



QueerTIPs
for LGBT Smokers

**A Stop Smoking Class for Lesbian, Gay, Bisexual
and Transgender Communities**

Facilitator's Manual

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QueerTIPs for LGBT Smokers: A Stop Smoking Class for Lesbian, Gay, Bisexual and Transgender Communities

Queer Tobacco Intervention Project
Funded by the
California Tobacco-Related Disease Research Program (TRDRP)

Who can use this manual?

This manual is intended to be used by facilitators who have been trained both as:

1. Smoking cessation specialists by The American Cancer Society or the American Lung Association; and,
2. LGBT smoking cessation specialists by an LGBT organization or group.

What is the purpose of this manual?

This manual is built on empirically validated methods of smoking cessation (the American Cancer Society and the American Lung Association), previous LGBT stop smoking approaches (*The Last Drag* by CLASH, and *Out and Free: Sexual Minorities and Tobacco Addiction* by Emily Brucker), as well as the professional expertise of LGBT smoking cessation specialists.

However, because it was developed during a pilot study with a relatively small number of people, no long-term follow-up, and no comparison group, we do not yet know whether this tailored approach improves quit rates, utilization and satisfaction among LGBT smokers compared to standard cessation methods.

Because of this, and because this manual has been copyrighted by the primary authors, please observe the following guidelines for using this manual in your service delivery or research:

1. Obtain written permission by one of the primary QueerTIP authors:
 - A. Greg Greenwood (ggreenwood@psg.ucsf.edu) or
 - B. Carolyn Hunt (chunt@psg.ucsf.edu).
2. Identify the manual by name, *QueerTIPs for LGBT Smokers: A Stop Smoking Class for Lesbian, Gay, Bisexual and Transgender Communities*, and cite QueerTIP as author in proposals, reports, and other written materials.

Failure to follow these guidelines will be considered a breach of community and professional ethics and responsibilities.

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**Queer* is a historically derogatory term reclaimed by the lesbian, gay, bisexual, and transgender (LGBT) community and is intended to be inclusive of all LGBT people. We recognize that sexual and gender identities are multiple and complex and that this term will not be preferred by people in every geographic location, age category, or from every ethnic background. By using this term, we do not intend to offend or exclude, but rather, to capture the common experience of being a sexual/gender minority.

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- **Steven Rickards**, American Cancer Society (ACS)
- **Gloria Soliz**, Coalition of Lavender Americans on Smoking & Health (CLASH)

This manual reflects a major contribution from QueerTIP Staff (Greenwood, Hunt, DeManincor, and Ralston). In addition, Gloria Soliz worked as a QueerTIP consultant on early drafts and contributed her years of expertise to the manual's development. Gloria has facilitated the award-winning *Last Drag*, the first stop smoking program for LGBT and HIV-positive smokers, for the past ten years. She co-founded and serves as the current president of CLASH. We also want to thank Kaye Rosso of Oakland's Kaiser Permanente. Kaye is a former smoker and a smoking cessation class facilitator and trainer for *Fresh Start*, an American Cancer Society stop smoking class. Kaye and Gloria pioneered a training of new smoking cessation specialists using both

Fresh Start and *QueerTIPs* manuals. Finally, we want to thank Lyon-Martin Women's Health Services and New Leaf Services for Our Community, where *QueerTIPs* was pilot tested, for their commitment to improving and expanding services for their clients.

Introduction

Smoking in the LGBT Community

Rates of smoking among lesbian, gay, and bisexual adolescents and adults appear to be higher than rates for the general population (Gruskin et al., 2001; Ryan et al., 2001; Stall et al., 1999). Smoking is also likely problematic among transgender people, many of whom face poverty, homelessness, stressful living and work environments, and depression in their daily lives. Despite the fact that smoking rates negatively impact or complicate health issues (e.g., hormone therapy for transgender people, HIV/AIDS) among LGBT people, tobacco companies continue to target these communities.

Quitting Among LGBT People

Many questions about smoking in the LGBT community remain unanswered. What is the most effective way for lesbian, gay, bisexual and transgender (LGBT) smokers to quit? By participating in a tailored stop smoking class for LGBT smokers where they can speak freely about their issues in quitting? If so, how well does a LGBT approach serve the needs of diverse sub-groups of this population? These questions inspired the collaborative pilot project: Queer Tobacco Intervention Project (QueerTIP), funded by California's Tobacco-Related Disease Research Program (TRDRP).

Community and Academic Response

Community activists in the San Francisco Bay Area and throughout California started working more than a decade ago to address these problems. In the early 1990's, the Coalition of Lavender Americans on Smoking and Health (CLASH) initiated the *Last Drag*, the first stop smoking group for LGBT and HIV-positive smokers. The California Lavender Smokefree Project (CLSP), funded by the state in the mid-1990's, counteracted tobacco industry targeting of the LGBT communities. In 1996, Progressive Research and Training for Action (PRTA), a community-based organization specializing in LGBT technical assistance, worked with CLASH to produce *Alive with Pleasure!*, the first federally funded conference on tobacco use among California's LGBT communities. In 1998, at the urging of CLASH members to conduct smoking-related research, the University of California San Francisco (UCSF)/Center for AIDS Prevention Studies (CAPS) launched its first tobacco study with gay/bisexual men.

The Last Drag

In 1991, the San Francisco Department of Public Health through the Tobacco Free Project gave a grant to Lyon-Martin Women's Health Services (LMWHS) to provide smoking cessation in the lesbian and gay community. LMWHS hired Gloria Soliz, who was a smoking cessation facilitator certified by the American Lung Association, to develop a cessation class. The

cessation class was a tailored version of the American Lung Association cessation model, *Freedom from Smoking*. Ms. Soliz and the initial Last Drag received an award of excellence from the Tobacco Control Section of the Department of Health Services, State of California in 1992 for this unique smoking cessation program. After 10 years, the Last Drag continues to be offered in the LGBT and communities through a grant to the American Lung Association of San Francisco & San Mateo Counties from the Tobacco Free Project of the San Francisco Department of Public Health. The original grant was Proposition 99 funded but now the funding comes from the Master Settlement Fund. Over the years, Gloria, Naphtali Offen and other members of CLASH have developed smoking cessation materials for the LGBT and HIV-positive communities—including *Quit Tips*, *Targeting of the Lesbian Community*; *How to Remain Smokefree*; and, *Practical Guidelines when Considering Tobacco, Alcohol and Pharmaceutical Funding*. Materials are available from the Tobacco Education Clearinghouse of California P.O. Box 1830, Santa Cruz, CA 95061-1830, (408) 438-4822.

The Queer Tobacco Intervention Project—*QueerTIP*

In late 1999, UCSF, PRTA and CLASH identified the absence of smoking cessation research among LGBT people as a high priority. They engaged three LGBT service organizations as members of the collaboration. The Project's aims were to:

- Strengthen collaboration and build capacity among researchers, advocates, and service providers;
- Develop smoking cessation services specifically designed for LGBT smokers; and,
- Pilot-test these services at three community-based organizations.

An **Executive Summary of QueerTIP** can be found on the CAPS website (<http://www.caps.ucsf.edu/>) and the PRTA website (<http://www.pрта.com>).

QueerTIPs for LGBT Smokers - A New Stop Smoking Class for LGBT

Over several months, our collaborative group used multiple sources of information—tobacco research of gay/bisexual men, LGBT research, smoking cessation research, *Out and Free* by Emily Brucker, and expertise and experience of LGBT community and research partners—to revise the original *Last Drag* manual. Our aim was to develop a culturally relevant approach that built on tested “best practices” such as *Fresh Start* (American Cancer Society) and *Freedom from Smoking* (American Lung Association), as well as previous LGBT-tailored efforts such as *Last Drag* and *Out and Free*. In addition to providing clinically-proven effective smoking cessation services, this new culturally tailored approach addresses the unique issues facing LGBT smokers trying to quit, provides a safe and supportive environment to explore these issues, and appeals to the diverse LGBT communities regardless of age, ethnicity, socioeconomic status, gender or sexual orientation, HIV status, and location.

QueerTIPs for LGBT Smokers is a series of nine two-hour sessions held over an eight-week period for a class size of 8 to 20 participants, followed by two booster sessions held three and six months later. The class was expanded from the traditional seven or eight sessions to facilitate greater support among participants.

- I. Session 1 educates participants about what to expect from the class, instills hope, builds social support and explores the unique health issues (e.g., HIV/AIDS and hormone replacement therapy) facing LGBT smokers who want to quit.
- II. Session 2 explores reasons for smoking, identifies patterns and triggers, identifies the role that smoking plays in one's identity (e.g., smoking to appear more masculine or feminine), community (e.g., gay bars as "community centers") and daily life experiences (e.g., the stress of being LGBT in a homophobic and transphobic culture), and quit smoking tools.
- III. Session 3 addresses feelings related to an anticipated quit date, stages of grief, identifies and reaffirms reasons for quitting (e.g., LGBT health concerns), builds on LGBT coping skills developed during "coming out," or in dealing with societal discrimination or rejection, and develops a 24-hour quit plan.
- IV. LGBT smokers should have their "last drag" prior to Session 4, in which they celebrate and support quitting, develop a 48-72 hour quit plan, and address unique LGBT issues during the quitting process.
- V. Session 5 occurs during the same week as Session 4 (2-3 days later), and supports quit efforts, reviews and problem-solves lapses or difficulties, reinforces group support, and emphasizes individual and community strengths of LGBT to become smoke-free.
- VI. Session 6 is similar to Session 5, and focuses on maintenance issues general to all persons and specific to LGBT smokers who have quit, prepares LGBT smokers to handle ongoing social pressures in LGBT communities to smoke, and encourages identification of non-bar social-recreational activities.
- VII. Session 7 explores cycles of shame and addiction, reinforces assertiveness skills and coping strategies, continues updating maintenance plans and relapse prevention planning, and identifies how to be "out" as a non-smoker.
- VIII. Session 8 continues identifying short- and longer-term maintenance plans, identifies how LGBT communities are targeted by tobacco companies, identifies modes of discrimination/oppression, discusses smoking as a social justice issue, and identifies and plans for last celebratory session.
- IX. Session 9 celebrates smoke-free lifestyles and communities, encourages ongoing social support and contact, and encourages actions for long-term personal and social community action.
- X. Sessions 10 and 11 celebrate smoke-free lifestyles and communities, encourage ongoing social support and contact, fortify prevention plan through sharing and problem solving about relapse triggers and coping mechanisms, and encourage actions for long-term personal and social community action.

QueerTIPs Training of Smoking Cessation Specialists

QueerTIP developed a 2-day group (total of 10 hours) training, led by Gloria Soliz and Kaye Rosso, for LGBT community members (without previous smoking cessation training) to become smoking cessation specialists. Facilitators received education and training about general smoking cessation treatments, specific smoking cessation needs of LGBT smokers, general LGBT issues including specific health needs and multiple identity development (sexual orientation, gender, ethnic), group facilitation skills, and models of behavioral change.

Pilot Test of *QueerTIPs* for LGBT Smokers

Eighteen people (60% men; 75% Anglo-American; average age 37; average smoking history 20 years) started a class using the new *QueerTIPs* manual. Similar to quit rates achieved by standard American Cancer Society and American Lung Association classes, 40% had quit smoking by the last *QueerTIPs* class. Group satisfaction throughout the duration of this LGBT class was extremely high. In addition to attending the class, participants used a variety of methods to quit, including nicotine replacement therapies (patch or medication) and lifestyle changes such as diet and exercise.

Lessons Learned from *QueerTIPs* Pilot Test

- Classes were used by older (35+), primarily Anglo-American LGB persons.
- LGBT class satisfaction was very strong among all participants.
- Few transgender persons or youth sought group-based cessation classes.
- Interventions need to be multi-level to target LGBT at each stage of change.
- Cessation classes plus the utilization of other quitting tools was common.

Queer-Specific or Queer Context...THAT is the Question!

