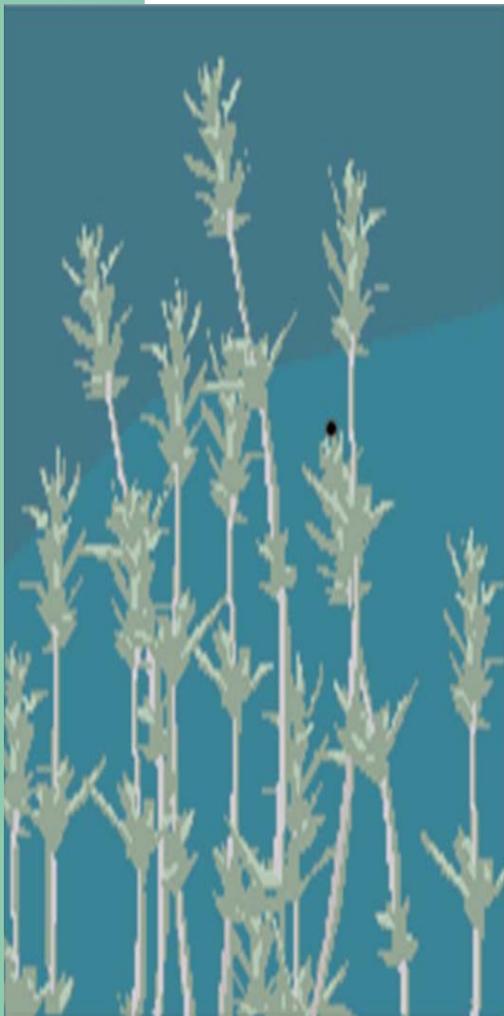
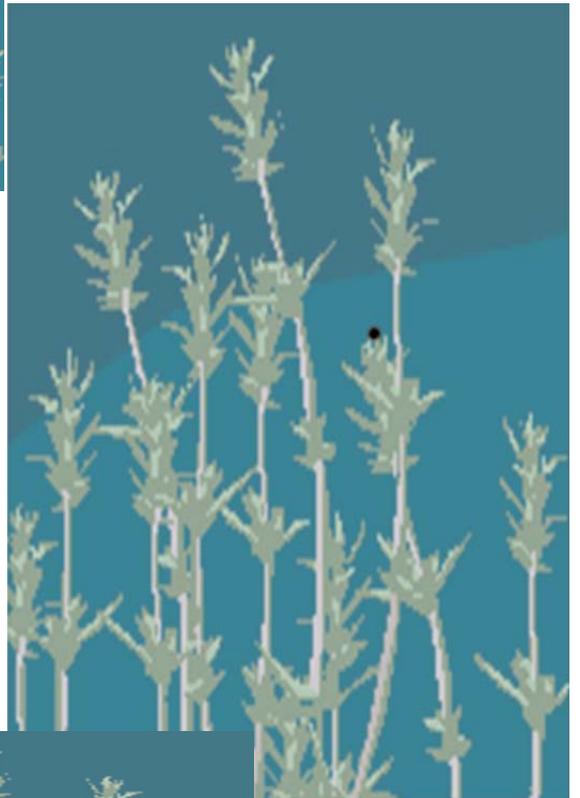


SIDE by SIDE

**safe, inclusive, doable, and empathic supports for
women who smoke and experience depression**

a toolkit for service providers



SIDE by SIDE

Welcome

How We Developed SIDE by SIDE

This toolkit was written by Wendy Reynolds of Action on Women's Addictions—Research & Education (AWARE) with contributions by Patricia Orser of the Canadian Mental Health Association—Kingston Branch. The content of **SIDE by SIDE: safe, inclusive, doable, and empathic supports for women who smoke and experience depression** is based on the work we do at the CMHA with women who experience depression and on the work we do at AWARE with women who smoke.

We relied on the experiences of women who smoke and experience depression to inform the development of **SIDE by SIDE**. Their voices are reflected throughout the toolkit. And their experiences, ideas, and feedback created the content. There were many women who participated in the process (in focus groups, pilot groups, and implementation groups) but in particular we would like to thank: Catherine, Donna, Elizabeth, Louise, Lucielle, and especially Tess, who went above and beyond in helping us, and whose insights and enthusiasm made the toolkit possible.

The information contained in **SIDE by SIDE** is also based on the work of many researchers and practitioners who have devoted their time and passion to understanding the needs of women who smoke and experience depression. We provide links to this work throughout the toolkit.

Why SIDE by SIDE?

This is a toolkit for service providers who work with women smokers who experience depression and also find it difficult to reduce or quit smoking. The name of **SIDE by SIDE** reflects our belief that the effective approach to support a woman smoker's journey to smoking cessation is for service providers to be companions in the process. We'll show you more about this inside.

We are indebted to our Work Group members whose insights shaped the content of **SIDE by SIDE**.

Members of the Work Group were:

Brenda Miller (Canadian Mental Health Association – Kingston Branch)

Dawn Cole, RN (Family Health Division, Kingston Frontenac Lennox & Addington Public Health)

Debbie Radloff-Gabriel (Mood Disorders Clinic, Providence Continuing Care Centre)

Janet Pearse (Concurrent Disorders Specialist, Frontenac Community Mental Health & Addictions Services)

We also would like to thank the many service providers who contributed their expertise and insights to our development of **SIDE by SIDE**, through interviews and survey responses.

Production of **SIDE by SIDE** was made possible through a financial contribution from Healthy Communities Fund, Government of Ontario. The views expressed herein do not necessarily represent the views of the funder. As always, we are very grateful for their support.

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SIDE by SIDE

Section one: Women, smoking, and depression

In this section you will find:

- **Welcome and overview of SIDE by SIDE**
- **The Challenge: Statistics and women’s experiences**
- **The Response: Effective approaches for service providers to take**
- **The Strategies: Toolkit principles and how to work with women who smoke and experience depression**



Welcome to SIDE by SIDE

This toolkit is for service providers who work with women who smoke and also experience depression. It builds upon:

- AWARE’s expertise in smoking reduction and cessation strategies for women who live in difficult life circumstances
- the expertise of the Canadian Mental Health Association (CMHA) working with women who experience depression

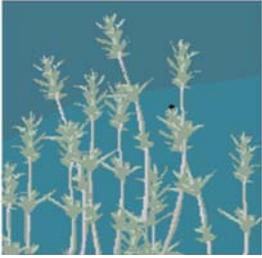
The focus of the toolkit is to:

- suggest strategies to support women to understand the connections between smoking and depression
- provide theoretical frameworks for effective interventions
- suggest promising practices for supporting women who experience depression to cut down on or quit smoking

The toolkit is based on emerging and evidence-based practices for engaging and developing supports for women who smoke. Women who smoke and experience depression were integral to its development and creation. Women’s voices and experiences are highlighted throughout.

SIDE by SIDE

Section one: Women, smoking, and depression



FOR MORE INFORMATION

Women's Health Surveillance
Report, Public Health Agency
of Canada

www.phac-aspc.gc.ca/publicat/whsr-rssf

Depressive Illness: An Information
Guide, CAMH

www.camh.ca/en/education/about/camh_publications/Pages/Depress_Illness_info_guide.aspx

Gender Differences, CMHA
Ontario Division

www.ontario.cmha.ca/women.asp?clD=5619

The Challenge

Prevalence and Practice

Whether they know it or not, community service providers are often working with women who experience depression since:

- women are about twice as likely as men to experience depression
- this increased rate of depression may be related to hormonal effects, such as menstrual cycles, pregnancy and menopause

Other risk factors for developing depression among women include:

- previous experience of a depressive episode(s)
- the experience of trauma or abuse
- chronic health conditions (especially chronic pain)
- being a lone parent and
- daily smoking

Women may also have more symptoms of depression than men, especially those not specifically related to moods, such as:

- insomnia
- headaches and
- weight gain or increased appetite

Women also are more likely than men to have other mental health issues associated with their depression, including anxiety disorders and eating disorders.

SIDE by SIDE—Women's Voices

"I have depression and if I didn't know I had a cigarette to get up to in the morning, I don't know if I could get up. It gets me out of the bed. Smoking makes me get out of the house to buy cigarettes. It gets me out of the house. Out of the deep dark hole."

SIDE by SIDE

Section one: Women, smoking, and depression

Smoking and Depression

Research suggests that rates of smoking are higher among people who experience mental health problems. CAN-ADAPTT and the US National Center for Health Statistics survey found that people who experience depression and other mental health issues:

- smoke more cigarettes on a daily basis
- are less likely to quit smoking
- are two to four times more likely to smoke than the general population
- smoke more cigarettes as depression deepens
- smoke their first cigarette of the day earlier after waking (a general indicator of nicotine dependence)
- are less likely to be successful at quitting smoking

Research also shows that people who experience depression are more likely to report more severe symptoms of withdrawal from nicotine than those who do not experience depression. Withdrawal symptoms can be similar to symptoms of depression and can lead to higher rates of relapse. One theory is that nicotine may act as an anti-depressant, and seems to alleviate some symptoms of depression.

A SIDE by SIDE Reminder

Smoking doesn't "cause" depression and depression doesn't "cause" smoking. But people who experience depression are more likely to smoke and less likely to quit. Service providers must be sensitive to the role smoking plays in helping some people deal with depression.

Smoking, Depression, and Women

Among people who aren't depressed, women are less likely than men to smoke. But depressed women smoke as much or more than depressed men. In the US survey, 48% of women and 40% of men with severe depression smoke. Among people who aren't depressed, the same survey shows that 17% of women and 25% of men smoke. In Canada, according to the Canadian Tobacco Use Monitoring Survey, the overall rates of smoking are 20% for men and 15% for women.



