breland, A., Soule, E., Lopez, A., Ramoa, C., El-Hellani, A., & Eissenberg, T. (2017). Electronic cigarettes: what are they and what do they do? *Annals of the New York Academy of Sciences*, 1394(1S1), 5–30.
7. England, L., Aagaard, K., Bloch, M., Conwayd, K., Cosgrovee, K., Grana, R., et al. (2017). Developmental toxicity of nicotine: A transdisciplinary synthesis and implications for emerging tobacco products. *Neuroscience and Biobehavioral Reviews*, 72, 176–189. doi: 10.1016/j.neubiorev.2016.11.013
8. Guillot, C. R., Pang, R. D., & Leventhal, A. M. (2014). Anxiety sensitivity and negative urgency: A pathway to negative reinforcement-related smoking expectancies. *Journal of Addiction Medicine*, 8(3), 189–194. doi: 10.1097/ADM.0000000000000017
9. Pina, J., Namba, M., Leyrer-Jackson, J., Cabrera-Brown, G., & Gipson, C. (2018). Social influences on nicotine-related behaviors. *International Review of Neurobiology*, 140, 1–32. doi: 10.1016/bs.irm.2018.07.001
10. Settles, R. E., Fischer, S., Cyders, M. A., Combs, J. L., Gunn, R. L., & Smith, G. T. (2012). Negative urgency: A personality predictor of externalizing behavior characterized by neuroticism, low conscientiousness, and disagreeableness. *Journal of Abnormal Psychology*, 121(1), 160–172. doi: 10.1037/a0024948
11. Sonntag, H., Wittchen, H. U., Höfner, M., Kessler, R. C., & Stein, M. B. (2000). Are social fears and DSM-IV social anxiety disorder associated with smoking and nicotine dependence in adolescents and young adults? *European Psychiatry*, 15(1), 67–74.
12. Leatherdale, S. (2006). School-based smoking cessation programs: Do youth smokers want to participate in these programs? *Addictive Behaviors*, 31, 1449–1453. doi: 10.1016/j.addbeh.2005.09.011

13. Walker, J.F., Loprinzi, P.D. (2014). Longitudinal examination of predictors of smoking cessation in a national sample of U.S. adolescent and young adult smokers. *Nicotine & Tobacco Research*, 16(6), 820–827. doi: 10.1093/ntr/ntu005
14. Cengelli, S., O'Loughlin, J., Lauzon, B., & Cornuz, J. (2012). A systematic review of longitudinal population-based studies on the predictors of smoking cessation in adolescent and young adult smokers. *Tobacco Control*, 21(3), 355–362. doi: 10.1136/tc.2011.044149
15. Roberts, M.E., Nargiso, J.E., Gaitonde, L.B., Stanton, C.A., & Colby, S.M. (2015). Adolescent social networks: general and smoking-specific characteristics associated with smoking. *Journal of Studies in Alcohol and Drugs*. 76(2), 247–255. doi: 10.15288/jsad.2015.76.247
16. Christakis, N.A., & Fowler, J.H. (2008). The collective dynamics of smoking in a large social network. *New England Journal of Medicine*, 358(21), 2249–2258. doi: 10.1056/NEJMsa0706154
17. Harvey, J., Chadi, N. & Canadian Paediatric Society, Adolescent Health Committee (2016). Strategies to promote smoking cessation among Adolescents. *Paediatric Child Health*, 21(4), 201–204.
18. Fanshawe, T.R., Halliwell, W., Lindson, N., Aveyard, P., Livingstone-Banks, J., & Hartmann-Boyce, J. (2017). Tobacco cessation interventions for young people. *Cochrane Database of Systematic Reviews 2017, Iss 11*. Art. No.: CD003289. doi: 10.1002/14651858.CD003289.pub6
19. Chaiton, M., Cohen, J., O'Loughlin, J., & Rehm, J. (2010). Use of cigarettes to improve affect and depressive symptoms in a longitudinal study of adolescents. *Addictive behaviors*, 35(12), 1054–1060. Doi: 10.1016/j.addbeh.2010.07.002



Additional sources

Health Canada

- About Vaping: [Canada.ca/vaping](https://www.canada.ca/vaping)
- About tobacco: [Canada.ca/tobacco](https://www.canada.ca/tobacco)
- Consider the consequences of vaping–Youth Campaign: [Canada.ca/vaping-info](https://www.canada.ca/vaping-info)

Canadian Cancer Society

[cancer.ca/en](https://www.cancer.ca/en)

Canadian Lung Association

- Vaping and Youth: www.lung.ca/lung-health/vaping/vaping-and-youth
- Smoking and Tobacco: www.lung.ca/lung-health/smoking-and-tobacco

Centre for Addiction and Mental Health (CAMH)

Nicotine dependence:

www.camh.ca/en/health-info/mental-illness-and-addiction-index/nicotine-dependence

Centers for Disease Control (United States)

- About Electronic Cigarettes: www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html
- Youth Tobacco Prevention: www.cdc.gov/tobacco/basic_information/youth/index.htm

Conseil québécois sur le tabac et la santé (in French)

[cqts.qc.ca](https://www.cqts.qc.ca)

Lung Health Foundation

Quash app: www.quashapp.com

Ontario Tobacco Research Unit

- Stop Vaping Challenge App: apps.apple.com/ca/app/stop-vaping-challenge/id1574343369
- Crush the Crave: apps.apple.com/ca/app/crush-the-crave-vape-edition/id1591311099
- Nod from 2050: nodfrom2050.ca/eng-ca

Theories of Behaviour Change

K. Glanz, B.K. Rimer & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice*. 4th Ed. San Francisco: Jossey-Bass.



Canada.ca/tobacco
Canada.ca/vaping