To what degree do we need to tailor empirically validated smoking cessation approaches to meet the needs of LGBT smokers trying to quit (queer-specific approach), or bring existing services into LGBT communities where LGBT smokers can quit along with other LGBT smokers (queer context)? This is an open question that deserves thoughtful reflection and empirical investigation. We also need to identify the quit rates (and utilization and satisfaction rates) among LGBT smokers who seek standard smoking cessation services in traditional settings (e.g., medical centers or clinics, ACS or ALA). How do quit rates and other markers of success differ between LGBT smokers who receive effective cessation services within an LGBT versus general community-specific settings? The answers to these key questions will help determine the efficacy and effectiveness of LGBT-specific smoking cessation services.

Future Directions

- Advance *QueerTIPs* by getting in-depth feedback from smokers who have used this program.
- Develop comprehensive LGBT smoking cessation services to include health and peer educators, self-help materials, and education-outreach and workshop interventions.

- Identify whether and how *QueerTIPs* or other LGBT-specific smoking cessation services are sensitive and responsive to the diverse needs of LGBT communities, regardless of gender, ethnic background, socioeconomic status and sexual orientation.
- Where indicated, tailor and develop such services to meet these diverse needs.
- Develop and test age-appropriate smoking cessation services for LGBT youth.
- Conduct a randomized clinical trial to determine the efficacy and effectiveness of LGBT-tailored smoking cessation services (such as *QueerTIPs*) compared to “best practices.”

Materials Available

To request a copy of this manual, *QueerTIPs for LGBT Smokers, A Stop Smoking Class for Lesbian, Gay, Bisexual and Transgender Communities* contact Greg Greenwood (415-597-9164; ggreenwood@psg.ucsf.edu) Carolyn Hunt (415-554-9631; chunt@psg.ucsf.edu) or visit the UCSF-Center for AIDS Prevention Studies website at www.caps.ucsf.edu.

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Overview of *QueerTIPs* Manual

How are the sessions organized?

Each session contains the following 7 sections:

- *Overview* of session and main goals.
- *Highlight of QueerTIPs* for LGBT smokers at this stage.
- *Preparation* prior to session includes notes to facilitator, supplies and handouts.
- *Objectives* of session.
- *Agenda* of session with timeframe.
- *Talking points and activities* includes information and probes to use to facilitate discussion of topics, as well as possible group activities to use.
- *Quit Plan and Work* during next week.

What are some general guidelines to consider when using this manual?

In order to ensure a successful beginning to your group, you need to prepare as much as possible ahead of time. You'll feel more confident and have a better sense of the potential group dynamics (a key factor in group participants' quit rates) if you do all or some of the following:

- **Be on time, prepared and organized.**
- **Make reminder calls to group participants before the first session, and as needed during the class.** During the first phone call, introduce yourself, listen to the participant's interests/concerns about smoking and quitting and joining a class, explain the purpose of the group, reiterate the logistics such as the time and location, ask about special needs, and answer any questions. Joining a smoking cessation group is a big commitment. Any personal touch will help reduce barriers to making that commitment. In addition, we all live busy lives. Reminders help get us to where we want to be. Most importantly, you begin to build trust with group members before the class begins, which only makes your job easier.
- **Review materials and get more information, if indicated.** In the course of your reminder calls, you may discover that several participants want more information about how smoking impacts a health problem, such as HIV or hormone replacement therapy. Bring copies of relevant articles from your training manual. This helps the participant and demonstrates your responsiveness to their needs.
- **Confirm and re-confirm the logistical details involved in hosting the class,** particularly if you are borrowing or renting space from an organization that you're not familiar with. Directions to clinic or meeting place? Will the door be unlocked? Do you know where the bathrooms are, and are they wheelchair accessible? Will there be audiovisual equipment available (if needed)? Do you have to set up or clean up? Will other groups or individuals be using the building at the same time? What about background noise or interruption during the group? Is parking available or is the place accessible by public transportation.

- **Meet regularly with your co-facilitator**, if you have one, to ensure that you're both ready for the first and subsequent classes.
- **Create and maintain ground rules** with group members, and protect confidentiality at all times.
- **Create and maintain a safe space for all LGBT participants** so that each person feels accepted, valued, respected and heard.
- **Use humor** to help people relax and signal that “mistakes” and “stupid questions” are okay.
- **Be flexible.** Balance between following this manual and responding to individual and group needs.
- **Arrange meeting room.** Depending on group size, arranging chairs in a circle helps to facilitate a more intimate setting; however, this may not be possible if the room is too small or the group too big. The room should be set up in the best way possible to facilitate eye contact with other group members and to encourage interaction, sharing and support.

Session 1: QueerTIPs and Expectations

Overview

Before the difficult work of quitting smoking can begin, participants need to know what they can expect from the group and how it will meet their individual needs. You should emphasize that this work is founded on years of proven clinical methods used by the American Cancer Society and American Lung Association to help people to quit. This program differs in that it not only addresses the needs of all smokers trying to quit, but it also addresses the unique needs and issues facing LGBT smokers. Plus, this program is offered by LGBTs for LGBTs in LGBT settings.

The overarching objective of the first session is both simple and absolutely essential to helping participants quit: create a safe and comfortable place for lesbian, gay, bisexual, and transgender people to be open about their fears, situations, families, challenges, and hopes.

Building trust, respect and dialogue is the name of the group smoking cessation game. This is particularly true for queer groups. In most areas, queers expect to feel alienated or isolated if they join groups or attend public events. Typically, a queer person may be the only one in such a group or situation. To make matters worse, bisexual and transgender people historically haven't been welcome in many gay or lesbian groups. People of color have been expected to conform to white cultural norms in mixed social, political, and professional situations. Thus, it is important to create a safe space where participants feel accepted, respected, valued, and heard. You play a key role in creating this space by signaling that you are organized, competent, attentive to participants' needs, and intolerant of divisive or damaging language or behavior. You may not feel that you have this much power—but, you do—particularly in the first session as you set the tone for the coming weeks.

Part of building trust, respect, and dialogue in a group of LGBT people is addressing the issues of homophobia, bi-phobia, and transphobia directly. You can open the discussion by explaining that all three types of “phobias” can be present even in a group of LGBTs, sometimes because of a clear intent on the part of an individual to alienate or offend another participants, but more often because most of us can be unaware of the consequences of our words and actions when it comes to sexual orientation or gender identity. Take time in this first session to discuss these issues and address individual concerns, referring to the list of definitions provided in the training of trainers. Make it clear to the group that, as the facilitator, you will not tolerate hurtful remarks or actions and that this is a place for all LGBTs to feel comfortable.

Highlight of QueerTIPs for Session 1

- QueerTIPs is a tailored smoking cessation class by and for LGBT smokers.
- Quitting within a queer context combines best practices with a queer sensibility.
- QueerTIPs provides a safe, supportive place to quit where each person can talk freely about her/his needs, issues, and challenges in quitting.
- QueerTIPs provides a place to meet and support other LGBT smokers.

- QueerTIPs helps to empower LGBTs who experience cultural victimization.

Preparation

Notes to facilitator

- Set appropriate expectations of *QueerTIPs* and what group leader and members can offer to the LGBT smoker trying to quit.
- Prepare group to discuss smoking and quitting from an LGBT angle. Some may feel that their smoking and quitting has and will be affected by being LGBT and societal homophobia/transphobia. Others may object and feel that there is no link. They may reason that smoking and quitting is the same for all people, regardless of sexual orientation, age, ethnicity, etc. Emphasize that both sides are valid, and that discussion and exploration of this link will occur as makes sense for group members.
- Emphasize that the first task of *QueerTIPs* is to help LGBT smokers quit in a safe, confidential space.
- Many LGBT people use or have used tobacco, alcohol, and/or other drugs to “medicate” feelings of shame or anger. Having a framework to understand sexual orientation and gender identity is critical for working with individuals who are coming out or who are at risk for relapse.
- Explain that homo/bi/transphobias can be part of any group, even a group of LGBT people. Be prepared for a variety of levels of comfort/familiarity with bisexual and transgender issues, in particular.
- As participants share about themselves (in terms of sexual orientation and/or gender identity) throughout the session, role model an open and accepting attitude for other participants.

Supplies

- Standard supplies: Roster/sign-in sheet, class packet, name tags, color markers, flip chart, pencils/pens
- Class packet with information re: class and first session handouts (see below). Packet includes clinic information and logistics, CAPS Fact Sheet of Smoking among LGBT, class ground rules, and class contact sheet.
- *Week 1 Smoking Cessation Measure*

Handouts

- *Three Necessary Conditions for Smokers to Quit*
- *Stages of Change Ladder*
- *Chemicals in Cigarettes & Cigarette Smoke*
- *My Reasons for Becoming Smokefree*
- *Track Pack*
- *Smoker's Profile I*
- *Why Do I Smoke?*
- *Smoking Cessation Resources on Web*
- *Characteristics of the 4 Stages of Behavior Change*

Objectives for Session One

By the end of this session, participants will:

1. Describe the structure and process of the program.
2. Differentiate *QueerTIPs* from standard cessation classes.
3. Describe smoking among LGBTs, and compare to the general population.
4. Generate ideas about why smoking is a major public health problem among LGBTs.
5. Discuss in what ways quitting is different (or not) for LGBT smokers.
6. Identify reasons for wanting to quit.
7. Identify expectations of program, leader, and other group members.
8. State where participants are on stage of change ladder.
9. Describe smoking history and previous quit attempts.

Agenda for Session One

1. Registration	10 minutes
2. Facilitator(s) introduction	5 minutes
3. Participant introductions	15 minutes
4. Ground rules & creating a safe/supportive space	10 minutes
5. <i>Find Someone Who...</i> exercise (optional)	
6. <i>QueerTIPs</i> overview	10 minutes
7. BREAK	10 minutes
8. Smoking among LGBT	15 minutes
9. Expectations	15 minutes
10. Stages of change	15 minutes
11. Using other tools to quit	10 minutes
12. Quit plan, and next steps	5 minutes

Talking Points and Activities for Session One

1. Registration
 - A. Check-in
 - B. Handout name tags, pens, materials
 - C. Handout *QueerTIPs* packet
 - D. Complete *Week 1 Smoking Cessation Measure*
2. Facilitator(s) introduction
 - A. Discuss your own personal smoking history (or how touched if nonsmoker), and your interest in facilitating *QueerTIPs*.
 - B. Emphasize that participants may have a variety of thoughts and feelings about quitting and their ability to reach their goals. Encourage participants to “keep coming back.”
3. Participant introductions

- A. Approximately 1 minute/person depending on class size.
 - B. List following items on flip chart: name; years smoking, longest period quit, brand and current smoking pattern, reasons for quitting.
 - C. Listen for, highlight, and explore queer angle in smoking and quitting.
For example, smoking to relieve stress in bars, smoking to appear more masculine, difficulty in quitting because of other daily stress, wanting to quit because of HIV or other queer-related health concerns.
 - D. Listen for indicators of empowerment versus cultural victimization: “I want to quit” versus “I have to quit.”
4. Ground rules and creating a safe/supportive space
- A. Provide basic information regarding clinic, parking/transportation, class schedule, meeting times, bathrooms, breaks, etc.
 - B. Class will start on time and last two hours.
 - C. Come clean and sober from alcohol and drugs.
 - D. Share your truth by making "I" statements
 - E. Listen to others with open mind and respect.
 - F. “Equal sharing time” for all group members; may sometimes encourage quiet members to share and more vocal members to provide space for others.
 - G. Weekly phone calls or check-in with facilitator and other group members encouraged.
 - H. Notify facilitator if cannot attend a session.
 - I. Maintain confidentiality: “What is said in the room stays in the room.”
 - J. Explain personal homo/bi/transphobia (the belief that LGBT people are inferior to heterosexuals and/or the fear of being perceived as LGBT, can be ‘internalized’), interpersonal homo/bi/transphobia (the fear or hatred of LGBT people that is manifested in behavior such as name-calling, harassment, rejection by family or co-workers, etc.), and institutional homo/bi/transphobia (the ways that government, churches, businesses discriminate through policies, allocation of resources, and written standards of behavior). Ask the group for questions or comments.
 - K. Review the “Transgender Continuum” and invite comments and discussion.
 - L. If you have time, invite participants to use the “Find Someone Who...” handout (or a modified version) to circulate in the room and answer the questions. Ask the group what they observed or learned from the exercise.
5. Find Someone Who... exercise (optional)
6. QueerTIPs overview
- A. Tailored approach by and for LGBT smokers trying to quit.
 - B. Based on proven clinical methods of smoking cessation: American Cancer Society and American Lung Association.
 - C. The first two LGBT tailored approaches: The *Last Drag* and *Out & Free*.
 - D. In 1991, a collaborative group of anti-tobacco advocates and smoking cessation specialists developed the *Last Drag* group smoking cessation class for lesbian, gay, bisexual, transgender and HIV-positive smokers. This class was a tailored version of the American Lung Association cessation model, *Freedom from Smoking*. Gloria Soliz was certified by the American Lung Association as a smoking cessation facilitator and began

leading *Last Drag* classes for the San Francisco Bay Area LGBT communities. Gloria and the original Last Drag received an award of excellence from the Tobacco Control Section of the Department of Health Services, State of California in 1992 for this unique smoking cessation program.