FOR MORE INFORMATION

CAN-ADAPTT Canadian Smoking Cessation Guidelines Specific Populations: Mental Health and/or Other Addictions

www.nicotinedependence-clinic.com/English/CANADAPTT/Documents/Guideline/Mental%20Health%20and%20Other%20Addictions.pdf

National Center for Health Statistics Depression and Smoking in the US Household Population

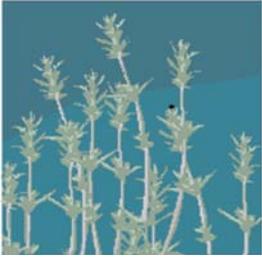
www.cdc.gov/nchs/data/data-briefs/db34.htm

Canadian Tobacco Use Monitoring Survey

www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2011-eng.php

SIDE by SIDE

Section one: Women, smoking, and depression



FOR MORE INFORMATION

Trauma Matters: Guidelines for Trauma-Informed Practices in Women's Substance Use Services

www.jeantweed.com

Women and Tobacco: A Casebook, BCEWH (2013).

www.coalescing-vc.org/virtualLearning/section4/documents/Women%20and%20Tobacco%20Casebook%20FINAL.pdf

Go SIDE by SIDE

Safety first. Depression, trauma, and smoking are strongly linked. Feeling unsafe can prevent women from talking about their experience of either depression or trauma. It can also make it difficult for women to consider giving up smoking. Educate yourself about safety principles before talking with women. Section 6 of **Trauma Matters** is a great place to start.

Women's experience of trauma, either in childhood or as adults, is often a correlate of depression and is also a predictor of smoking. Research shows that:

- women may be more likely than men to smoke as a response to experiencing trauma
- the experience of trauma increases the likelihood by as much as four times that women will smoke
- women who experience trauma are also twice as likely to have started smoking before the age of 14
- experiencing trauma may be a stronger predictor of smoking than factors such as income, age, and ethnicity
- women who have experienced trauma are also more likely to be heavier smokers—for example, one study found that women who had experienced intimate partner violence were almost four times as likely to smoke a pack of cigarettes or more daily, compared to women who had not experienced trauma

The connections between trauma, smoking, and women's lives are important for service providers to remember. Women who smoke and have experienced trauma often attach deep meanings to smoking, making cessation difficult to tackle or even consider.

SIDE by SIDE—Women's Voices

"My addiction to cigarettes is bigger than god. Cigarettes *are* my god. I pray to them, I live for them, I do everything for them that I would do for god. Don't take away my cigarette, that's my only comfort."

SIDE by SIDE

Section one: Women, smoking, and depression

The Response

Clinical Implications

Talk openly about the woman's life. Accept that smoking has powerful benefits in many situations, in particular for women who experience depression. Your role as a sensitive, caring, and accepting service provider is critical to open discussion and to reduced smoking in the lives of women smokers.

Go SIDE by SIDE

Encourage women to discuss the perceived benefits they get from smoking. An open, gentle discussion about perceived benefits can lead to a plan to reduce or quit smoking. Use the decisional balance index (the positives and negatives of smoking) as a guide.

Women who smoke and experience depression have told us that being free to discuss their smoking is an enormous benefit. It supports their understanding of their reasons for smoking and its connection to depression.

SIDE by SIDE—Women's Voices

"It was just so fascinating being able to talk about smoking without feeling judged. I felt that I was really supported and I could really start to see the connections between my smoking and my depression."

"It was a great experience. I really liked that you encouraged us to talk about the good parts of smoking. I really felt like I learned a lot about my smoking and the way it's connected to my depression. And I learned a lot about depression, too!"



FOR MORE INFORMATION

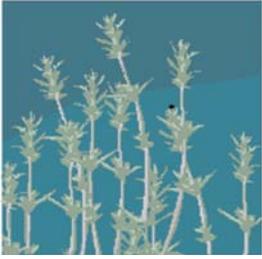
See the Final Report of the SIDE by SIDE project for details of women's responses

www.aware.on.ca

Poole, N et al (2011) Integrating Gender-Sensitive Tobacco Cessation Interventions into Trauma, Mental Health and Addictions Treatment Services for Women. www.coalescing-vc.org/virtualLearning/session4/documents/NCTOHpresentation.pdf

SIDE by SIDE

Section one: Women, smoking, and depression



For lots more information about a harm reduction approach to smoking, see STARSS: Start Thinking About Reducing Secondhand Smoke

www.aware.on.ca/starss

“I like the idea of talking about reducing instead of quitting, because then I’m deciding ... I could see getting the confidence to quit.”

Check out Liberation! for detailed information about these principles

www.bccewh.bc.ca/publications-resources/documents/Liberation-Helping-WomenQuitSmoking.pdf

The Basis of SIDE by SIDE

Harm Reduction Principles

Harm Reduction:

- identifies ways to reduce overall harms, not just those related to smoking (so could include ensuring that she has supports to address her depression)
- respects a woman’s need for safety (e.g., she may not feel it’s safe to discuss her smoking with a service provider)
- identifies small steps a woman can take to reduce her smoking on her journey to eventually quitting smoking

Motivational Interviewing Principles

Motivational Interviewing:

- is a powerful strategy used to enhance motivation for change
- is encouraging; for example, instead of thinking of her as “not motivated” to quit smoking, think of her as “motivated to do what?”

Stages of Change Principles

The Stages of Change:

- acknowledge that women will be at different stages of readiness for change in quitting or reducing smoking
- supports the small steps approach—when women make positive changes in any aspect of life, self-efficacy grows

Relational Theory Principles

Relational Theory emphasizes that:

- positive, trusting relationships between women and service providers are critical
- the quality of interpersonal relationships may determine whether or not women remain engaged in the process of change
- the quality of interpersonal relationships may be more important than the concrete services received

SIDE by SIDE

Section one: Women, smoking, and depression

Characteristics of Relational Service Providers

The importance of the characteristics of service providers who interact with women who smoke and experience depression cannot be underestimated. They can make or break a woman's motivation and ability to change. These characteristics include respect, understanding, authenticity, mutual empathy, and reciprocity. Women also describe the importance of feeling truly known by another person in a relationship—and being known as a whole person, not just as a smoker.

Women want to be known in a compassionate, caring way, including an understanding of their difficulties and perceived failings. Here is what some women had to say. Listen to the meaning behind the words.

SIDE by SIDE—Women's Voices

"A good service provider is someone who has lived life—not some healthy do-gooder who doesn't understand what my life is like. It has to be someone who you can relate to, someone who can understand what you're going through."

"Service providers are so important. It needs to be a good one; a bad one can be really destructive. A good service provider is a back-seat one who is flexible."

"Someone who talks with us, not down to us really helps. Someone who comes in and belittles me because I smoke doesn't help. I have low self-esteem already! I tend to listen to someone who knows what they're talking about, and knows because they've been there done that, rather than lecturing. It has to be someone who can relate, who hasn't just read about smoking in a book."

"Someone who isn't trying to teach us things. Just let me talk. And listen when I talk. I am so sick of people trying to teach me things. I'm 50 years old, this is what it is, this is who I am."



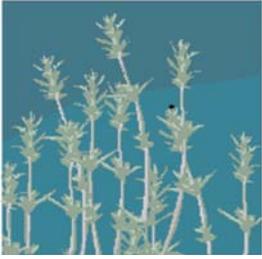
The relationship between a service provider and a woman can be the most powerful predictor of change

"Some service providers definitely do lecture and have A LOT of rules, like changing clothes every time you smoke and things like that. It makes me feel like I'm never doing a good enough job."

"I called a hotline. But all they did was give all these tips about chewing cinnamon sticks when what I really wanted was for someone to be compassionate and say 'this is hard'. And all I was getting was the same old tips I'd heard before. So I went back to smoking."

SIDE by SIDE

Section two: Women talk about smoking and depression



FOR MORE INFORMATION

Greaves, L. (1996). *Smoke Screen: Women's Smoking and Social Control*. Halifax, NS: Fernwood.

In this section you will find:

- The functional and positive role of smoking in the life of women who experience depression
- Supportive strategies for women who smoke
- Implications for working with women who smoke and experience depression

The Functional Role of Smoking in Women's Lives

The function, or role, that smoking plays in the lives of women can make it very difficult to think about quitting smoking. This can be especially true for women who experience depression. Nicotine causes powerful physical dependence. Added to this, smoking also plays many different roles. This makes quitting or cutting down even more difficult. Women who experience depression talk about the many roles smoking plays in their lives.

Cigarettes play a role in women's lives that is very specific to the experience of depression.

Women talk explicitly about a useful function for cigarettes—smoking gets them out of bed when they are too depressed to move for any other reason.

"I experience paranoia, and I wouldn't want to leave the house. But if I ran out of cigarettes, then I had to go out to buy some."

"I don't buy cartons, I buy packages. This is so that if I don't have cigarettes in the house, I have to get up, go out, and buy some."

"It gets me up. I could stay in bed all day. But if I need a smoke, then I get up, have a cigarette and coffee on the balcony, and it's peaceful."

SIDE by SIDE

Section two: Women talk about smoking and depression

Smoking is also significantly related to experiences of trauma, past or present, in the lives of the women.

Trauma is linked to depression and therefore also linked to smoking. Women tell us that smoking plays a vital role in coping with trauma they have experienced.

“Tragedy, tragedy, tragedy after tragedy. So many tragedies in my life. And if I didn’t have cigarettes, I think I would’ve killed someone.”

“I think about all the traumatic events in my life, and I ask myself if the cigarette helps, and it doesn’t always, but it gets me out of bed. And with depression, that’s needed.”

“Smoking helps everything! And it especially medicates PTSD.”

“It’s very hard to think about quitting smoking. Everything in my life makes it hard. I’m on disability, have limited income, and I’ve had a lot of abuse. I’m just a mess. And those experiences make it harder to quit.”

Smoking helps women to distance their thoughts, re-focusing away from stressors.