- E. A second LGBT-tailored intervention is *Out & Free*, a self-help intervention developed in Seattle, Washington (Brucker, 1995). This program is based on the transtheoretical model of behavior change, or Stages of Change Theory, frequently used in general population smoking treatments. *Out and Free* tailors this model of smoking treatment to the LGBT community by drawing parallels between each stage of the quitting process with each stage of the “coming out” process, i.e., acknowledging and accepting ones’ self as a sexual minority. The structure of the intervention is based on each stage of behavior change and points out the similarities between the steps of quitting smoking and the steps of coming out. For example, thoughts about smoking and cigarettes often pervade the mind of an individual who just quit smoking (action stage) and is encountering new situations as a non-smoker. *Out and Free* points out that the similarity of this situation with the early phase of coming out when thoughts of being a LGBT person seem to be all one can think about. *Out and Free* then goes on to identify skills used during the coming out process that are similar to the skills used when quitting smoking, such as gaining social support from others.
- F. *QueerTIPs* is a combination of all the above.
- G. This tailored approach is not well researched.
- H. It is not known if LGBT will be more successful in this tailored class versus in a standard class with the general public.
- I. *QueerTIPs* offers quit strategies that all smokers need to quit, but in a queer context and with a queer sensibility, so that unique needs/issues in quitting are addressed.

7. BREAK

8. Presentation of smoking among LGBT

- A. Higher rates of smoking suggest LGBT have not benefited from comprehensive and aggressive tobacco control efforts.
 - Evidence suggests that LGB youth and adults (no data for transgender (T) persons) smoke at higher rates than their heterosexual counterparts.
 - Precise estimates of disparities in smoking have been difficult to gauge for three reasons: enumerating LGBTs living in the U.S is difficult, if not impossible); LGBT health studies generally do not research smoking; and, population-based surveillance studies do not ask about sexual orientation or transgender identity.
 - Recent work completed by UCSF researchers corrects for these limitations for urban gay/bisexual men only. A household-based probability sample (n=1780) of GB men living in 4 large U.S. cities (Chicago, Los Angeles, New York and San Francisco) demonstrated that current smoking rates were higher compared to heterosexual men living in the same cities (32.2% vs. 25.3%, respectively).
 - Among MSM living in San Francisco, 30.8% were current smokers compared to 13.2% of heterosexual men in this city.

- Although differences were not as large, similar findings emerged between MSM living in Los Angeles, New York and Chicago compared to heterosexual men living in these same three cities.
 - These data are the first ever tobacco use data from a probability sample of urban MSM that clearly demonstrates smoking rates are higher (regardless of age, education and ethnicity) among these men compared to the general population.
 - Data from a large health maintenance organization found that LB women compared to heterosexuals were more likely to smoke (25.4% vs. 12.6%, respectively).
 - Using school-based data from the Massachusetts Youth Risk Behavior Survey, Ryan et al. found that current smoking was higher among LGB-identified (59.3%) students than among the heterosexual-identified students in (35.2%).
 - High rates of smoking have been reported in numerous HIV-positive cohorts: 57% of 3221 HIV-positive men and women were current smokers.
 - Niaura, Shadel, Morrow, Flanigan and Abrams (1999) survey HIV outpatient clinics and found that more than 70% of patients were smokers. In addition, 80% of smokers had not considered and were not considering quitting smoking in the near future.
 - While there are no estimates of smoking among transgender persons, smoking rates are likely high given identified risk factors: poverty, low education, prevalent substance abuse, stressful living environments (e.g., unstable housing, violence), and incarceration.
 - In Los Angeles County, data from 2002-2003 show a significantly higher smoking rate for lesbian, gay, and bisexual adults (32%) versus heterosexual adults (15%). Further, less than half of all lesbians, gays, and bisexuals had attempted to quit smoking and less than half of all lesbian, gay, and bisexual smokers who had visited their healthcare practitioner within the last year were advised to quit smoking.
- B. Smoking exacerbates heavier health burden (e.g., HIV/AIDS, cancer risks) that needs to be addressed.
 - C. Many LGBTs are affected by cultural victimization: stress; homophobia, transphobia, etc.
 - D. Anti-smoking ads, or ads to motivate people to quit, may be seen as appealing to the “straight and narrow.”
 - E. LGBTs value freedom and individual choice; may react negatively to top-down quit messages that are heavy-handed, that do not take into account life experiences and context, and that might trigger undercurrents of shame.
 - F. LGBTs might react and resist anything seen as “restrictions” on their behavior
 - G. Many may fear to give up or grieve something that may have helped them during LGBT identity development, that helped them navigate LGBT spaces, and that seemed a natural part of LGBT environments.
9. Expectations
- A. Each person gets marker and large sheet of paper from flip chart. Tape to wall.
 - B. Title paper: “Expectations of...”
 - C. Along the left side of the paper, writes headings: self, class, facilitator, other group members, and others.
 - D. Fills in expectations and then returns to seat
 - E. Each person (or subgroup) shares with group what s/he wrote down.
 - F. Person/subgroup discusses the degree to which expectations are realistic.

- G. Highlight benefits of becoming a nonsmoker.
10. Stages of Change Ladder/Why do I Smoke?/Reasons for Quitting
- A. Hand out *Stages of Change Ladder* and invite participants to share thoughts about where they are on the ladder.
 - B. Hand out *Why do I Smoke?* and invite participants to complete worksheet and share the results.
 - C. Invite participants to identify their top 3 reasons for quitting and write on flip chart paper.
11. Other quit tools/methods
- A. Many routes to quitting, each person will find the right combination to help her/him.
 - B. Need personal quit plan, which will develop in class.
 - C. In addition to classes, might use nicotine gum/patch, taper/cut down, self-help books, support/advice/consultation with others (e.g., doctors, health or other professionals), hypnosis, etc.
 - D. Will provide information about these other methods as needed, plus can learn from other group members.
12. Quit plan and homework for next session
- A. Identify “homework” and next steps
 - B. Clear steps toward preparing to quit include changing brands, getting rid of stock pile, buying only one pack at a time, smoking during restricted times or in restricted places, smoking with opposite hand.
 - C. Reduce stress in life, focus on personal health and well being, time to relax, get extra sleep, start changing diet, start stretching and exercising, wear comfortable clothing.
 - D. Start tracking smoking habit with the *Track Pack*, discuss role and purpose.
 - E. Complete *My Reasons for Becoming Smoke-free*.
 - F. End on positive note of excitement about class, encouragement, and support.

Session 2: Quitting & Coming Out

Overview

The goals of this session are threefold: (1) to place the process of quitting into a new but familiar context for LGBTs, (2) to explore (as necessary) the roots of smoking and how these roots are related to current life context and triggers, and (3) to educate participants re: variety of quit tools and methods that are available.

Remember to review highlights from the first session for both those who are returning and those who are joining the class during the second week. Invite new members to share about themselves and their smoking histories and goals. Reiterate the ground rules agreed on the week before, and post them in a visibly accessible place. You are still in the process of building trust, so it is important to continue to set a tone of mutual respect, listening, and non-judgement.

Quitting is one of the most challenging habits to break, but the rewards of becoming smoke-free are enormous for the smoker and those around him/her. As most know, quitting is a process that takes time and commitment. To educate smokers about this process and provide support, it may be useful to help LGBT smokers think about quitting in a brand new light, one that is familiar and unique to their LGBT experience. One such common experience is coming out as LGBT, or in dealing with life-related stress because of LGBT status.

Emily Brucker, smoking cessation educator from Seattle, developed a booklet entitled “Out and Free: Sexual Minorities and Tobacco Addiction.” She talks about the parallels between the process of quitting (aka stages of change) and the process of coming out. She also suggests in “Out and Free” that the same skills used in coming out as LGBT could be used by LGBT smokers to quit and stay smoke-free.

Parallels between coming out and quitting. This session is the first of several that build on Emily Brucker’s concept in exploring how coming out is, for most, a life-changing event that, like smoking, has been a journey filled with numerous challenges and rewards. This approach offers a fresh angle from which to think about the process (and time, commitment, energy, up’s/down’s) of quitting, and could increase motivation and skills by providing LGBT smokers the psychological and emotional space to maintain a hard-to-change behavior. Framing quitting within the lens of coming out reinforces the notion that quitting takes time, commitment and the involvement of others. It helps LGBT smokers recognize that the same inner strengths and resources used to come out can also be used to quit. Plus, it places quitting within a context of strengthening one’s pride in self and community and freedom to live on one’s own terms (themes that strike deep chords among LGBTs). Sometimes, such a shift in perspective is necessary, particularly for smokers who need several attempts to successfully quit.

Roots of smoking and current day triggers. The second aim is for smokers to briefly explore their history of smoking to learn about their personal triggers—the situations, environments, or feelings that are strongly associated with smoking. This session will explore the what/where/when/why/how of starting to smoke and one’s individual smoking patterns. Listen

for cues related to starting or continuing to smoke due to being LGBT. The LGBT smoker needs to understand his/her smoking past (including how it is linked with being LGBT) and to understand *why* s/he smokes, in order to prepare to become a nonsmoker.

Researchers Jay Paul and colleagues at UCSF (Dr. Jay Paul; jpaul@psg.ucsf.edu; 415-597-9100) have helped uncover the common and unique factors in LGBTs' smoking histories. Common reasons for smoking include managing stress, dealing with negative moods, coping with boredom or loneliness, wanting to look cool or sophisticated, and learning to associate it with everyday events such as drinking coffee, after meals, etc. LGBT-specific reasons include navigating LGBT social spaces to decrease anxiety or meet prospective partner, appearing more feminine or masculine, avoiding being rejected by nonsmoking friends who are seen as "straight and narrow," and managing negative feelings related to homophobic or hostile environments. Identifying these triggers will help the LGBT smoker understand what s/he is trying to *accomplish* through smoking. Over time, gaining this understanding will help a smoker develop ways of accomplishing the same result without using tobacco.

Box of quit tools. A third focus is to learn about various smoking cessation tools, consider options in the quitting process, and begin to develop preliminary plans for becoming a nonsmoker. There are a wide variety of techniques and methods available, including pharmaceutical products, nicotine fading and tapering, and quitting "cold turkey." The important thing is for each smoker to choose tools that meet her/his individual needs and lifestyle, and address her/his individual triggers.

Highlights of QueerTIPs for Session Two

- Describes the parallels between the process of coming out and the process of quitting.
- Explores the interconnections between smoking and stages of awareness and coming out as LGBT—how coming out experiences and living as queers can impact our smoking habits.
- Understanding how we became smokers helps us understand our triggers.
- Identifies LGBT-specific smoking triggers and patterns based on smoking history.
- Begins to explore, identify and apply innate skills and supports used during the coming out process to the smoking cessation process.

Preparation

1. Notes to facilitator

- "Coming out" may not be relevant for some participants who are either not out or who see the concept as alien to their own experience. Listen carefully and respectfully to any negative reactions, acknowledge that "coming out" may not be a perfect fit for everyone, and highlight the connection as new and creative way to view quitting.
- Coming out is both a unique and a common experience. While the characters, stage, and props may change, the general storyline is often similar. The point of this session is to use the common experience of coming out (or struggling with life-related stress due to being LGBT) as a tool to help think about and approach quitting in new way.

- The secondary benefit of drawing parallels between coming out and quitting is the focusing of the discussion in the past, which helps to explore smoking history and identify deep-seated triggers. This discussion explores how the roots of smoking may have been planted during early LGBT awakening. Many people initially reject the idea that smoking played a role in their coming out experience. But in research at UCSF, Jay Paul and colleagues found that when youth (age 18-24) were asked to talk about their initial experiences smoking, many described struggles of identity confusion and stress with family or friends because of emerging same-sex attraction. In fact, after discussing these issues, many switched their initial rejection of any connection and clearly linked underlying motivators to smoke with LGBT-related experiences.
- Don't force the connection between coming out and quitting. Explore in an open, inquisitive way, and ask open-ended questions that don't automatically link coming out with smoking but explore how starting to smoke might have been related to the stages of coming out (denial, emerging awareness of attraction, etc.).
- Instead of using the coming out experience to identify innate skills and supports that could be used in quitting, you could also focus on experiences with daily/life hassles due to status of being LGBT. Many of the same issues may arise. For example, those who experience harassment for being LGBT may rely on many of the same skills, coping strategies or outside resources as someone coming out.
- Linking smoking and quitting may generate discussion about individual choice versus societal influence. Important to not get caught in "either-or" discussion but to explore how both could contribute. See "Notes to Facilitator" in Sessions 7 and 8 for further details about this issue.

2. Supplies

- Standard supplies: Roster/sign-in sheet, name tags, color markers, flip chart, pencils/pens

3. Handouts

- *Top 5 Reasons for Becoming a Nonsmoker*
- *My List of Rewards*
- *My Smoking Budget*
- *Ifs, Ands, and Butts: Excuses and Realities of Smoking*
- *Calculating the Cost worksheet*
- Review of the Pharmaceuticals: Nicotine Gum, Transdermal Nicotine Patches, Zyban
- LGBT resources in area

Objectives for Session Two

By the end of this session, participants will:

1. Describe parallels between the process of coming out and the process of quitting.
2. Identify innate coping strategies, skills and resources used during coming out, or dealing with LGBT-related life stress.
3. Identify role of smoking in past, including developmental period of coming out.
4. Identify past and current smoking patterns and triggers.
5. Describe how knowing past history of smoking helps current quit attempt
6. Describe the array of quit methods available.
7. Draft initial quit plan.

Agenda for Session Two

1. Check-in, review previous week and ground rules	10 minutes
2. Stages of coming out and quitting	10 minutes
3. Activity: Stages of coming out and quitting	15 minutes
4. Nature of addiction	10 minutes
5. Activity: Smoking history and connection with LGBT	15 minutes
6. BREAK	10 minutes
7. Smoking in the present: current smoking patterns and triggers	15 minutes
8. Skills/resources related to coming out or LGBT stress	20 minutes
9. Quit tools	10 minutes
10. Homework and next steps	5 minutes

Talking Points and Activities for Session Two

1. Check-in, review previous week and ground rules
2. Stages of coming out and quitting
 - A. Using flip chart, create table with input from group:
 - Three columns with headings: stages of change; smoking; coming out.
 - List stages of change in far left
 - Fill in information for each remaining cell under smoking and coming out
 - B. Stage models can imply a hierarchy that one is better than the other, and that the process is linear. While it is true that not smoking is better for one's health, the reality is that many people move in and out of the stages, start smoking after a period of abstinence, or skip some stages and move directly into action. The important point is that there are many paths and experiences to quitting. However, there will always be individual differences.
 - C. Quitting is both a common and unique experience, as is the process of coming out. Many of the same points of friction or issues raised about the process of quitting are applicable here. Focus on how these models fit (or don't) and identify where and how these models can help, not detract from, engaging in and maintaining healthy behaviors.

Stage of change	Smoking	Coming out
Precontemplation	Don't want to quit or be bothered by people or messages that suggest the contrary; denial of problem; smoking is preferred.	Denial of being LGBT; don't want to be bothered by people or messages that suggest contrary; heterosexual is preferred.
Contemplation	New awareness of smoking as a problem; triggered (internal or external) to consider an alternative; recognition of thoughts, feelings, desires of wanting to quit; no plans made in that direction; starting to open self to idea of quitting but still feel conflicted, tense, anxious, uncertain about it.	New awareness of being LGBT and that being heterosexual does not fit; recognition of thoughts, feelings, desires that are new; starting to think about being LGBT but no plans; open to new experiences and explorations; feeling conflicted, tense, anxious.
Preparation	Decision made to quit, starts taking private (and sometimes public) steps; might reduce number of cigarettes, limit amount of smoking, track how much/where smoke, explore how impacts self and others, starts talking about becoming smoke-free with others, trying out new identity, gathering support, finding out where could get help, surprised to find, learn and hear from so many others who have quit.	Decision made to come out, and starts taking private (and sometimes public) steps; might read LGBT literature, magazines, newspapers, visiting LGBT neighborhoods or events, or seeking out people/events that are "alternative"; starts exploring how being LGBT will impact self, family, friends, etc., may start to share or talk with others about feelings. May have sexual relations with other LGBT but keeps secret. May start trying out new identity, gathering support, finding out where could get help, surprised to find, learn and hear from so many others who are LGBT.
Action	Taking both private and public steps toward quitting; stopping cold turkey, using nicotine replacement, going to a group cessation class, taking medication to help ease cravings, and in general, using all tools available or relevant to person to quit; relies on innate strengths to quit,	Taking both private and public steps toward coming out; using all tools available or relevant to person to come out; relies on innate strengths to come out, gets support from others, declares to others that LGBT, finds new places and things to do where other

	gets support from others, declares to others that you're no longer smoking, finds new places and things to do where smoking is not so engrained.	LGBT congregate and where feel safe, supported, accepted.
Maintenance	Ongoing commitment to staying quit; positively deals with occasional "bumps" in road that might lead back to smoking; solidifies identity as nonsmoker (private and public); continues to rely on innate strengths and skills, as well as outside support to stay smoke-free.	Strengthens identity as LGBT person; integrates LGBT into other identities, and fully integrates into life; positively deals with occasional "bumps" in road that might lead to feelings of shame, or desire for secrecy/hiding; solidifies identity as LGBT (private and public); continues to rely on innate strengths and skills, as well as outside support to develop positive LGBT self.

3. **Activity: Stages of coming out and quitting**
- A. Break into pairs.
 - B. Each person shares his/her coming out story.
 - C. Important to be aware that "coming out" may not fit for everyone. Again, avoid heavy-handed approach and ask person to share story with her/his partner noting where it does and doesn't fit. Often there is a "coming out" process at least internally, and maybe to a few select people. "Coming out" to some may mean that one has proclaimed from the rooftop to the world that s/he is LGBT. Remind group that "coming out" is highly individualistic.
 - D. Provide two different scripts:
 - A coming out script that substitutes the words "LGBT" (or related words) with "smoking or quitting."
 - A quitting script that substitutes the words "smoking or quitting" with "LGBT" or related words.

4. Nature of addiction
 - A. Discuss how addiction to smoking/cigarettes is not just a nicotine addiction. Smoking becomes strongly associated with a variety of "habits." People often smoke at specific times of the day, during specific events, in response to different feelings, interactions, etc. Help person to see that there are all kinds of behavioral, emotional, psychological, social, and environmental factors associated with smoking.
 - B. To effectively understand their smoking in order to stop smoking, a person needs to be aware of all the factors associated with their smoking and problem solve how to form new habits without smoking.

- C. Possible probes: What do you associate with smoking? When are you most likely smoke? In what types of situations are you more likely to smoke? What do you most enjoy about smoking?
- D. LGBT smoke for many of the same reasons as everyone else, but some of these reasons may be amplified for LGBT (e.g., reaction to daily life stress) while there may be reasons that are unique to LGBT.
- E. Listen for discussion of LGBT-related factors. For example, person might state that he enjoys smoking because it helps him to relax in social settings. It turns out that he mainly goes to gay bars where he'd like to meet a boyfriend/partner. Thus, the centrality of bars in LGBT communities and the social anxiety of meeting someone new are heightened for LGBTs. Or, a male-to-female transgender person might smoke to accentuate her femininity. Thus, smoking plays a specific role and prop in this person's life. Listening for these examples will help to set the stage for the next section.
- F. End discussion summarizing the major themes, acknowledging that current smoking habits and associations likely have roots in past, and the importance of understanding the type of smoker (and reasons for smoking) are important in preparing to quit.

5. Activity: Smoking history and connection with LGBT

- A. Break into pairs (not same person as before).
- B. Write on flip chart title ("My History of Smoking") and series of questions for pairs to consider and discuss.
- C. Note: The following questions are to be used as prompts only. Instruct group members to use these questions as springboards for conversation re: their early smoking histories.
- D. Questions: What was happening in your life when you first started to smoke? What were you like? What was going on for you internally? What was happening in other areas of your life? When did you start smoking regularly? What did smoking mean to you at first? What role did smoking play in your life during this time?
- E. Allow pairs to discuss above questions for 10 minutes.
- F. Re-assemble group and ask pairs to share themes, paying attention to what link (if any) you or others hear about the link between early smoking history and being LGBT.
- G. Some possibilities include the following. It may be helpful to prompt or explore some of the following, or to list them as food for thought. Again, some of these may or may not be relevant for group members. Emphasize that smoking is at once both a universal and personal experience. There are some commonalities re: smoking but each person has her/his own smoking story.

H. Possible links between smoking and being LGBT:

- Smoking as a way to mark or emphasize one's masculinity or femininity: young female lesbian or bisexual women might smoke to look more "butch," young gay or bisexual male might smoke to look more masculine and protect against being seen as a "sissy," and young transgender may smoke to look more masculine or feminine depending on which gender category s/he identifies with.
- Smoking to control weight: response to "cult of body perfect" among gay and bisexual men, possible body image issues also present.
- Smoking to be rebellious while nonsmokers as seen as "straight, conventional, boring, afraid to challenge status quo."

- Smoking as a tool to coping with social anxiety in social settings, wanting and needing to smoke in public spaces, especially LGBT bars, so feel more comfortable, and as tool to engage in conversation with others.
- Smoking as tool to cope with life transitions
- Smoking and peer group acceptance, wants to be a part of “cool” group or impress specific boy/girl that s/he has a crush on.
- Smoking as a way to deal with negative moods and daily life stress that LGBT youth face. As start becoming aware of being LGBT, feel increased stress, searching for ways to manage stress and turn to cigarettes for tension reduction benefits.
- Smoking related to feeling different, an outsider, part of a "sub" culture.

6. BREAK

7. Smoking in the present: Current smoking patterns, triggers and coping plan

- A. Prior to break, the focus was on understanding your smoking past (what role smoking has played in your life, benefits and habits related to smoking, etc.). The purpose of such exploration was to uncover strongly held triggers/patterns. Now the focus is on exploring and uncovering current smoking patterns and thread those that are related to past.
- B. Dyad discussion: sharing current smoking patterns: When/where you smoke? Favorite cigarette? Favorite time of day.
- C. Smoking habits: Based on past experiences or expectations, when do you think it will be most difficult to not smoke? Times of the day? Events? Feelings? Thoughts? Situations?
- D. Anticipate how you will cope with these triggers? What did you do in past that worked or what do you expect will work?
- E. How build from previous coping skills/strategies/resources used in past?

8. Activity: How coped with coming out or with LGBT life-related stress?

- A. Reclaiming personal power, build on LGBT pride and esteem.
- B. Discuss how skills/support used during (or since) “coming out,” or in response to life stressor such as discrimination or oppression could be used to stay quit. The following are some (but not nearly all) of the questions or probes you could use to facilitate this discussion. Feel free to pursue or follow lines of inquiry as it fits this goal.
- C. Share “coming out” or life stress story focusing on how person coped or what resources s/he used or relied on during or since.
- D. Coming out is often a process for many LGBT who have to overcome denial, societal taboos, lack of support, negative stereotype and prejudice. Many LGBT learn that they are stronger than they realized, that they develop or rely on innate positive coping tools, that they seek out supportive persons and situations, and that they develop a sense of pride and esteem in being who they are. They focus on positive aspects of their new identity, they challenge myths or negative beliefs about being LGBT, they talk about it with others, they immerse themselves in community, they seek out new outlets or opportunities, they educate themselves and others, etc. Quitting smoking often requires many of these same strengths, resources and strategies. Help person to uncover what these factors were in coming out and then see how these same skills and resources could be (or likely already are) used in staying quit.
- E. Innate strengths or positive coping strategies: What did you do, think, and focus on? What were the positive coping skills you employed? How did you ward off negative feelings,

stereotypes or internalized homo-bi-transphobia? How did you develop a sense of pride or esteem in yourself?