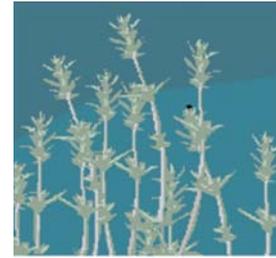
Women say that smoking can help to calm them and divert their emotional responses away from depression, anxiety, and other distressing feelings or events.

“Smoking distracts your mind from whatever you’re thinking about. It lets me focus on something other than my spiraling thoughts.”

“When I am angry, crying, upset, scared, or having anxiety or a panic attack, one of the first things I turn to is my cigarettes.”

“When I’m upset, a cigarette is the first thing I want. I want the strange comfort of the burn going down my throat because I want to feel something different from what I’m feeling. It’s the burn that comforts me. It sounds sick when I say it but it’s true for me.”

“When I’m really upset, I smoke 10 to 15 cigarettes in a row. It helps to stabilize the emotion. You don’t stop smoking until you’re back to normal.”



FOR MORE INFORMATION

Poole, N. and Lyon, J. (2012). Integrating treatment of tobacco with other substances in a trauma-informed way. In Poole, N. & Greaves, L. (Eds.). *Becoming Trauma Informed*. Toronto, ON: Centre for Addiction and Mental Health.

SIDE by SIDE

Section two: Women talk about smoking and depression



Many women identify the comfort they receive from smoking.

Women say smoking can calm them down and soothe, or tamp down, uncomfortable or distressing feelings, thoughts, or situations. Some of the comfort is derived from the rituals associated with smoking. There is more about women's feelings about the ritual later on in this section.

"It's a necessity for my peace of mind, just like food is a necessity for my body. You need milk, bread, and smokes."

"I find smoking is like a calming pill. I feel like a cigarette will hold me back from doing things I'll regret."

"I tend to chain smoke when things are bothering me. It seems to have a calming effect on me. It's a comfort and soothes me—I think because it's so familiar."

"When I'm feeling depressed, having a smoke has a calming effect, similar to deep breathing. I smoke way more when I'm depressed because the ritual is so comforting."

Some women also identify the ambivalence associated with the feeling of comfort a cigarette can provide.

Ambivalence is an uncomfortable state. It means feeling two opposing ways about the same situation. Motivational counselling builds on ambivalence to support change.

"First comes the feeling of smoke burning as it goes in—I can feel my body and know I exist. Sometimes it comforts and soothes. Sometimes it's desperation for any other state of mind than the one I'm in."

"I know it's not a breath of fresh air, but sometimes that's how it feels! You know how people tell you to take deep breaths? It's like that cigarette is my first deep breath. That's when it hits me that I'm outside, I'm safe, I can breathe. Even though I've got a cigarette in my mouth."

"It's a comfort to me if I feel depressed. Although sometimes smoking actually makes me depressed because I know I should be cutting back. It's just the comfort of the ritual of it, getting my coat, going outside, the hand-to-mouth..."

FOR MORE INFORMATION

The work of William Miller et al. is seminal to understanding the issue of supporting change through ambivalence.

Go to: www.motivationalintervention.org

SIDE by SIDE

Section two: Women talk about smoking and depression

Cigarettes function as a friend.

Women describe the attributes of a cigarette as being similar to the characteristics of a good friend—reliability, constancy, dependability.

“I go back to smoking being a friend. I live alone and it’s something to come home to. I wake up in the middle of the night, alone, and when I have a cigarette I don’t feel so alone. The thought of not having a pack of cigarettes in the house and I panic!”

“Smoking is like having a friend—it’s reliable and the cigarettes are always there for you.”

“I feel like a cigarette is my only friend. Smoking is always there for me. I feel so alone so much of the time, so I smoke for company.”

Smoking can help to combat the loneliness that many women feel.

The cigarette itself provides companionship, but it also provides a social experience when women get together with other smokers.

“Sometimes when you are really depressed, and you need to talk, and you get together for a smoke and just start talking. The social part of it does bring your mood up.”

“What I love is you can chill with a friend, have a smoke, and you don’t feel so depressed.”

“I thought if I stopped associating with people who smoked it would help, but then the depression comes in, because all of a sudden, you’re alone. I went back to smoking so I wouldn’t be so lonely.”

Women describe the sense of control that smoking can provide.

although they simultaneously recognize the control that smoking has over them, which is another example of ambivalence.

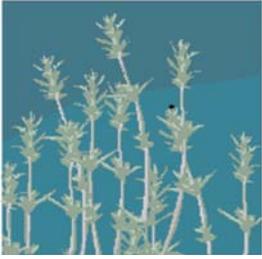
“Smoking gives me the feeling that this is one thing that can’t be taken away from me.”

“Everything else has been taken, my body, my living, my possessions, but the cigarette is mine. No one is going to tell me to quit smoking. And I’ve tried too, effing hard, but I need to way to quit that is mine.”



SIDE by SIDE

Section two: Women talk about smoking and depression



“I want to feel my body. I want to feel that I’m there. I want to feel that I’m the one who is breathing. I want to know that I’m in control of my feelings. That burn, I caused that.”

“Smoking is controlling me but then you think you’re controlling it.”

“In my experience, when I’d quit smoking before, quitting really raises your self-esteem. Because you have control over it.”

“I don’t think about it when I’m out because there are so many places where you can’t smoke. I think about it at home. And it controls my life. A stupid cigarette.”

Some women can identify that their smoking is ritualized, as any drug use is.

There are other rituals identified elsewhere by women, such as sitting over coffee with a cigarette.

“I have routines with my cigarettes, and it’s part of what I hate about it. Just before bed I have a tea and a cigarette, which totally defeats brushing my teeth.”

“The smoke rising from the cigarettes, the whole thing, it just seems good, the whole process, the ritual is very comforting and satisfying. I think a lot of it for me is the ritual.”

There is a very functional role for smoking in the lives of women who experience depression.

It is little wonder that smoking can feel like a priority. For many women who smoke and experience depression, smoking can feel like a necessity.

“Smoking comes first, not last.”

“I don’t have anything. I just spend my money on food and cigarettes.”

“I’d much rather forget my wallet at home, than leave home without my cigarettes.”

SIDE by SIDE

Section two: Women talk about smoking and depression

Some women also identify that smoking is a double-edged sword.

While smoking is a priority for most women, they also recognize that it causes them to feel more shame, embarrassment, and depression. Women smokers (especially those who are pregnant, or are mothers with young children) face increasing social stigma. This can lead to feelings of intense guilt and shame. Stigmatization of smokers and smoking can drive smoking underground, making it difficult to talk about—in fact, guilt and shame often lead to increased smoking as a way to cope with these negative feelings.



“I feel embarrassed when I ask for a pack of cigarettes at the store.”

“I feel like a pariah because I smoke. Because people look down on you. And giving you judgemental looks when you’re buying a pack.”

“I was at the store trying to buy some, and my little one was begging the cashier not to sell them to me, and I felt so guilty!”

“I feel embarrassed about the pictures on the packages in my purse, and people on the bus might see them.”

“It triggers more depression for me, taking out my grandkids and smoking with them around me. Shame and embarrassment and depression.”

“What makes me most depressed about smoking is that I’ve always wanted to be healthier. I take vitamins and eat right...and I see others who jog, and you know, that could be me, but you just can’t do that if you smoke.”

“I resented being told to quit smoking because there wasn’t any information or support given to help me. I knew I should quit—if I could quit, I would. What I needed was help to quit, not being told to quit.”

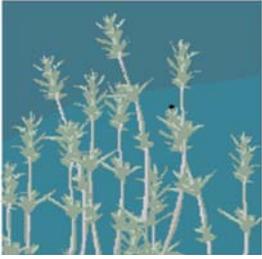
“Suggestions are welcome, commands like ‘you should quit smoking’ are not helpful.”

Go SIDE by SIDE

Set the stage. Resistance to changing smoking behaviour is triggered when women feel judged, preached at, or lectured to by service providers. Don’t focus on fear tactics. Stress, guilt, and worry make women smoke more, not less. Consistently provide an environment where failure doesn’t exist.

SIDE by SIDE

Section two: Women talk about smoking and depression



FOR MORE INFORMATION

Further information about emerging and informed practices to support women who smoke can be found in the following:

Liberation! Helping Women Quit Smoking

www.bccewh.bc.ca/publications-resources/documents/Liberation-Helping-WomenQuitSmoking.pdf

Women and Tobacco: A Casebook

www.coalescing-vc.org/virtualLearning/section4/documents/Women%20and%20Tobacco%20Casebook%20FINAL.pdf

Supportive Strategies

Women who experience depression have a complex relationship with cigarettes. Strategies to support women to reduce or quit smoking must reflect this complexity. Consistent with emerging and informed (or “best”) practices in women and smoking interventions, our discussions with women lead us to make recommendations for support that include the following:

- A priority must be given to examining the **function and positive role** of cigarettes in the lives of women who experience depression before alternatives can be discussed or developed.

Go SIDE by SIDE

Ask yourself:

Am I being sensitive to the stressors in the lives of women who experience depression? Do I understand how smoking helps her cope with these stressors, sometimes in a beneficial way?

Ask women:

Can you share with me some of the things that are going on in your life right now? Does smoking sometimes seem to help in these situations?

- A focus on **reduction in smoking** will attract more women than a focus on smoking cessation.

Go SIDE by SIDE

Ask yourself:

Am I able to encourage all her efforts, no matter how small or insignificant they might seem to me?

Ask women:

I understand now is not the time to consider quitting smoking. Would you like to talk about small, manageable steps you can take to reduce your smoking, without having to quit?

SIDE by SIDE

Section two: Women talk about smoking and depression

- The **role, personality, and skills** of the facilitator is an important consideration to attract and retain women's involvement.

Go SIDE by SIDE

Ask yourself:

Am I truly being sensitive and non-judgmental about smoking? Am I willing to work with her in a compassionate way even if she is unable to consider quitting smoking?