- F. What kind of support did you get from family, significant others, friends or other organizations?
- G. Did you tell everyone at first or mainly people whom you knew would be supportive, or who were important to you? How did you deal with negative reactions?
- H. What about your neighborhood, cultural group, community made it easier for you? Did you seek out new outlets or social opportunities? What was it like at first? How did you cope with any difficulties, fears, anxiety, etc?
- I. How did you transition from being “in” to being “out”? And since you’ve been “out”?
- J. What helps you to maintain a positive self-identity and lifestyle as an LGBT person?
- K. What can you learn from the above and apply to staying quit?
- L. How have you already employed these various skills or support in your stop smoking efforts? What’s worked well?
- M. Learning to focus on the positive aspects of being a nonsmoker.
- N. Recognize that just as in “coming out” or dealing with difficult life events, it’s a process that takes ongoing commitment, etc.
- O. In developing an identity as a nonsmoker, what stereotypes/assumptions have you had to challenge and reconsider?
- P. How do you anticipate that others will see or think about you?
- Q. What kind of support for being “out” as a nonsmoker will you need? Who can provide that support/where can you get support?

9. Pharmaceutical and other options [expand information]

- A. Nicotine Gum
- B. Transdermal Nicotine Patches
- C. Zyban

10. Homework and next steps.

- My List of Rewards
- Calculating the Cost (develop worksheet)

Session 3: Quitting for Better Health: Get Ready...Set

Overview

This session (a) examines the links between smoking and health, and focuses in particular on LGBT health concerns, (b) anticipates impact of quitting on the mind-body-spirit of LGBT smokers, (c) explores concerns, and anticipates the grief, loss, anger of preparing to quit, and (d) begins to develop tools and skills to quit by sketching out the first 24-hour plan.

Links between smoking and LGBT-health concerns. The negative health consequences of smoking are the same for LGBT as they are for the general population. However, there are unique health concerns among LGBT smokers such as HIV/AIDS or hormone-replacement therapy that are sometimes not addressed in standard smoking cessation classes because either the LGBT smoker does not feel comfortable or safe in sharing such issues, or the facilitator/group are not knowledgeable or receptive to these issues. Plus, there are a number of other intertwined health problems such as alcohol and other drug use, weight and body image issues that are made worse by societal homophobia, transphobia and other forms of discrimination toward LGBT communities. It's important to have a safe space for LGBT to discuss their specific health issues with others who are knowledgeable, open and accepting. This session will begin by exploring these LGBT-specific health concerns (as well as others) to engage LGBT smokers and leverage their motivation to quit.

Impact of quitting on mind-body-spirit of LGBT smokers. The immediate effects of quitting and nicotine withdrawal are the same for everyone. Nicotine withdrawal has specific chemical and physiological consequences (e.g., cravings, upset sleep patterns), as well as psychological, behavioral and emotional ones too (e.g., irritability, shaky). Smokers need to know what these consequences and changes are so that they can anticipate and plan. Like the previous session, this session continues to identify smoking triggers and high-risk situations for LGBT smokers to prepare and plan for how they will cope.

Preparing to quit and stages of grief. Giving up smoking is difficult for everyone. As Quit Night approaches, anxiety among the group participants can increase. In fact, many smokers proceed through (in some degree or fashion) the five stages of grief: denial; anger; bargaining; depression and acceptance. This is a tenuous time for the group as a whole as some may decide to leave rather than give up smoking. It is important for the facilitator to allow participants to discuss their feelings and thoughts, and to provide additional support to those who are least confident about their ability to quit. Quitting may be particularly difficult for LGBT smokers given that their identities as smokers may be intertwined with their identities as LGBT in ways that even they may not know of or understand. Participants may have difficulty separating themselves from their identities as smokers, particularly if they started smoking at an early age, and if smoking is strongly linked to their coming out experience or to their sexual orientation or gender identity. Plus, there are aspects about LGBT communities, the role of gay bars as community centers for example, that make it even more difficult for LGBTs to stop smoking. Facilitate open, honest and direct discussion of these issues. At the same time, it also important to gently bring group participants back to their previously stated reasons for wanting to quit and to emphasize the health and other benefits of quitting.

Preparing to quit the first 24 hours. Help participants prepare for Quit Night by offering specific coping strategies to deal with the first 24 hours. They will need specific strategies to deal with initial cravings, upset sleep patterns, crankiness, nervousness, anxiety, triggers, etc. Thus, it is important to help them to begin formulating a plan for addressing these very real concerns. Start by highlighting and reinforcing changes and various coping responses that persons are already making. Help participants see that they can tip the balance toward the positive side of quitting and coping. Finally, encourage participants to reach out to each other (and other support persons in their lives) over the next few weeks when the cravings become overwhelming. Make sure that contact information is shared among the group members.

Highlights of QueerTIPs for Session Three

- Describe links between smoking and LGBT health concerns.
- Explore the impact of quitting on mind-body-spirit of LGBT persons.
- Emphasize pride in self and freedom from smoking, themes that resonate strongly with LGBTs.
- Review how identity as a smoker has been integrated into LGBT identity, and the various factors for LGBT persons and community that make it difficult for the LGBT person trying to quit.
- Strengthen identification of innate skills and resources used in coming out that could be applied to quitting.

Preparation

1. Notes to facilitator

- It's important to ensure confidentiality and maintain safety and sensitivity among LGBTs as each discusses his/her personal health issues. Issues related to HIV/AIDS, hormone-replacement therapy; alcohol and drug use, and mental health problems can conjure up feelings of shame, judgment or discomfort. The facilitator should be aware of and sensitive to such expressions or reactions by participants and address as necessary.
- Participants may have information to share regarding statistics or findings related to LGBT health that may be exacerbated by smoking. While there is more information regarding LGBT health, and much anecdotal information/understanding, there is a lack of good research and understanding of many of these health problems among LGBT communities.
- Participants may reject or react to the notion that LGBTs suffer from or experience unique health issues related to smoking. Again, while many of the negative health effects and consequences are the same for all, regardless of sexual orientation, ethnicity, etc., it's important to recognize that a good deal of patchwork of research does support the fact that LGBT status, by virtue of societal discrimination, homophobia, transphobia, etc., contributes to a number of intertwining health problems.
- A great deal of information is included under "Talking Points" to provide you with ready information to discuss unique LGBT health issues and smoking. You do NOT have to be the expert in terms of the latest research. Use the information as way to guide the discussion or answer questions. Someone in the group may profess to have different or

more accurate information. The important point is to explore the subjective links between the health concerns of the LGBT smoker who wants to quit.

- Make available a resource list of LGBT-friendly referrals for 24-hour crisis or suicide line, mental health professionals, medical provider, alternative health services).
- In preparation of quit night, maintain an expectation that all will have quit; however, be prepared for the fact that some may not have been able to quit completely. Emphasize the importance of striving toward goals and taking steps, even if it means reducing but not completely quitting by Quit Night.

2. Supplies

- Standard supplies: Roster/sign-in sheet, nametags, color markers, flip chart, pencils/pens.

3. Handouts

- *5 D's*
- *To Do List – Home, Work and Car*
- *Triggers And Cues & Substitute Behaviors*
- *ACS Tip Sheet*
- *Tips for Gaining Freedom from Nicotine*
- *Effects of Smoking*
- *Health Benefits of Quitting*
- *Quit Tips for LGBT Smokers*
- *Plan Ahead*
- *My List of Rewards*
- *When You Quit Smoking*
- *Some Benefits of Smoking Cessation on Your Body*
- *Smoking & Health: Female and Male Destroyers*
- *Ups & Down's of Quitting*

Objectives for Session Three

By the end of this session, participants will:

1. Describe health reasons for quitting.
2. Describe links between smoking and LGBT health.
3. Describe impact of quitting and nicotine withdrawal on mind-body-spirit.
4. Identify how feel and think about quitting, and recognize feelings of loss, anger, grief.
5. Examine pros and cons of quitting.
6. Identify strategies for successfully coping with immediate side-effects and impact of quitting.
7. Reaffirm the benefits of quitting.
8. Review skills and resources used in coming out (or in dealing with LGBT-related life stress) and apply to quitting.

9. Draft a 24-hour quit plan.

Agenda for Session Three

1.	Check-in and review homework: Rewards and Costs	15 minutes
2.	Discuss links between smoking and LGBT health	15 minutes
3.	Effects of quitting on mind-body-spirit	15 minutes
4.	Quitting and stages of grief/loss/anger	15 minutes
5.	BREAK	10 minutes
6.	Specific coping strategies with immediate impact	15 minutes
7.	Skills/resources used in coming out/LGBT-related life stress	15 minutes
8.	Draft 24-hour quit plan	15 minutes
9.	Homework and next steps	5 minutes

Talking Points and Activities for Session Three

1. Check-in and review homework: Rewards and Costs.
 - A. Check-in.
 - B. Ask participants about the homework and how they felt about listing the rewards of becoming a nonsmoker, as well as calculating all the costs of smoking.
 - C. Ask for a volunteer to share the results of his/her cost worksheet and ask the other participants about their experiences doing cost worksheets.

2. Discuss links between smoking and LGBT health.
 - A. The negative health consequences of smoking are the same for LGBT as they are for the general population.
 - B. Unique health concerns among LGBT smokers include the following:
 - HIV/AIDS
 - GB men shoulder a significantly disproportionate burden of HIV/AIDS in the U.S., particularly along the West Coast, and new HIV infection rates are rising again among these men.
 - High rates of smoking have been reported in numerous HIV-positive cohorts.
 - Some research has indicated smoking is related to the development of *Pneumocystis carinii* pneumonia (PCP), predicts a shorter time of progression to diagnosis with AIDS, and is associated with a higher risk of death.
 - These findings are not consistent.
 - Cigarette smoking has been reported to predict an increased likelihood of a variety of serious medical complications including bacterial pneumonia, HIV-related pulmonary emphysema, hairy leukoplakia, oral candidiasis, and AIDS dementia.
 - Depression
 - The smoking cessation research literature points to several psychosocial variables, for example, negative affect, stress, social support, etc., which are consistently associated with smoking cessation difficulties and treatment failure.
 - LGBT smokers may be at higher risk for experiencing many of these psychosocial variables than their heterosexual counterparts.

- Depression and negative affect have been linked with severity of nicotine dependence and smoking cessation treatment failure.
- Several recent studies indicate that LGBT individuals may experience higher rates of depression and negative affect than the general population.
- Stress is also associated with smoking and relapse.
- Many smokers report using cigarettes to cope with feelings of tension and hostility precipitated by stressful situations (Surgeon Generals Report, 1990).
- Cohen and Lichtenstein (1990) reported a clear positive relationship between stress and relapse to smoking following smoking cessation.
- The experience of stress and the potential for relapse may be particularly important for LGBT smokers.
- Social stigma, discrimination, losses related to HIV, and threats of violence are significant stressors in the lives of many LGBT individuals.

Alcohol and Other Drugs

- A patchwork of available research indicates that alcohol and other drug use (AOD) is greater among LGBT communities than for the general population in the U.S., that the alcohol industry targets LGBTs, and that AOD intersects with other public health problems (e.g., HIV/AIDS, STDs, violence) LGBTs disproportionately shoulder.
- The precise degree of disparity of AOD use and abuse, however, is not known because of a serious lack of national data for LGBT and methodological limitations in available data sets.
- Most of the data available is on gay and lesbian men and women, but few bisexual and transgender persons were included in these studies.
- Furthermore, too few studies of AOD use among LGBTs included sufficient numbers of ethnic/racial LGBTs to ascertain demographic differences.
- Still, collected data during the past three decades point to higher rates of AOD use among LGBTs.
- The most rigorous AOD data to date on a household-based probability sample of gay and bisexual men found that these men had significantly higher levels of alcohol-related problems and recreational drug use than comparable samples of heterosexual men living in similar geographic regions (Stall, Paul et al. 2001).
- Gruskin and colleagues (Gruskin, Hart et al. 2001) also recently found that lesbian and bisexual women aged 20 to 34 years from a large California HMO reported higher levels of alcohol use than their female heterosexual counterparts.
- Given the added burden of societal racism and transphobia that LGBT people of color face, it is probable that actual AOD rates are even higher among these communities.
- Recent studies found that among gay and bisexual men, higher rates of AOD were found among men of color compared to Anglo-American men (Stall, Paul et al. 2001), and very high rates were reported for transgender persons living in San Francisco.

Cancer

- Reliable data demonstrates that people of color, particularly African Americans, have a higher risk of cancer.

- African American LGBT people likely fare worse. Given the high prevalence of smoking among LB women, tobacco-related health problems such as lung, breast, ovarian and cervical cancer may be elevated compared to women in general.
 - Ovarian cancer risk factors among LB women include not bearing children or using oral contraceptives, and lower utilization of the health care system.
 - Studies indicate that victims of breast cancer who smoke die faster than women with breast cancer who do not smoke.
- C. The following LGBT health problems have also been identified as possibly connected to smoking and cessation concerns and issues; however, little research has been done on these areas: Hormone therapy for transgender persons; body image issues, and weight/nutrition.

3. Effects of quitting on mind-body-spirit

On flip chart, write down all possible effects on mind-body-spirit that group generates:

- A. Cravings, which will pass in 30 to 90 seconds.
- B. Lightheadedness, dizziness, and inability to concentrate. These symptoms will disappear within a week or two, as soon as the brain becomes used to functioning with a normal supply of oxygen.
- C. Coughing. This is a sign that the cilia in the lungs is cleaning out all the tar and other debris, and is a strong signal that the body is repairing itself.
- D. Changes in appetite.
- E. Anxiety.
- F. Restlessness and sleeplessness.
- G. Irritability.
- H. Muscle Tension.
- I. Some new ex-smokers report tingling sensations or numbness due to increased oxygen and circulation.
- J. Psychological impact of breaking habit of smoking: favorite cigarette or times to smoke, smoking while reading/writing/talking on the phone, etc. Difficult to break these behavioral connections.
- K. May doubt self/abilities to do things where smoking seemed to “help.” For example, stimulates thinking, helps initiate conversation in bars or in social settings, etc. May feel anxious, tense and fear that giving up smoking will negatively impact these things.

4. Quitting and stages of grief

- A. Giving up smoking and cigarettes has different meanings and implications for people.
- B. Explore the stages of grief: denial, anger; bargaining; depression; acceptance.
- C. Many people experience, to some degree, these various stages. Anger and bargaining are common as quit night approaches.
- D. Present stages of grief.
- E. Can discuss in group how these stages are relevant for them, or ask to break into dyads to discuss.
- F. Let group know that after the break will address ways to cope with all of the above.

- G. Denial: start to doubt, question or refuse to believe that smoking is harmful to health and need to quit.
- H. Anger: Get angry at self, others for smoking or having to quit. May include emotional outbursts.
- I. Bargaining: Try to make a deal, reduce or taper without quitting, plan to quit in future when “really mean it and really ready,” give up other habits instead.
- J. Depression: Tired, sad, doom, gloom about quitting or ability to do so.
- K. Acceptance: Accept that smoking is damaging health, but can quit smoking and need to quit.

5. BREAK

6. Specific coping strategies with immediate impact

- A. 5 D’s: Delay, Drink Water, Deep Breathing, Do Something, Develop Exercise Plan.
- B. Relaxation, deep breathing and visualization skills.

Relaxation, Stretching, and Deep Breathing

1. Stand comfortably with your feet apart and firmly grounded on the floor
2. Close your eyes and breathe deeply and gently through your nose, filling your belly with each inhalation and exhaling completely
3. Drop your head forward gently as you exhale and raise your head slowly as you inhale
4. After a few minutes, allow your head to return to a normal position and keep your eyes closed and breathe normally
5. Imagine inhaling serenity and calmness and exhaling stress, tensions or other toxins
6. Imagine the breath flowing through your body unobstructed, bringing oxygen to your blood and circulating throughout your limbs
7. Take a few minutes to enjoy the image of freely flowing breath bringing nourishment and support to your entire body
8. When you’re ready, open your eyes and come back to the room

- C. Nutrition, fitness, life changes.
- D. Practice good nutrition and get regular exercise.

7. Skills/resources used in coming out/LGBT-related life stress

- A. Discuss the possible anxieties, hopes, and fears of transitioning from an identity as a smoker to an identity as a nonsmoker, and the connection with the coming out process.

- B. Review the cycle of coming out and apply to the precontemplation, contemplation, action stages of quitting smoking.
 - C. Queer health referrals.
8. Draft 24-hour quit plan
 9. Homework and next steps
 - **QUIT NIGHT** next week: Have last cigarette **BEFORE** class.
 - **Bring smoking paraphernalia** (cigarettes, matches, lighters, ashtrays and other smoking paraphernalia) with you next week for ritual.
 - Relaxation, deep breathing and visualization exercises.
 - **Encourage** group members to come back, **REGARDLESS** of smoking status next week. It's important to create safe and supportive space for persons to feel accepted, valued and needed, regardless of whether they've had their last cigarette or not.

Session 4: Go! Quit Night and the Next 24-48-72 Hours

Overview

This is the big night—quitting and coming out as a nonsmoker. Participants are asked to have their last cigarette by the time class starts and bring any cigarettes, matches, lighters, ashtrays and other smoking paraphernalia they are ready to throw away. Be prepared for a lower turn-out than usual on this night as some group members may not have been able to give up smoking completely and allow various reasons (embarrassment, shame, changing commitment to quit process, etc.) to prevent them from coming or feeling welcome. Discuss this development honestly and directly with the entire group and invite participants to share their feelings or perceptions. If some participants who haven't quit do show up, this is a good thing! Encourage them for continuing to participate and help them take the next step, whatever it might be.

This session is a combination of celebration, support, problem-solving and testimonials. First, congratulate everyone for attending, especially those who have quit. Emphasize issues of pride in self and freedom from smoking. Have people share their quit stories, and later the group will hear from LGBT ex-smokers. People are eager to hear what others are going through (or have gone through) and how they're coping. These are like “coming out” stories. LGBT people often do not tire of hearing such stories because they can often relate, because it is reinforcing and uplifting to the story-teller and listener, and because a great deal of knowledge, support, tools, and advice can be communicated. During this session, also explore the immediate positive and negative effects of quitting on mind-body-spirit and how person is (or is not) coping. Help participants to recognize and anticipate the various effects of nicotine withdrawal and update their 24-hour quit plan, as well as develop their 48-72 hour plan. Help participants to identify triggers, coping plans and available resources.

Finally, prepare participants for the quit ritual. Set up the room for people to sit in a circle and provide a box or other receptacle into which the cigarettes can be tossed for the ritual. Participants are asked to individually share what quitting and becoming a nonsmoker means to them in a positive statement (e.g., “I will have more energy and stamina for sports and other outdoor activities”). Each person takes a turn to share and is offered support in the form of applause. Following this ritual, ask people to commit to being smoke-free for the next few days. Make sure that participants have a phone and email list for outside support until the next group meeting. Offer words of support and remind the class about the next session, which will take place two or three days later.

Highlights of QueerTIPs for Session Four

- New stories of LGBT person as nonsmoker are being formed.
- Hear from and build on the strength of other LGBT ex-smokers.
- Emphasis on pride in self and freedom from smoking.
- Like during the initial stages of coming out, it's hard to talk about anything else and need to surround self with positive support.

- In addition to specific coping strategies to deal with immediate effects of nicotine withdrawal on mind-body-spirit, also identify and leverage innate skills and resources from experiences as LGBT person.
- Identify and build LGBT community support for remaining smoke-free.

Preparation

1. Notes to facilitator

- Some participants may not attend if they feel awkward (ashamed, guilty, depressed, etc.) about not being able to stop smoking, or they've decided to postpone quitting.
- Remember that quitting (or not), and attending the group are up to each group member. You cannot take credit (or blame) for participants' behaviors.
- It is your responsibility, however, to support the entire group and to help participants create peer support for one another.
- Congratulate participants on coming back.
- It may be necessary to balance between hearing people's stories and moving the discussion along to attend to all of the topics for the evening. This may be particularly difficult this night given group members are sharing their quit experiences, as well as guests are also sharing their stories. Be sensitive and use humor if you need to cut in or help move the "sharing" along.
- Set an open and supportive tone for the ritual.

2. Supplies

- Standard supplies: Roster/sign-in sheet, name tags, color markers, flip chart, pencils/pens.
- Trash can for quit ritual.

3. Handouts

- *Waking Up to Day 1, etc.*
- *Recovery Symptoms*
- *Tips from Ex-Smokers*
- *What to do when the Craving Comes*
- *Dealing with Stress*
- *Last Drag Contract*
- *ALA Daily Check Sheet*

Objectives for Session Four

By the end of this session, participants will

1. Come out as a nonsmoker.
2. Listen and learn from others.
3. Recognize immediate impact of quitting on mind-body-spirit.

4. Identify at least 3 reward strategies.
5. Identify 3 positive statements about LGBT nonsmoking self.
6. Remember reasons for quitting.
7. Update 24-hour quit plan.
8. Create 48-72 hour quit plan.
9. Strengthen networks of support.

Agenda for Session Four

- | | | |
|----|--|------------|
| 1. | Group relaxation | 5 minutes |
| 2. | Check-in and tell quit stories | 20 minutes |
| 3. | Guest speakers: LGBT ex-smokers tell stories | 30 minutes |
| 4. | BREAK | 10 minutes |
| 5. | 24-48-72 hour quit plan | 20 minutes |
| 6. | Develop and share 24-48-72 hour quit plans | 10 minutes |
| 7. | Ritual | 20 minutes |
| 8. | Homework and next steps | 5 minutes |

Talking Points and Activities for Session Four

1. Group relaxation exercise

Relaxation, Stretching, and Deep Breathing

1. Stand comfortably with your feet apart and firmly grounded on the floor
2. Close your eyes and breathe deeply and gently through your nose, filling your belly with each inhalation and exhaling completely
3. Drop your head forward gently as you exhale and raise your head slowly as you inhale
4. After a few minutes, allow your head to return to a normal position and keep your eyes closed and breathe normally
5. Imagine inhaling serenity and calmness and exhaling stress, tensions or other toxins
6. Imagine the breath flowing through your body unobstructed, bringing oxygen to your blood and circulating throughout your limbs
7. Take a few minutes to enjoy the image of freely flowing breath bringing nourishment and support to your entire body
8. When you're ready, open your eyes and come back to the room

2. Check-in and tell quit stories
 - A. Congratulate participants on coming back.
 - B. Invite participants to share what has been going on, how they have or are quitting.

- C. Listen for impact of nicotine withdrawal on mind-body-spirit; help participants recognize and elicit their coping plans/strategies.
 - D. Highlight pride in self and freedom from smoking.
3. Guest speakers: LGBT ex-smokers tell stories
 - A. Ask person to share story of how quit and stay quit.
 - B. How long smoked? What role smoking played in life in general, and as LGBT person? How many times try to quit? What finally worked? How did you quit? What did you do? What did you struggle with most? What surprised you? What did you struggle with least? How did others help or respond? How did you deal with the first 24-48-72 hours? Week? Month? How did you handle triggers? Slips? Lapses or relapses? What did you learn about yourself as you stayed smoke-free?
 - C. Invite group members to ask questions.
 4. BREAK
 5. 24-48-72 hour quit plan
 - A. Discuss ingredients of 24-48-72 hour quit plans
 - B. 5 D's
 - C. Visualize self as nonsmoker
 - D. Coping tools
 - E. Identify support: partner, family, friends, coworkers, others
 - F. Take control of snacking
 - G. Recognize gains from not smoking
 - H. Discuss body image issues & set physical goals
 - I. Positive self-talk: "I am proud of myself for giving up smoking," "I look, smell, and feel better." List self talk examples on the flip chart.
 6. Develop and share 24-48-72 hour quit plans
 - A. Small group or dyad activity:

Ask people to share their plans and problem-solve individual concerns, such as social plans for the upcoming weekend, periods of boredom, etc.
 7. Ritual
 - A. Invite participants to throw smoking paraphernalia into a box or bin.
 - B. Open to share thoughts or feelings.
 - C. Together, put in a garbage bag and wrap up to take at the end of the session.
 8. Homework and next steps
 - **Next meeting in 2-3 days.**
 - *Generic Monthly Calendar & Stickers*
 - Practice self-care
 - Practice coping techniques
 - Contact other group participants for support

Session 5: Staying Out of the Smoking Closet Day-by-Day

Overview

Session 5 occurs 2-3 days after Quit Night to provide added support and structure during the initial week of quitting, which is often the most difficult time period to stay quit. The focus of this session is to celebrate remaining smoke-free for 72 hours or to problem solve if lapses occurred. This session will better equip participants to stay quit minute-by-minute, hour-by-hour and day-by-day.