Ask women:

It can be difficult to talk about smoking. Have you ever felt this way? What are some of the experiences you've had when you've tried to talk about smoking?

- **Depression and trauma** are inextricably linked. A skilled facilitator is needed to address and contain trauma responses that will inevitably be provoked in any discussion of women's depression.

Implications for Working with Women

Listening to women: what works

In addition to these recommendations, others are made by women. When women who smoke and experience depression are asked to identify other supports to reduce or quit smoking, here are their top insights:

- **short length of involvement**

"A short term group – like just two or three sessions – would be great and then you could make connections with people to call on when you need them."

"If it's more short term, then you don't have to worry so much about the barriers of transportation, childcare, etc. and get grumpy about it and then have to have a cigarette!"

"Smaller support groups and shorter in length, like 3 or 4 sessions long, and keep the sessions short."



SYNOPSIS of INFORMED PRACTICES

- *tailored* to the needs of sub-populations of women, in this case, those who experience depression
- are *women-centred* and incorporate discussions of all important areas of women's lives
- have *harm reduction* goals
- *reduce stigma*
- focus on *relapse prevention*
- emphasize *social support*
- integrate *social issues*

"The focus should be on cutting back—it's more realistic"

"I would be more likely to get involved if talking about reducing rather than quitting."

SIDE by SIDE

Section two: Women talk about smoking and depression



- **small size, women only, and cheerful location**

“Smaller is better, especially when you’re talking about smoking and trauma. Only allowing so many people, so it doesn’t get ‘suffocating’ with a whole bunch of people in one room.”

“Two parts that are important – the message and the help. The message, believe me, believe that I’m female and that it’s different from being male, and believe how hard it is to quit and that I do want to quit. The other part, the help, I find it hard to connect in groups, but I want to be in groups and there’s so much benefit to them.”

“The surroundings need to be cheerful and full of positivity and very positive things, like quotes.”

“The place needs to be upbeat. None of those horrible posters about smoking.”

“Please don’t set up separate age groups if you set up a group. I don’t want to be in an ‘old lady smoking group’. I get wisdom from others, no matter what their age.”

- **tailored content**

“Focus on smoking but allow limited talk of trauma to explain or let others into your life to engage. You have to deal with trauma and grief in some kind of sensitive way.”

“If smoking gives you some positives, then you’ve got to find some thing else to give you that. You have to talk about the positives you get from smoking, like smoking gets you out of bed when you’re depressed and what to substitute for that.”

“There needs to be an education piece about how addictive nicotine is and an education piece about depression and what different kinds are like.”

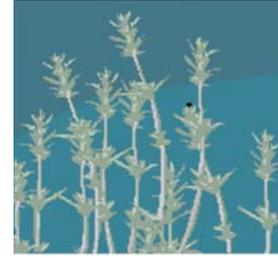
SIDE by SIDE

Section two: Women talk about smoking and depression

Listening to women: what doesn't work

Similarly, when asked what isn't helpful, women who smoke and experience depression indicate a number of issues that get in the way of helpful service provision, such as:

- **simplistic advice**—a service provider who says “you should quit smoking”
- **inappropriate reactions**—a service provider who expresses disapproval about smoking either in words or in body language
- **failure to deal with multiple issues**—focussing on one issue only, such as quitting smoking, without recognizing how this is connected to all other issues in a woman's life
- **assumptions about available support**—not recognizing that practical supports may not be available, such as access to transportation or a partner who is willing to provide emotional support through the process



If women perceive that a service provider does not have a good understanding of the context of their lives, then they are less likely to act on suggestions or advice and more likely to perceive the interaction as negative.

Go SIDE by SIDE

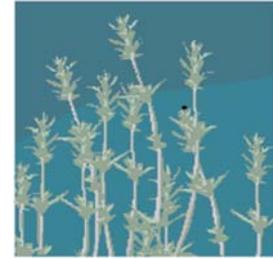
Take time to build a relationship. We can be in a hurry to make sure women quit smoking. It's healthier for everyone if she does. But remember: That's our agenda, not hers. Try to listen and follow her lead. Change takes time. And your positive, caring relationship with her is one of the best predictors of change.

SIDE by SIDE

Section three: A model for group support

In this section you will find:

- **Setting the stage: how to talk to women who experience depression about their smoking**
- **Three sessions for group discussions with women who smoke and experience depression**
- **Feedback from women about each session**
- **Handouts for each session**



Setting the Stage

It might be easier than you think to engage women who smoke and experience depression in a discussion about their smoking.

Go SIDE by SIDE:

- Create a successful environment. Don't use fear tactics. Stress, guilt and worry make people smoke more, not less. Provide an environment where failure doesn't exist.
- Try not to be in a hurry. We can be in a hurry to make sure women quit smoking. It's healthier for everyone if she does. But remember: That's our agenda, not hers.
- Don't make assumptions about a woman's desire to quit smoking. Try saying: "When you're ready to think about quitting smoking, I can help you find support. Meanwhile, would you like to talk about smoking less?"
- Always ask permission to have a discussion. Ask: "Would you like to talk about ways to quit or cut down on your smoking? I have some ideas that could help."

"A group for women who smoke and have depression and there is a facilitator, but who isn't trying to teach us things. Women can just talk."

SIDE by SIDE

Section three: A model for group support



“I would like to understand more about my smoking. Because I’ve already been through the cycle of attempt, fail, attempt, fail, attempt, fail. I don’t even bother to attempt anymore!”

“Other women in the group can say ‘thank you for sharing’, after a woman shares something very personal. It’s OK to feel raw sometimes but you don’t want to leave feeling that way.”

Background to the SIDE by SIDE Model for Group Support

We combined the research on informed practices for women smokers with ideas from women who experience depression to develop a three session model for group support.

The goals of the sessions are to:

- **allow women the opportunity** to reflect on interconnections between smoking and depression
- **provide a safe environment** to support women to express perceived benefits of smoking and fears about quitting smoking
- **encourage improved self-efficacy** regarding cutting back or quitting smoking
- **give concrete strategies** women can use to cut back on or quit smoking when they are ready to make an attempt

The philosophy behind the set-up of the sessions is to:

- **stay small, if possible.** Each of our groups had no more than four women present. Women felt safe to express themselves in ways that would not have happened in a larger group.
- **keep it short.** Women liked the three session format and were able to make substantial changes in goals, confidence/self-efficacy, importance, and awareness of connections.
- **acknowledge, but simultaneously contain, trauma.** The group can’t ignore trauma, but can keep it contained. Acknowledge, but don’t pry. We want women to leave feeling safe and protected.

SIDE by SIDE

Section three: A model for group support

Session 1: Let's Talk About Smoking

- Pre-test
- Decisional Balance discussion
- Tobacco Facts
- Previous experiences with reduction or cessation
- Session 1 Takeaway

o **First—Complete any forms, as needed**

- We use a simple pre-test that asks women to identify a current goal regarding smoking, and asks her to rate her confidence in attaining, and the importance of, the goal to her. We also ask about her awareness of the connections between smoking and depression. The pre-test we use is at the end of this section.
- Any other consent and confidentiality forms should be completed now, too.

o **Second—Decisional Balance Index discussion**

- The Decisional Balance Index (DBI) has had extensive use in motivational counselling. Women also love it! It acknowledges both the positives and negatives of smoking and the positives and negatives of cutting down or quitting smoking. It really helps both you and the woman understand her reasons for smoking. And it helps both of you identify potential barriers and come up with a list of solutions. It provides richer, more complex information than a simple pros and cons list.
- Ask for one woman to volunteer to start the discussion. Start with “what I like about smoking”. When she has spoken, ask for the others to contribute. Then, move on to “what I don’t like about quitting”. Finish with “what I don’t like about smoking” and “what I like about quitting”.



FOR THE FACILITATOR

- **Do an environmental scan—remove any posters, pamphlets, other signage that could make women feel guilty or ashamed about smoking.**
- **Make the meeting space pleasant—provide drinks and snacks, comfy chairs, flowers from your garden, anything that will add to the ambiance of the setting. And make sure that kleenex is available.**
- **Be welcoming—women should have been informed of the group’s purpose and set-up in advance, but will usually feel nervous about entering a new situation.**
- **Make introductions—we have found that it’s better and less intimidating to make the introductions rather than have women introduce themselves.**

SIDE by SIDE

Section three: A model for group support



FOR THE FACILITATOR

- We have had very enthusiastic responses to the DBI discussion from women. In fact, this discussion can take up almost the entire first session. If this happens to you, skip the discussion about previous experiences with reduction or cessation and move to Tobacco Facts.
- At the end of this section, we have provided a sample of a completed DBI from women who smoke and experience depression. This may also be a useful starting point if women in your group are not able to come up with ideas on their own.

- After the discussion is completed, ask each woman to fill out her own copy of the Decisional Balance, with four or five points per section. She takes this away with her and can reflect upon it over time. You will return to the Decisional Balance at the end of the session.

SIDE by SIDE—Women’s Voices

“I liked the combination of the structure and the discussion with the DBI.”

“It was just so fascinating being able to talk about smoking without feeling judged.”

o Third—Tobacco facts discussion

- Women tell us that they need to know information about nicotine, its pharmacology, and how it alters the body as a drug. The addiction potential of nicotine is also eye-opening to women. It validates the difficulties they have experienced trying to cut down or quit smoking.
- The **Tobacco Facts for Women** discussion sheet we have developed contains this information and is a great launching pad for the discussion. Also, women can take the sheet away with them and review it over time.

SIDE by SIDE—Women’s Voices

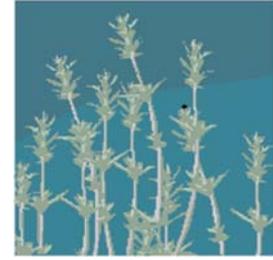
“You have to understand the drug before you can cope with the problem”

“What really stood out for me is that nicotine is so addictive. I kept thinking it was something to do with me, so that education really helped me.”