Participants are asked to talk about his/her own experiences with not smoking in the last 48 to 72 hours: how they feel, what are their issues and concerns, whether they are getting sufficient emotional support from their relationships and communities, progress on their actions plans. It is important to set up how “slips, lapses or relapses” are handled in the group right from the beginning. This should be done in a gentle, supportive, non-judgmental manner, but with enough focused attention and questioning to help the person (and group) examine and learn from these events. The concept of relapse prevention is also introduced in this session. Participants learn to better identify and anticipate triggers and to strengthen or gather the tools necessary to achieve their goals. Again, the parallels between quitting and the skills/resources used in coming out (or dealing with life stress related to being LGBT) are explored. At the end of the session, the facilitator may want to summarize recovery symptoms that are similar among people or highlight common symptoms or issues that have not been mentioned.

Highlights of QueerTIPs for Session 5

- Draw on skills and resources related to LGBT experiences to help stay quit.
- Reinforce pride in self and freedom from smoking.
- Quitting and staying quit can be similar to the coming out process for LGBTs.

Preparation

1. Notes to facilitator

- Congratulate participants on coming back.
- Participants may be very emotional if they’ve remained smoke free or relapsed, so it is important to allow time for crying and laughing.
- First opportunity to deal with “slips, lapses or relapses” will set the stage and expectations about how these will be dealt with in future sessions.
- Through the class or during breaks, offer ways to take a “non cigarette break”, such as getting a glass of water, stretching, going outside for fresh air, etc.
- Continue to encourage those who haven’t quit to continue participating and help them to take the next step, whatever that might be.

2. Supplies

- Standard supplies: Roster/sign-in sheet, name tags, color markers, flip chart, pencils/pens.

3. Handouts

- *Gaining Weight/Metabolism*
- *If You Had A Slip or Two*
- *Special Suggestions to Get Back on the Track*
- *What to Do When A Craving Comes*
- *Assertive Communication*
- *The 20 Warning signs of Stress*
- *The Reasons We Give Ourselves for Going Back to Smoking*
- *Celebrate Every Little Step*
- *More Things to Do Instead of Smoking*
- *Stress Reduction*
- *How to Handle Symptoms of Withdrawal*

Objectives for Session Five

By the end of this session, participants will:

1. Describe initial experiences of quitting.
2. Update quit plan.
3. Describe relapse prevention model.
4. Identify triggers and high-risk situations.
5. Describe positive coping strategies in response to these high-risk situations, including assertiveness skills.
6. Review how skills and supports developed during (or since) “coming out,” or in response to difficult life experiences, can be used to create a new identity and lifestyle as a nonsmoker.

Agenda for Session Five

- | | | |
|----|--|------------|
| 1. | Group relaxation exercise | 10 minutes |
| 2. | Check-in, quit report, explore slips | 30 minutes |
| 3. | Relapse prevention model | 20 minutes |
| 4. | BREAK | 10 minutes |
| 5. | Activity: Role play coping with triggers/slips | 30 minutes |
| 6. | Update quit plan | 10 minutes |
| 7. | Homework | 10 minutes |

Talking Points and Activities for Session Five

1. Group relaxation exercise: Choose one of following.
 - A. Mental vacation

- B. Progressive muscle relaxation
 - C. Deep breathing
2. Check-in, quit report, explore slips
 - A. Congratulate and hear stories
 - B. Length of time smoke-free
 - C. Number of cigarettes not smoked
 - D. Amount of money saved
 - E. Rewards
 - F. Outline how to examine/explore slips/lapses/relapses
 3. Relapse prevention model
 - A. Model of relapse process:
 - High risk situation due to internal factors (e.g., medical difficulty, craving, withdrawal, discomfort, depression, stress, etc), interpersonal factors (e.g., relationship conflict) and external factors (e.g., partner or other's smoking).
 - No adequate coping response.
 - Decreased self-efficacy; diminished expectation that can cope with situation.
 - Initial use of substance: slip or lapse.
 - Violation effect, dissonance, conflict, guilt, perceived loss of control, etc.
 - Inadequate or adequate coping response.
 - Increased probability of relapse.
 - B. Adequate coping responses:
 - Challenge negative beliefs
 - Remind self of reasons/motivation for quitting
 - Cognitive reframe
 - Positive thinking
 - Self talk
 - Active behavioral/cognitive coping
 - Support
 - Attend to success - Give yourself credit where improved
 - Self-monitor success
 - Avoid tempting or difficult situations
 - Escape high risk situations
 - 5 D's
 - Imagery/rehearsal
 - Talk with others
 - Physical activity
 - Alternative behaviors
 - Assertion skills
 - Other health changes such as diet, exercise, and other healthy lifestyle changes
 - C. Model anticipates multiple difficulties and life-long process.
 - D. Allows experiences of pride and freedom that LGBT person can build on.
 - E. When quit one addiction, feel good about self, feel increased pride, and feel increased control of oneself and destiny.

- F. Pride and freedom themes that resonate strongly with you as LGBT person and community. How can you use experiences of pride and freedom to support your quit efforts?

4. BREAK

- 5. Activity: Role play coping with triggers/slips
 - A. Role play trigger situations in the large group, or
 - B. Dyad discussion of rewards

- 1. Ask the group for a common trigger situation, perhaps from the earlier check-in and discussion. For example, friends invite you out to the local gay bar hangout where you know they will be smoking.
- 2. Ask for volunteers to be the new nonsmoker and friends.
- 3. Instruct the volunteers to act out the situation and to use the coping strategies (including coming out skills) discussed above to effectively address the situation.
- 4. Invite comments from the rest of the group on what happened.

B. Dyad Discussion of Rewards

- 1. Form groups of 2 around the room.
- 2. Instruct the small groups to share with each other, one at a time, about the benefits they've personally gained from quitting and hope to gain in the future. Each person gets 5 minutes.

- 6. Update quit plan and next steps.
 - Revise short-term quit plan
 - Keep rewards list
 - Continue to develop emotional and social support as a nonsmoker

Session 6: Staying Out of the Smoking Closet Week-by-Week

Overview

This session mirrors the previous session. Staying smoke-free is hard work and requires ongoing commitment, peer support and reinforcement of the benefits of quitting. It moves from focusing on staying quit in the short run day-by-day to the long run week-by-week. Relapse prevention strategies and building on strengths and resources used in coming out remain central to this session as well. It is important to encourage everyone, especially those who have had a "slip, lapse or relapse." A secondary focus of this session is on how to stay quit as an LGBT person and handle specific stress situations, such as socializing where smoking is common, relationships, health concerns, etc.

Highlights of QueerTIPs for Session Six

- Similar to Session 5.
- Draws on skills and resources related to LGBT experiences to help stay quit.
- Reinforces pride in self and freedom from smoking.
- Quitting and staying quit can be similar to the coming out process for LGBTs.

Preparation

1. Notes to facilitator

- Congratulate participants on coming back
- Encourage those who have made slips and people who continue to smoke, while maintaining an expectation that everyone can and will quit smoking.
- Prepare for more complex emotional or psychological issues or fears to emerge among the group as they continue on the road to being permanent nonsmokers.
- Expand on what being a permanent LGBT nonsmoker might look like.
- Highlight pride in self and freedom from smoking.

2. Supplies

- Standard supplies: Roster/sign-in sheet, name tags, color markers, flip chart, pencils/pens.

3. Handouts

- *My Signs of Healing*
- *Smoking and Weight*
- *Weight Loss Hints*
- *Healthy Habits- For Men and Women*
- *Stress Reducers*
- *Exercising My Rights*
- *Tips for Staying on Track*

Objectives for Session Six

By the end of this session, participants will:

1. Share successes and concerns.
2. Utilize group process to gain support
3. Review commitment to quitting
4. Reframe slips as positive learning experiences
5. Identify changes related to quitting
6. Identify successful coping strategies
7. Update quit plan

Agenda for Session Six

1. Group relaxation exercise	10 minutes
2. Check-in, quit report, explore slips	30 minutes
3. Changes as LGBT nonsmoker	20 minutes
4. BREAK	10 minutes
5. High and Low Activity	30 minutes
6. Update quit plan	10 minutes
7. Homework	10 minutes

Talking Points and Activities for Session Six

1. Group relaxation exercise
2. Check-in, quit report, explore slips
 - A. Cravings/urges, lapse, and relapse
 - a) Discuss cravings/urges and link to withdrawal
 - b) Normalize experiences
 - c) Re-visit relapse prevention framework
 - B. Strategies that work
 - a) What is working?
 - b) What is not working?
 - c) Barriers/obstacles in queer community that make it difficult today
 - d) Supports/rewards in queer community that make it easier today
 - C. Nutrition
 - a) Decrease fat intake
 - b) Increase fruits, vegetables, fibers
 - c) Increase exercise
 - d) Increase fluids, especially water

3. Changes as LGBT nonsmoker

- a) Self
- b) Relationships
- c) Social Situations
- d) Health Concerns
- e) Work

4. BREAK

5. High and Low Activity

1. Share a "High" point or "Low" point of the past week in becoming smoke free (*Here are a couple of examples: "My 'low' point was when my friend, who smokes and knows I am trying to stop, offered me a cigarette. "My 'high' point was when I was walking down the block and realized I was smelling the flowers blooming on the bushes."*)
2. Share one "high" or "low or both a "high" and "low"
3. Who would like to go first? (*However, the rule is that if someone volunteers someone else, this person goes first. Even if there is silence, wait a few minutes before asking someone to go first.*)
4. Sharing will go around clockwise in the circle.
5. Save questions and comments until everyone has had a chance to share.
6. After everyone has shared, there will be a discussion with questions, comments and any additional "highs" and "lows." (*Close the discussion by thanking everyone for participating.*)

6. Update quit plan, homework

- *Avoiding Smoking*
- *Exercise Tracking*
- *Additional Help*
- *Notice and collect queer smoking ads and the messages they send, bring into class*

Session 7: Looking Inside: Being LGBT and Smoking Triggers

Overview

This session focuses on staying quit as a lifestyle: strengthening positive identity and balanced lifestyles as LGBT nonsmokers. We review internal factors related to being LGBT that likely trigger high-risk situations and it empowers clients to rely on innate strengths and resources used during or since “coming out” as LGBT or in facing LGBT-related life stress. Participants are educated regarding cycles of addiction, shame and their interconnections, and how these are relevant for LGBTs who are raised in a society that demeans, oppresses and discriminates against them. Participants continue to support an identity and lifestyle as a nonsmoker by leveraging the strengths, skills, experiences and resources used and relied on during (and since) “coming out” as LGBT, or in dealing with LGBT-related life stress. Continue to address relapse prevention methods and lifestyle issues including nutrition, diet, exercise and ongoing support. Short- and long-term contracts are updated. Getting support from group and significant others is encouraged and planned.

Highlights of QueerTIPs for Session Seven

- Allows person to explore and describe how cycles of shame and addiction are interconnected, and how experiences of homophobia, transphobia, racism, sexism contribute strongly in shame-based identities.
- Encourages recognition of multiple “high-risk” situations that trigger feelings of shame, unworthiness, loneliness, etc., which then trigger smoking and other addictive behavior.
- Addresses multiple addictions that are prevalent in LGBT communities.
- Places quitting within larger context of total health approach that reflects the needs of many LGBT smokers.
- Encourages person to seek nonsmoking LGBT social-recreational spaces given lifetime strategy and challenge of remaining smoke-free.