SIDE by SIDE

Section three: A model for group support

- **Fourth—Explore previous experiences with reduction or cessation**
 - If you have time, you can ask women in your group to talk about their previous attempts to reduce or quit smoking. This helps to normalize the difficulties women have getting rid of cigarettes in their lives.
 - Depending on the group members, this discussion might also be a way to start Session 1. Some women might find it easier to discuss attempts before talking about the positives and negatives of smoking. This is a decision call on the part of the facilitator.
- **Fifth—Session 1 takeaway**
 - Ask women to review their DBI and identify the top one or two issues they feel they could tackle. Generate, with the input of other women in the group, strategies to support the action.
 - Suggest that women can practice one or two strategies in advance of Session 2. Let them know that, if they are able to do so, they can describe their experience with the strategies at the beginning of Session 2.
- **Last—Affirmation**
 - Say ‘thank you for sharing’ and use the women’s names so that it’s personal.
 - If group members are comfortable doing so, each could end with an affirmation. If the group seems uncomfortable doing this, the facilitator can provide an affirmation for each woman.
 - Make sure there are no unresolved issues or emotions before women leave, especially related to trauma.



FOR THE FACILITATOR

- **Listen and affirm.** Empathy, not judgement, is needed when women share their experiences of reducing smoking or quit attempts. The discussion should allow women to express their experiences without any questions or feedback such as “did you try ...?” or “why didn’t you ...?”

“It was hell. Trying to quit is always another failure in my life, just a major failure. It makes you angry and more depressed.”

- If you decide to affirm for each woman, an example might be “It must have been difficult, Jane, to talk about losing your children. I admire the courage it took for you to tell us this.”

SIDE by SIDE

Section three: A model for group support

Session 2: Let's Talk About Smoking and Depression

- Session 1 Bring back
- What is depression? discussion
- Links between smoking and depression discussion
- Strategies using the Self-Care Checklist
- Session 2 Takeaway

- o **First—Bring back discussion based on Session 1 takeaway**
 - Welcome the women and ask about their experiences practicing different strategies.
 - If women had difficulty with a strategy, figure out if there is a way to practice a different, easier strategy next time.
 - Talk about how to use the DBI going forward. For example, some women have found it very useful to pull it out every week or two for review. Or women can keep identifying other issues connected to their smoking that they feel capable of tackling.
- o **Second—What is depression? discussion**
 - Women tell us that they need to know information about depression, the various kinds, and how depression affects women differently than it does men. Again, this validates the way many women feel and the emotions they express.
 - The **Women and Depression** discussion sheet we have developed contains this information and is another great launching pad for the discussion. Again, the women can take the sheet away and review it at their leisure.



FOR THE FACILITATOR

- Strategies that women use to manage their smoking must be “bite sized” or easy to attain.
- Strategies should be SMART—specific, manageable, attainable, realistic, and timely.
- Self-efficacy is developed and improved when women successfully achieve a goal. So goals and strategies must be small enough to be achievable.
- Women have told us that they haven't been given much or any information about neurotransmitters and their effects on mood and depression. Women are also very interested in “natural” ways to lift mood, such as using lavender oil or finding an activity that helps, such as gardening.

SIDE by SIDE

Section three: A model for group support



“Providing information that these symptoms are coming out of depression is normal, because you are starting to feel again.”

“There are so many psychosomatic reactions to depression. It’s ok to feel panicky. It’s ok to be shaky. It’s ok to feel scared. Just allow yourself to feel, allow yourself those symptoms. They come with depression.”

“When we’re talking about both cigarette withdrawal and coming out of depression, it’s hard to believe that you’re getting better when you’re feeling worse.”

“It can happen to any of us that at any time we could feel worse, but then it could happen to any of us that we could blossom and do better.”

o **Third—Links between smoking and depression discussion**

- Facilitate a discussion about the links between smoking and depression, using quotes from women. We print quotes, cut them into strips, and put them in a jar. Then, each woman in turn pulls one out of the jar and reads it aloud to the group.
- Ask if this quote resonates or makes sense to other women in the group. Some women will have experienced the same thing, while others will discover something new. Hearing the voices of other women is a very supportive way to encourage women to make the links between smoking and depression.
- We have included a page of quotes at the end of this section that you can use as the basis for the discussion.

o **Fourth—The Self-Care Checklist**

- Facilitate a discussion based on the **Self-Care Checklist** and the **Toolbox of Support**, found at the end of this section.
- Ask women if these suggestions resonate. When craving a cigarette, what can you do instead? When feeling depressed, what can you do instead of reaching for a cigarette?

o **Fifth—Session 2 takeaway**

- Ask women to identify from the **Self-Care Checklist** the top one or two issues they feel they could tackle. Generate, with the input of other women in the group, strategies to support the action.

SIDE by SIDE

Section three: A model for group support

- Suggest that women can practice one or two strategies in advance of Session 3. Let them know that, if they are able to do so, they can describe their experience with the strategies at the beginning of Session 3.
- o **Last—Affirmation**
- Say ‘thank you for sharing’ and use the women’s names so that it’s personal.
- If group members are comfortable doing so, each could end with an affirmation. If the group seems uncomfortable doing this, the facilitator can provide an affirmation for each woman.
- Make sure there are no unresolved issues or emotions before women leave, especially related to trauma.



“When I’m not feeling good or am depressed, I turn to stone – I just don’t feel.”

“I wonder about the one that says ‘make time for self-reflection’. Because of my mental illness, I often don’t know the difference between self-reflection, thoughts and rumination. I need to work on understanding the differences.”

“You have to be aware, of what is out there that I can do, and always keep looking for things. And even if it doesn’t seem that interesting, well, go and try it anyways. I find joining something by yourself, you meet other people. Again, it can be really hard to do this when you’re in the depths of depression. I really have to force myself.”

SIDE by SIDE—Women’s Voices

“I promised myself that I would laugh so many times per day because I was just so out of the habit.”

“When you have depression, you need to learn the difference between a ‘blue day’ and the slippery slope back to full blown depression.”

SIDE by SIDE

Section three: A model for group support

Session 3: Let's Talk About Strategies

- Session 2 Bring back
- Strategies to support women to reduce or quit smoking
- Post-test
- Session 3 Takeaway

o **First—Bring back discussion based on Session 2 takeaway**

- Welcome the women and ask about their experiences practicing different strategies from the **Self-Care Checklist** and the **Toolbox of Support**.
- If women had difficulty with a strategy, figure out if there is a way to practice a different, easier strategy next time.
- Talk about how to use the **Self-Care Checklist** and the **Toolbox of Support** going forward. For example, some women have found it very useful to pull them out every week or two for review. Or women can keep identifying other issues connected to their experience of depression that they feel capable of tackling.

o **Second—Strategies to support women to reduce or quit smoking**

- We use the **Readiness Ruler** as the kickoff for the discussion. It helps women identify readiness, confidence, and importance regarding their goal, whatever that goal may be. A sample **Readiness Ruler** can be found at www.centerforebp.case.edu/resources/tools/readiness-ruler
- Follow the completion of the **Readiness Ruler** with simple questions: what would help you feel more ready, more confident, or assign a greater importance to your goal?



“This self-care assessment is great because you can look at the things you do well, and use those for support to quit, and then you think of the things that you never do, and a lot of them are things that I wanted to do but never did so it makes me think ‘do I have a goal around this?’ It’s a guide to how to live, really.”

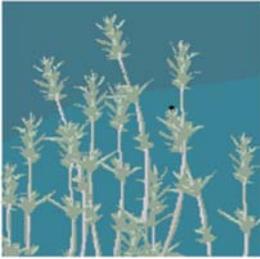
FOR THE FACILITATOR

- **Empathy over all.** Remember that women who experience depression struggle with loneliness and isolation. Some of the suggestions on the Self-Care Checklist may need to be modified to address this reality.

“I really have to work at it, almost force myself to not sit at home and to lift up that phone. And I do feel much better after I call a friend, but it’s damn hard work.”

SIDE by SIDE

Section three: A model for group support



“See—this is really helping me! Just going over these worksheets is giving me great ideas.”

“I appreciate the tone of these strategies on the worksheets. It is very non-judgemental. Shame is just as bad as the scare tactics, and it doesn’t work.”

“I find journaling excellent when I’m depressed. I can see how it would help with my smoking, too.”

- We have developed four worksheets that women have found particularly helpful, including **Cigarette Fading and DEEDS**, **How To Identify Your Triggers, Coping With Cravings**, and **Smoking Reduction Tips**. The worksheets are included at the end of this section.
 - Go over each of the worksheets with women and ask them to generate their own ideas for each, as appropriate. Start the discussion with **Cigarette Fading and DEEDS**, then work through **Triggers, Cravings**, and **Reduction Tips**.
 - The purpose of the worksheets is to give each woman some concrete strategies she can use when she is ready to reduce her smoking or make a quit attempt. She takes the worksheets away with her and can reflect upon them over time. Suggest to women that they review the worksheets at some specified interval, similar to the DBI in Session 1.
- o **Third—Post-test**
- We use the same simple form as described in the pre-test. It asks women to identify a current goal regarding smoking, and asks her to rate her confidence in attaining, and the importance of, the goal to her. We also ask about her awareness of the connections between smoking and depression. This allows a comparison of any changes in goals, confidence, importance, and awareness over the three sessions. And it allows women the opportunity to provide feedback on the process. The post-test we use is at the end of this section.
 - Any other forms that you need for your files should be completed now, too.

SIDE by SIDE

Section three: A model for group support

- o **Fourth—Session 3 takeaway**
- Ask women to identify, and think of strategies for achieving, goals going forward that they feel they could tackle. Generate, with the input of other women in the group, strategies to support the action.
- Ask women if they need on-going support for their smoking. For example, have a list of smoking cessation supports in your community. And provide the website information for AWARE, the Smoker’s Helpline and any other online supports women have found useful.
- Ask women if they need on-going support for depression. For example, have a list of mental health supports in your community. And provide the website information for the Canadian Mental Health Association and any other online supports that women have found useful.
- If you (and your organization) are amenable, suggest that you provide telephone, email, or text follow-up at some interval, such as every month for six months. We have found that this provides a nice bridge to other supports, as needed. It also keeps the issue of the connections between smoking and depression in mind. And, perhaps most importantly, it reminds women that you are thinking of them and their well-being.



FOR THE FACILITATOR

www.aware.on.ca

www.cmha.ca

www.smokershelpline.ca

SIDE by SIDE—Women’s Voices

“Make sure there is a number to call if you have the urge to have a smoke. Or if you’re feeling depressed, a number to call with someone to talk to and get some support.”

“It’s a triple stigma. They look down on us for having a mental illness, they look down on us for being smokers, and they look down on us for being on disability. We need someone who understands.”

SIDE by SIDE

Section three: A model for group support



Pre-Group

Current goal

More understanding	75%
Smoking reduction	25%

Confidence

Not very	75%
Somewhat	25%

Importance

Not very	25%
Somewhat	75%

Awareness of connections

Don't see any	12%
Might be some	76%
Very aware	12%

Post-Group

Current goal

Smoking reduction	76%
Ready to quit later	12%
Ready to quit soon	12%

Confidence

Somewhat	50%
Very	50%

Importance

Very	100%
------	------

Awareness of connections

Very aware	100%
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o **Last—Affirmation**

- Say ‘thank you for getting involved in our group and your commitment to sharing your stories with us’. Use the women’s names so that it’s personal.
- Hopefully, group members are comfortable by now to end with their own affirmations. However, if some women still seem uncomfortable doing this, the facilitator can provide an affirmation for them.
- Make sure there are no unresolved issues or emotions before women leave, especially related to trauma.

Some Final Thoughts About SIDE by SIDE

- **Short has an impact.** Even though the suggested model is only three sessions, our pre- and post-test results showed definite shifts in women’s goals, confidence, importance, and awareness. You can find more information about this in the final report of the project, posted to the AWARE website.
- **Smaller is better.** The women were unanimous in expressing their gratitude for keeping the groups small. Women who experience depression may be more reluctant than other groups of women to express themselves in front of others. This is possibly related to the loneliness and isolation that many of them feel. And it may be attributable to the trauma they have experienced.
- **Short may be more manageable for service providers.** Most workplaces should be able to manage devoting staff time to three sessions, lasting one and half to two hours each. The short timeframe can also be used to bolster the argument for keeping the groups small and intimate.

SIDE by SIDE

Session 1: Decisional Balance Index

What I Like About Smoking

What I Don't Like About Smoking

What I Like About Quitting

What I Don't Like About Quitting

SIDE by SIDE

This worksheet (the Positives and Negatives of Smoking and Quitting Smoking) is also called a Decisional Balance Index. It is especially important if your goal is to cut down or quit smoking. It acknowledges both the positives and negatives of smoking and the positives and negatives of cutting down or quitting smoking. It really helps both you and other people in your life (including counsellors and other service providers) understand the reasons why you smoke. And it helps both of you identify potential barriers and come up with a list of solutions.

It can be easy to see or think about the negative aspects of smoking and the positive aspects of quitting smoking. But people often don't talk about, or don't think about, the positive aspects of smoking and the negative aspects of quitting smoking. We've listed some examples of each below. Try to think of your own ideas for each section. And think hard about the positives of smoking and the negatives of quitting. These are the things that really make it difficult to change.

What I Like About Smoking

It gives me a break from my children
It helps me cope when I feel depressed or angry
It's a social thing with my friends

What I Don't Like About Smoking

It's bad for my health
It costs a lot of money
I feel ashamed and stigmatized because I smoke

What I Like About Quitting

I'll save money
I'll be able to breathe better
My family will stop nagging me to quit

What I Don't Like About Quitting

I'll have to deal with my friends who smoke
I won't know what to do with my hands
I'm afraid my anger will get out of control

List your ideas here:

- _____
- _____
- _____
- _____

SIDE by SIDE

Session 1: Sample Decisional Balance

What I Like About Smoking

- “It’s a functional tool and I’ve used as it a protection tool, too, like if I feel unsafe, I could use it as a weapon, or if I’m feeling uncomfortable in a crowd, I can just have a couple puffs and people will stay away from me.”
- “I’m alone and it’s company. It’s my friend.”
- “Coffee & cigarettes are what gets me up and out of bed in the morning.”
- “It’s relaxing, and all my friends smoke so it’s a social thing to fit in with them.”

What I Don’t Like About Quitting

- “I don’t want to test my will and fail—again! I’ve tried before and then I end up feeling like a failure. It really is disheartening, I’m afraid.”
- “Feeling vulnerable. I always have that pack with me; it’s like this strength. In anxious times, it gives me focus. It’s always there, and I know I can count on it.”
- “When I think about quitting, it’s like my breath gets caught in my chest. It almost puts me into a panic. I couldn’t do it, I just couldn’t.”
- “The cigarettes and I have been through so much together, like an incredible amount.”
- “I’m almost afraid that I’d never enjoy myself again. I would always be an addict fighting an addiction, constantly for the rest of my life.”
- “Withdrawal—who wants to go through that?”

What I Like About Quitting

- “It would be the most personally proud thing I could ever do, if I could lick this thing. I would be super proud.”
- “It would end the dirty looks from strangers!”
- “It would really change the odour and air quality at home.”
- “Freedom.”
- “I’d have more money.”
- “My skin would look better and my teeth would be whiter.”

What I Don’t Like About Smoking

- “I lit in a cigarette in a public space downtown and the looks I got, even from little kids! I felt like an outcast, like I had two heads. You’re stigmatized and ashamed if you’re a smoker.”
- “The cost! When I think about what I spend on cigarettes, I could use that money somewhere else!”
- “It wastes time. I could accomplish a lot more not sitting down for a cigarette.”
- “Well, all the health issues. I know it is not good for you. It’s my body and I’m abusing it. Insurance could turn me down at any time as a smoker, that’s how bad it is.”
- “I feel so out of control because that damn package of cigarettes is controlling me and my life. And that makes me angry.”

SIDE by SIDE

Session 1: Tobacco Facts for Women

Facts about nicotine

Nicotine is one of the main ingredients in tobacco. Nicotine is a powerful drug that speeds up the brain and central nervous system. It triggers the release of a chemical in your brain (dopamine) that boosts your mood, makes you feel calm, and at the same time, can make you feel more alert. The nicotine in cigarette smoke is absorbed through the skin lining of the mouth and the nose. The nicotine level in your blood peaks within 10 seconds of inhaling (breathing in) cigarette smoke into your lungs. A pack a day smoker gets the equivalent of about 200 "hits" of nicotine per day.

The nicotine in cigarettes is the chemical that makes them addictive. Nicotine is very addictive, more so than heroin or cocaine. While nicotine is the most addictive substance in cigarettes, it is not the most harmful. This is why using nicotine replacement therapy (NRT) such as the patch or gum is a safe choice if you need help with cutting down or quitting smoking. When you are using NRT, you are only exposed to nicotine and not the other tars or chemicals in cigarettes. NRT can help reduce withdrawal symptoms and increase the likelihood of quitting.

Over time, your brain adjusts to the stimulation ("buzz") from nicotine and lowers your natural energy level or mood. You may then start to crave a cigarette for a boost. The more you smoke the more nicotine you need to feel good. Soon, your body craves nicotine to feel "normal." Being without nicotine for even a few hours can cause withdrawal symptoms like headaches, depression, anger, anxiety, and problems sleeping.

Facts about the other stuff in cigarettes

Tobacco smoke also contains over 4,000 chemicals, at least 40 of which are known causes of cancer. Just a few of these chemicals are:

- Carbon Monoxide (found in car exhaust)
- Arsenic (rat poison)
- Ammonia (found in window cleaner)
- Acetone (found in nail polish remover)
- Hydrogen Cyanide (gas chamber poison)
- Napthalene (found in mothballs)
- Sulphur Compounds (found in matches)
- Lead
- Volatile Alcohol
- Formaldehyde (used as embalming fluid)
- Butane (lighter fluid)

SIDE by SIDE

One of the most harmful parts of smoking is the carbon monoxide it produces. Carbon monoxide replaces some of the oxygen in the blood. As a result, many of the vital organs (heart, brain, and kidney) do not get the blood, nourishment or oxygen they need. When you smoke, all of these chemicals mix together and form a sticky tar. Tar is the brown, sticky substance in cigarettes that stains the teeth, fingers and nails. The tar sticks to clothing, skin, and to the cilia (tiny hairs) that line the insides of your lungs. The cilia help to clean out dirt and germs from your lungs. If the cilia are covered in tar, they can't do their job properly, and germs, chemicals and dirt can stay in your lungs and cause diseases. Tar also builds up in the airways within the lungs. The build-up of tar in the lungs can lead to asthma, emphysema, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, and cancers.

Facts especially for women who smoke

- **Birth control pills and smoking**—women (especially women over 35 years old) who smoke and take birth control pills are more likely to have blood clots, heart attack, and strokes.
- **Pregnancy and smoking**—mothers who smoke are more likely to have babies who are smaller at birth and have more illnesses (like colds and ear aches) when they get older.
- **Infertility and smoking**—women who smoke are more likely to be infertile or to have difficulty getting pregnant.
- **Premature menopause, menstruation, and smoking**—women who start smoking as teenagers are much more likely to have an early menopause and to have problems with menstruation (like abnormal bleeding or missing periods altogether, called amenorrhea)
- **Osteoporosis and smoking**—women who smoke are more likely to lose bone density (called osteoporosis) as they get older.
- **Heart disease and smoking**—women who smoke are more likely to have heart disease and this is true for younger women as well as older women. Also, women smokers have a higher rate of heart attacks than men who smoke. This is possibly because of the interaction of estrogen with the chemicals found in cigarettes.
- **Cervical cancer and smoking**—this kind of cancer occurs much more often among women who smoke. Even if women are diagnosed with cervical cancer, and they quit smoking or cut down by at least 75 percent, they may have a greater chance of remission and survival than women who continue smoking.
- **Breast cancer and smoking**—women who smoke and are diagnosed with breast cancer are much more likely to die if they continue to smoke. The risk of dying increases with the amount women smoke.
- **Quitting smoking**—women smokers make, on average, seven serious quit attempts before they quit for good. A serious quit attempt is usually considered to be anything longer than a week. It can be even more difficult for women who experience depression to quit smoking. But remember: a quit attempt, no matter how long, is a good thing. Every time a woman who smokes tries to quit, she learns something that will help her the next time.

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Session 2: Women and Depression

A mood disorder affects how someone feels and experiences emotion. Depression is the most common mood disorder. About 10% of Canadian adults experience it at some point in their life. People who experience depression can also experience low mood or they might stop getting enjoyment out of activities which used to make them happy. They can also have symptoms which affect their thoughts, feelings, behaviours, and physical health. These symptoms include:

- difficulty concentrating and making decisions
- negativity
- thoughts of suicide
- mood swings
- feeling hopeless or anxious
- crying spells
- avoiding being with other people
- not taking care of your appearance
- lack of energy
- sleeping too much or sleeping too little
- weight loss or weight gain
- headaches and other body aches

These symptoms can make it difficult to get your day-to-day responsibilities done. Depression is different from sadness in that sadness is generally more short-term, and will get better on its own without treatment.

Women have twice the risk of developing depression than men. This might be related to the effects of hormones in women, such as menstrual cycles, pregnancy, and menopause. Women also experience depression differently than men. Women may experience more symptoms, especially ones not specific to moods, such as trouble sleeping, headaches, increased appetite, and weight gain.

Causes of Depression

There are a number of factors that can increase the risk of developing depression. These include genetics, and gender, as women are twice as likely as men to experience depression. Experiencing a difficult life situation, such as the stresses of low-income, job loss, relationship break-up, physical illness, abuse, and trauma also can increase the risk.

Depression can also be related to levels of chemicals in the brain. These chemicals are called “neurotransmitters”. Their job is to relay messages between brain cells. One neurotransmitter, called serotonin, has the specific job to relay messages about sleep, hunger, and positive moods. Researchers believe that this chemical, serotonin, is low in people with depression. One way that antidepressants work is to make the level of serotonin already in the brain work harder (not actually increase the level of serotonin). This means your mood improves and you have fewer of the other symptoms of depression. Antidepressants can also affect another neurotransmitter called dopamine.

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Types of Depression

There are different types of depression. These include:

- Major Depression
- Seasonal Affective Disorder
- Postpartum Depression
- Psychotic Depression

Treatment

Effective treatment for depression does exist and with treatment, most people will feel better and have fewer symptoms. The two main types of treatment are antidepressants and “talk” therapy (such as Cognitive Behavioural Therapy or Interpersonal Therapy).

There are different activities that can relieve the symptoms of depression or prevent relapses. Try being physically active, such as going for a walk, and eating a healthy, balanced diet. Or try to avoid caffeine and limit the amount of alcohol you drink. Personal self-care strategies such as journaling, aromatherapy, massage therapy or yoga, and finding supportive and trusted friends and family can also be helpful to reduce depression. It is also important to learn to identify your own early warning signs. Then you are more able to catch a possible relapse early, when it is easier to prevent it from worsening into a more severe depression.

Depression & Smoking: A Complex Relationship

Women who experience depression are more likely to smoke, and find it more difficult to quit smoking, than women who don't experience depression. They can also have more severe withdrawal symptoms from nicotine. One idea is that nicotine acts as an antidepressant, and relieves some of the symptoms of depression. Within ten seconds of inhaling a cigarette, many different neurotransmitters are released, including serotonin. This can lead to the calming sensation many smokers experience.

Women may struggle more than men with attempts to quit or cut down on smoking. During quit attempts, women are more likely than men to experience depression during withdrawal. Women also tend to view smoking as a social activity, and are more likely to smoke when stressed or in a low mood.

Stigma

Stigma is when people disapprove of others because they are different. Women who experience depression and women who smoke report feeling stigmatized by others. So women who smoke and experience depression can feel doubly stigmatized. Stigma is often based on incorrect beliefs about problems. These myths then lead to stereotyping and discrimination. You can help stop stigma by learning facts about mental health, informing others about the truths of mental illness, and being careful with your own choice of words—expressions such as “that's crazy”, “nuts”, or “that's mental” only continue stereotypes. Also, when you hear people put down a woman who smokes, try to start a discussion about how difficult it is to quit smoking.

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Session 2: Quotes from women about smoking and depression

“I have depression, and you know, if I didn’t know I had a cigarette to get up to in the morning, I don’t know if I could get up.”

“I don’t buy cartons, I buy it a package at a time, because then it motivates me to leave the house. And I need that when I’m really depressed.”

“It gets me up. I could stay in bed all day. I get up, and have a cigarette, and coffee on the balcony and it’s peaceful.”

“I experience paranoia, and I wouldn’t want to leave the house. But then I had to go out for cigarettes, so smoking gets me up and outside.”

“I have a lot of trauma that impacted my smoking.”

“Tragedy...tragedy...tragedy after tragedy. So many tragedies in my life. And if I didn’t have cigarettes, I would’ve killed someone.”

“I think about all these events, and I ask myself if the cigarette helps...and it doesn’t...but it gets us out of bed. And with depression, that’s needed.”

“It’s a comfort to me if I feel depressed. Sometimes smoking actually makes me feel depressed because I know I should be cutting back. I noticed that I do smoke more when I do feel depressed. It’s just the ritual of it, getting my coat, going outside, the hand-to-mouth...”

“I find smoking is like a calming pill....I feel like a cigarette will hold me back from doing things I’ll regret.”

“I go back to smoking being a friend. I live alone and it’s something to come home to. I wake up in the middle of the night, and I’m alone, and I have a cigarette and then I don’t feel so alone. The thought of not having a pack of cigarettes in the house and I panic!”

“Sometimes when you are really depressed, and you need to talk, and you get together for a smoke and just start talking.”

“You chill with a friend, have a smoke, then you don’t feel so depressed.”

“I thought if I stopped associating with people who smoked it would help, but then the depression comes in, because all of a sudden, you’re alone. And so you need a cigarette as your friend.”

“I get depressed because I feel like I’m a failure, because I tried to quit and I couldn’t.”

“My addiction to cigarettes is bigger than god. Cigarettes are my god. I pray to them, I live for them, I do everything for them that I would do for god. Don’t take away my cigarette, that’s my only comfort.”

SIDE by SIDE

Session 2: Self-Care Checklist

Mental health is often defined as having a balance among all the different aspects of your life. It's important to find ways to take care of your physical, intellectual, emotional, social, and spiritual selves. This worksheet provides some suggestions for self-care activities that might work. There are blank spaces for you to add in some of your own ideas, too.

Physical Self-Care

Physical and mental health have effects on each other. Also, many symptoms of depression are physical (e.g. feeling fatigue, headaches, etc.), so it's important to take care of your physical self, while working to keep your mental health in balance.

- Eat regular meals and choose healthy food options
- Pay attention to your grooming—that's often the first thing to go when you feel depressed
- Be physically active—try swimming, walking, dancing
- Give yourself enough time to sleep (but remember: a common symptom of depression is sleeping too much, so be cautious that you aren't sleeping too much)
- See your health care provider when sick
- See your health care provider for regular check-up/screening tests to prevent illnesses
- Other: _____

Intellectual Self-Care

Taking care of your intellectual self is about strengthening and flexing your 'thinking muscle'—your brain. If you don't, you can start to feel bored, unstimulated, and unmotivated.

- Try journaling
- Read a new book
- Take a day trip or a 'stay-cation'
- Try to learn something new—a new skill or hobby (for example, try scrapbooking or sewing)
- Go to a new event that you've never been to before (for example, go to the theatre or an art show)
- Have a therapy session with a professional
- Other: _____

Emotional Self-Care

When you take care of your emotional self, you can begin to appropriately identify and express your emotions.

- Think of ways to love yourself and forgive yourself for past mistakes
- Find and recite a personal mantra, motto, or affirmation
- Find healthy ways to express your emotions—watch a funny movie, journal, or listen to music

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- Try an art therapy class
- Find out if there is an anger management class in your area
- Find activities or places that bring you relaxation and feelings of contentment
- Spend time with upbeat, positive, and supportive people
- Create a space in your home that brings you comfort and reassurance
- Try aromatherapy
- Allow yourself to laugh
- Other: _____

Social Self-Care

A common symptom of depression is social isolation and withdrawing from others. It can be very difficult when you don't feel well to maintain your social connections but finding ways to stay connected to others can help prevent relapses.

- Plan outings or events with your partner or a good friend or family member
- Plan outings or events with children
- Plan to spend time with other people that you trust and feel comfortable with
- Call or email an old friend to catch up
- Take your furry friend out for a walk, or volunteer with your local humane society
- Communicate daily with important people in your life
- Find ways to meet some new people to expand your social network (for example, try a new class)
- Attend a peer support group
- Other: _____

Spiritual Self-Care

Spirituality can be defined as having a sense of hope and a sense of purpose. For some, this may come from religious organization. But, for others, it's about finding your own inner wellbeing, and ways to nourish it.

- Take a walk and enjoy nature
- Appreciate what you do have
- Find things which bring you hope—stories, artwork, music or poems
- Plan to attend religious ceremonies, if this is appropriate for you
- Try meditation
- Listen to yourself—acknowledge your own feelings and beliefs
- Try journaling
- Help others who also have struggles in their lives—try volunteering for a local agency
- Other: _____

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Session 2: Toolbox of Support

Mental health is often defined as having a balance among all the different aspects of your life. It's important to find ways to take care of your physical, intellectual, emotional, social, and spiritual selves. This worksheet provides some suggestions for self-care activities that might work. There are blank spaces for you to add in some of your own ideas, too.

Here are some suggestions to get you started:

- Speak with your health care provider
- Catch up on some sleep
- Watch a favourite movie or TV show
- Spend time with a trusted friend or family member or with a furry friend
- Find out about local peer support groups in your area
- Try reading a self-help book
- Help others who also have struggles in their lives—try volunteering with a local community agency
- Listen to your favourite music
- Take a walk
- Be mindful of the moment

What are some of your own?

- _____
- _____
- _____

Now, list a few activities that you should try to stay away from when you notice early signs of depression or feeling unwell.

- Avoid alcohol, or other addictive substances
- Stay away from negative people
- Avoid thinking about why you're feeling low

What are some of your own?

- _____
- _____
- _____

SIDE by SIDE

Session 3: Cigarette Fading and DEEDS

Two ideas or strategies to cope with cravings are Cigarette Fading and DEEDS. These ideas help you reduce your smoking. Or they also help if you're trying to quit smoking. The ideas help you delay smoking so that you will smoke fewer cigarettes each day.

Cigarette Fading

Cigarette fading means gradually cutting down on the number of cigarettes you smoke each day. Start by figuring out the number of cigarettes you will allow yourself each day. Then only carry that number with you or give them to a non-smoking friend to keep for you. Put the rest of the package in the freezer or another place that's difficult to reach. Try this schedule:

- Figure out the average number of minutes between each cigarette you smoke.
- Gradually increase the time between each cigarette by 10 to 15 minutes.
- Keep increasing the time between each cigarette.
- Stick to your schedule or the strategy won't work. It's OK to wait longer if you can. But don't smoke more than your schedule allows.
- If you find it too difficult to stick to your schedule, it's OK to go back to smoking more frequently until you're ready to increase the minutes again. Just don't go back to smoking whenever you feel like it.

The DEEDS Strategy

Delay: A cigarette craving fades in 10 to 15 minutes even if you don't smoke. Talk to yourself. Say "this urge will pass" or "I'd like a cigarette but I don't need this one." When you have a craving, delay smoking for 15 minutes. This gives you a sense of control over smoking. And it shows that cravings don't last forever. Delaying gets easier with practice. Gradually, you can delay for longer and longer periods of time. This means you smoke fewer cigarettes each day. Try these ideas:

- Delay your first cigarette of the day—eat breakfast before you smoke or (if you are a mom) wait until you get the children off to school.
- Set certain hours that are smoke free. For example, try not smoking between 9PM and 9AM.
- Put ashtrays and lighters in different places so smoking is less convenient.

Escape: Leave the situation that causes the craving, if you can. But this isn't always easy! Try these ideas to escape, instead of smoking:

- Occupy yourself with a DVD. Or listen to an MP3 player or radio.
- Act "as if"—pretend that you're a non-smoker for 15 minutes.
- Be realistic—take a 5 minute break instead of wishing for the afternoon off.

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- Take a mental vacation—imagine the place you would most like to be. If you are a mom, include your children. Ask them where they would most like to be and why.
- Put on headphones and listen to your favourite music or the radio—you can still see what’s going on around you. Or close your eyes and relax.

Evade: If you can, avoid situations where you know there will be smoking. When you’re more able to resist cravings, you can slowly get back to a normal routine. Set non-smoking rules for your home and stick to them. Try these ideas:

- Set up a comfortable smoking place outside for your guests to use. Also, if you are a mom, ask guests to watch your children while you go outside to smoke.
- Go places where smoking isn’t allowed, like the library or a cool coffee shop.
- Hang out with friends who are non-smokers. Visit friends who also have a non-smoking home.

Distract: Think of things to do that will keep your mind off smoking. Think of a list of things that you can’t smoke and do at the same time. For example:

- Wash dishes, your hair, or give the dog a bath.
- Play cards, knit, sew, or hammer nails.
- Chew gum or hard candy.

Substitute: When you have a craving, substitute something you like that keeps your hands and mouth busy. The substitute must be something you can do quickly and have on hand.

- Chew a hard candy, a straw, or fennel seeds.
- Chew regular or nicotine gum.
- Brush your teeth or have a drink of cold water.

Add your own ideas here:

- _____
- _____
- _____

SIDE by SIDE

Session 3: How To Identify Your Triggers

A trigger is something that makes you want to smoke a cigarette. Smoking can be triggered by how you feel. You might smoke when you're angry, stressed, or tired. Or you might smoke when you feel happy and relaxed. Triggers can also be many things you do every day, such as when you:

- drink coffee or alcohol
- are with your smoking friends
- sit down and put your feet up
- talk on the telephone or use your computer

Here are activities, situations, or feelings that can be triggers for smoking. Check the ones that apply to you. Then turn the page over and think of other ideas to cope with your own triggers.

Positive Feelings/Thoughts

happy relaxed
excited relieved

Negative Feelings/Thoughts

worried about problems tense
lonely depressed angry

Activities

watching TV
drinking coffee or alcohol
talking on the phone
after meals
taking a bath
walking

Situations

to take a break
being around smokers
socializing
parenting challenges
waiting for something (like the bus or a ride)
not having enough money, time, or help

Other things that are triggers for you:

- _____
- _____
- _____
- _____

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- 1) What **activities** are triggers for your smoking? (such as smoking and talking on the phone; smoking and drinking coffee)

What could you do instead? (such as doodle while talking on the phone; take your coffee to another room; or quit drinking coffee for a while)

- 2) What **situations** are triggers for your smoking? (such as smoking with a friend)

How can you avoid or change those situations? (such as arrange to meet a friend at a non-smoking place; avoid your smoking friends for a while)

- 3) What **negative feelings or emotions** are triggers for your smoking? (such as stress, loneliness, or depression)

How can you cope with your feelings? (such as write in your journal)

- 4) What **positive feelings** are triggers for your smoking? (such as relaxation)

How can you reward yourself a different way? (such as ask a friend for a manicure)

SIDE by SIDE

Session 3: Coping With Cravings

It's very common to have cravings for cigarettes when you try to make a change in your smoking. Try to wait out the craving. Tell yourself it will pass after a few minutes. Get busy, drink water, or chomp on some ice. There are many things you can do to cope with cravings. A good first step is to plan ahead. Figure out situations or feelings that are likely to cause a craving. These situations or feelings are called triggers. After you've figured out your triggers, plan ways to deal with them when they happen. Here are some ideas:

Things I can DO

- Do something that you can't do and smoke at the same time.
- Talk to a supportive friend.
- Go for for a quick walk outside.
- Do something with a non-smoker.
- Hide ashtrays and put your cigarettes out of sight.
- Take deep breaths.
- Have a drink of water.
- Chew gum, breath mints, or hard candy.
- Chew fennel seeds or anise seeds.
- Try using a cinnamon stick or a straw to suck air through.
- Try relaxation exercises.
- Take a shower.
- Clean your house.
- If you are a mom, take your children to the park.
- Do a craft—if you are a mom, include your children or colour with them.
- f you don't like spicy food, dip your filters in hot sauce or Tabasco sauce so you will only smoke the cigarettes you really crave.
- Reward yourself for delaying your smoking or changing your thinking about smoking.

Make up your own list of things that you can do to help you cope with cravings.

Things I can DO

- _____
- _____
- _____
- _____

SIDE by SIDE

It isn't always easy to find the energy to do some of the things on the list above. Instead, it might be easier to talk to yourself and change the way you think about smoking. Here are some things you can try:

Things I can THINK

- Tell yourself to delay having this cigarette.
- Try to figure out why you're craving a cigarette.
- Remind yourself the craving will be over soon.
- Figure out what else you can do besides having this cigarette.
- Remember the changes you've made already.
- Remind yourself what a good job you're doing trying to reduce your smoking.
- Remember that reducing your smoking is one of the steps towards eventually quitting smoking.
- Think positive—remember the benefits to you and your family, pets, and home.
- Think of something you want to buy and put a quarter in a smoking jar every time you delay having a cigarette.
- Don't think of a cigarette as a reward—learn to reward yourself in other ways.

Make up your own list of things that you can think to help you cope with cravings.

Things I can THINK

- _____
- _____
- _____
- _____

SIDE by SIDE

Session 3: Smoking Reduction Tips

- Keep a smoking record of when you smoke and why in a journal. Then, gradually eliminate the cigarettes you smoke, from least important to most important.
- Set a daily quota of cigarettes. Put only this number in your cigarette pack each day.
- Delay your first cigarette of the day by a half hour.
- Delay smoking for 15 minutes whenever you have a craving. Take a deep breath or two. Or chew on a toothpick.
- Smoke only half of each cigarette. Then throw the remaining half away!
- Keep your cigarette pack in an inconvenient place, like the cupboard above the fridge or in the closet.
- Wrap your cigarette pack and fasten it with a rubber band or string. Then you have to unwrap it each time you smoke. This will remind you that you're trying to quit.
- Stop whatever you are doing when you have a cigarette and think only about your smoking.
- Have a practice quit day. Try to quit smoking for 24 hours.
- Avoid situations when you usually smoke. Plan other activities that don't involve smoking.
- Brush your teeth, especially during a craving.
- Keep on hand celery or carrot sticks, sugarless gum, toothpicks, or anything else you like to chew on.
- Drink lots of water (6-8 glasses per day).
- Buy only one package of cigarettes at a time.
- If you roll your own, roll only a few at a time.
- Change the brand you smoke each time you buy a pack.