Preparation

1. Notes to facilitator

- Congratulate participants on coming back.
- This session may require you to navigate some resistance to focusing on longer-term issues, as well as pulling from past “coming out” experiences as sources of strength from which to draw or learn from.
- Encourage those who have made slips and people who continue to smoke, while maintaining an expectation that everyone can and will quit smoking.
- This session also packs in a few weighty discussions including describing cycles of shame, addiction and relapse prevention, and outlining healthy lifestyle changes to help stay quit. Balance between allowing time for discussion, questions, etc. with moving through materials.

- Group may bring up issue of tobacco companies targeting LGBTs making the environment more hostile to people trying to quit. While recognizing the impact of social/environmental forces, acknowledge that will discuss tobacco targeting and its impact on LGBT smokers next week.
- This week is a focus on the internal skills/support for coming out and becoming a nonsmoker, next week is a focus on the external challenges.
- Highlight pride in self and freedom from smoking.

2. Supplies

- Weekly class supplies: name tags, sign-in sheet, smoking report cards, pens/pencils, markers, flip chart, and handouts and homework (see below)

3. Handouts (not yet developed)

- *Interconnection between cycles of shame and addiction (See example in Out & Free).*
- *Stages of coming out.*
- *Scripts re: becoming nonsmokers as coming out, and coming out as stages of change.*

Objectives for Session Seven

By the end of this session, participants will:

1. Renew commitment and attempts to quit if slip/lapse/relapse.
2. Strengthen ability to respond to numerous changes as nonsmoker.
3. Describe cycle of shame.
4. Describe cycle of addiction.
5. Describe the interconnection between shame and addiction.
6. Review relapse prevention model.
7. Review high-risk situations (encourage those that trigger underlying feelings of shame, unworthiness, loneliness, etc.).
8. Describe positive coping strategies in response to these high-risk situations, including assertiveness skills.
9. Describe balanced life as healthy LGBT.

Agenda for Session Seven

- | | |
|---|------------|
| 1. Group relaxation exercise | 10 minutes |
| 2. Check-in and brief discussion re: quit, slips, lapses or relapses | 30 minutes |
| 3. Group Discussion - cycles of addiction and shame, relapse prevention | 30 minutes |
| 4. Break | 10 minutes |
| 5. Class exercise | 20 minutes |
| 6. Update quit plan | 10 minutes |
| 7. Maintain Support | 5 minutes |
| 8. Homework and preparation for next group | 5 minutes |

Talking Points and Activities for Session Seven

1. Group relaxation exercise
2. Check-in and brief discussion re: quit, slips, lapses or relapses
3. Group Discussion - cycles of addiction and shame, relapse prevention
 - G. Describe cycle of addiction: use-feel better (rise in nicotine, adrenaline, and blood sugar)- feel bad as levels drop off-withdrawal symptoms (irritable, uncomfortable, cravings, etc) – use – etc.
 - H. Cycle of shame: belief that shame is the root of all compulsive and addictive behaviors
 - Starts with false belief system that “I am flawed and defectives as a human being because I’m LGBT. (Internalized homo-transphobia, racism). I am a mistake.”
 - Leads to development of shame-based identity, “No one could love me as I am. I need someone or something else outside of myself to be whole, ok and acceptable.”
 - Often this else is a drug or sex or some behavior that makes the person feel good, relive tension, depression, loneliness, etc.
 - This then leads to obsessing on something that makes one feel better/whole/accepted – often an addiction such as smoking, sex, drugs, etc.
 - I. Interconnection between cycles of shame and addiction.
 - Cycle of shame leads into cycle of addiction.
 - Focus on addiction, rituals, tolerance/withdrawal, biological/psychological consequences – all lead back to addiction obsession.
 - Addiction obsessions eventually lead to a life-damaging consequences such as smoking addiction, AOD abuse, compulsive sexual risk, etc.
 - Life-damaging consequences lead to health risks such as emphysema, HIV/AIDS, etc.
 - J. LGBT smokers need to recognize and understand underlying and unresolved feelings of shame, unworthiness, etc. that lead to smoking and other addictive behavior.
 - K. Recognize and identify these “high risk” situations, along with high-risk situations faced by every person trying to quit (e.g., presence of other smokers, etc.), and plan strategies to address.
 - L. Discussion about the above interlocking cycles:
 - How does this ring true (or not) for you?
 - Aware of instance of using cigarettes, alcohol or other drugs to make self feel better, or to avoid feeling bad?
 - Struggle with other “addictions” or compulsive behavior like alcohol, drug use, sex, food, shopping or else?
 - Research shows it is better to address all of the addictions at once. Strategies used to quit smoking or reduce alcohol, etc. applied in many different situations.
 - How do these other addictions impact your ability to stay quit?
 - Steps you are taking to managing these “multiple addictions”?
 - M. Because quitting is an ongoing process, and many LGBTs long struggle with deep underlying feelings of shame, etc., need a quit model for LGBT that recognizes and plans for difficulty in breaking cycle of addiction - relapse prevention model.

4. BREAK

5. Class exercise

- A. Divide paper in three columns: high risk situations; coping; benefits
- B. Identify high risk situations (e.g., medical, health, emotional, cognitive, relational, social, work, play, cultural, etc.) that anticipate in future.
- C. List adequate coping responses.
- D. Identify benefits will likely receive or experience as a result of positive coping.
- E. Share list with partner.

6. Update quit plan

7. Maintain Support

- A. Identify long-term support systems: people, groups, organizations, and places.
- B. How maintain connection and involvement with these support systems.

8. Homework and preparation for next class

- Select a queer magazine - count the number of tobacco ads.
- What other advertisements do you find?
- What do you know about tobacco advertisement to communities of color?
- How does advertisement impact you on a personal level?
- Find an ad that targets the queer communities.

Session 8: Looking Outside: Tobacco Targeting and Discrimination

Overview

This session will focus on staying quit within “enemy territory,” by identifying various external forces that negatively contribute to the health of LGBTs as individuals and as a community. The first part will focus on the role or contribution that tobacco advertising and community sponsorship may have on smoking and staying quit, the role/centrality of gay bars (where smoking inside or outside is often common) within LGBT communities, and how smoking is a “social justice” issue among LGBTs. The second half of the class will focus on other negative social and cultural forces such as societal homophobia, bi-phobia, transphobia, racism and sexism as influences on individual and collective behavior.

Highlights of QueerTIPs for Session Eight

- Exposes efforts by tobacco companies to market to LGBTs both as a promising demographic and psychographic market segment.
- Identifies role that social marketing and targeting by tobacco companies has on individual and community health.
- Explores smoking as a “social justice” issue for queer and other marginalized communities.
- Places side-by-side various societal and cultural influences (e.g., homophobia, bi-phobia, transphobia, racism, and sexism) that negatively impact individual and community health.
- Identifies steps toward individual and community empowerment to create a smoke-free lifestyle and environment

Preparation

1. Notes to facilitator

- Congratulate participants on coming back.
- Encourage those who have made slips and people who continue to smoke, while maintaining an expectation that everyone can and will quit smoking.
- People may be more receptive to examining sociocultural influences such as tobacco marketing or homophobia now that they are less stressed re: quitting or have some quit-time/stability under their belts.
- Exciting topics that could generate very different reactions. On the one hand, those who recognize the impact of tobacco marketing or other sociocultural forces on individual/group behavior versus those who hold to belief that all behavior is due to individual choice/responsibility.
- Discussion could be lively with both sides energetically and forcefully voicing their “truth.”
- Individual responsibility. Those who emphasize role of human agency, choice, will, responsibility, accountability for all behaviors.
- Social responsibility. Those who emphasize external factors that influence people and their behaviors.

- Help group members to recognize the various complexities of the issue, and that both sides are right.
- Group discussion of sensitive (sometimes taboo) topics such as homophobia, bi-phobia, transphobia, racism, and sexism (and their internalized versions) could be difficult. If group members are not comfortable with these topics, are not used to in-depth reflection and discussion about these issues or hold one-sided prejudiced beliefs, the conversation could be intensely divisive and polarized. Important to set tone of safety, open communication, mutual respect, objectivity within midst of high emotions, and conversation that is not accusatory or a shut-down exchange.
- Explore different implications for smoking among LGBTs and LGBT communities in terms of policy, media/communication.
- Highlight pride in self and freedom from smoking.

2. Supplies

- Weekly class supplies: name tags, sign-in sheet, smoking report cards, pens/pencils, markers, flip chart, and handouts and homework (see below).
- Presentation (Power Point, overheads or slides), if available, of target marketing to LGBTs by tobacco companies.
- Presentation (Power Point, overheads or slides), if available, of how social and cultural influences such as homophobia, bi-phobia, transphobia, racism, sexism negatively impact health.

3. Handouts

- *How They Get us to Screw Ourselves*
- *How the Tobacco Industry Exploits the Lesbian Community*
- Other fact sheets or brochure re: tobacco advertising and targeting of other priority populations.

Objectives for Session Eight

By the end of this session, participants will:

1. Describe how tobacco companies target LGBTs as a demographic and a psychographic segment.
2. Describe how other social/lifestyle factors exacerbate the role of smoking among LGBT communities.
3. Describe how tobacco marketing negatively impacts individual and group LGBT health.
4. Describe how smoking is a social justice issue for LGBTs.
5. Describe how other social forces such as homophobia, bi-phobia, transphobia, racism and sexism negatively impact individual and group health.
6. Renew commitment to smoke-free lifestyle for self and community.
7. Identify steps or opportunities to combat negative social forces.

Agenda for Session Eight

1. Check-in and discussion re: quit, slips, lapses and relapses	15 minutes
2. Homework: review tobacco ads collected by participants	10 minutes
3. Presentation of target marketing by Big Tobacco	20 minutes
4. Discussion re: social marketing and individual and group health	20 minutes
5. Break	10 minutes
6. Presentation of other negative social forces and health impact	15 minutes
7. Group exercise	15 minutes
8. Update quit plan	10 minutes
9. Homework and next steps	5 minutes

Talking Points for Session Eight

1. Quit report
2. Check-in and discussion re: quit, slips, lapses and relapses
3. Presentation of target marketing by Big Tobacco
 - A. Target marketing by demographics: LGBT, women, communities of color
 - B. Target marketing by psychographic variables
4. Review homework: tobacco ads
5. Discussion re: social marketing and individual and group health
 - A. Why LGBTs are a good target market.
 - Hungry for acceptance, validation, representation
 - Loyal market, etc.
 - You like me, you really like me
 - Why they sell and we buy
 - B. Is this a “good” or “bad” thing?
 - Defenders of free market, support from tobacco companies in a media-starved community that longs for acceptance and validation.
 - Secondary benefit of support from tobacco companies: advertisement, sponsorship of magazines, events, etc. that otherwise would not have taken place or survived.
 - C. Individual choice versus social responsibility?
 - How impact individual choice?
 - How impact group health?
 - Friction between individual responsibility and susceptibility of social influences.
 - D. Role of ATOD and bars in LGBT communities
 - What role do ATOD/bars play in LGBT communities?
 - Differences among LGBT communities?
 - What factors contribute to this?

- What role has ATOD played in your life?
 - How does this impact your attempts to stay quit?
- E. Smoking as a social justice issue
- What do you think it means that smoking is a “social justice” issue?
 - How does this impact your attempts to stay quit?

6. BREAK

7. Presentation of other negative social forces and health impact:

- A. Homophobia
- B. Bi-phobia
- C. Transphobia
- D. Racism
- E. Sexism
- F. How these social forces similarly negatively impact health
- G. Role of individual resilience, other resilience/moderating factors and impact of these forces on health

8. Group exercise: Choose one or two of the following topics to discuss, or break into small groups and create a social marketing campaign or counter ad:
- A. Personal experience of how larger social forces negatively impact health, including smoking or attempts to stay quit?
 - B. How counter these larger social forces?
 - C. What can you do on a personal level to brace yourself and deal with these forces?
 - D. Personal innate strengths and resources that you could tap?
 - E. What could be done to counter these forces?
 - F. What kind of policy changes, communications or other strategies could be used?
 - G. What would a social marketing campaign look like?
 - H. Develop LGBT specific ads to combat smoking

9. Update quit plan

10. Homework and next steps

- Agree on the kind of celebration the class wants for final weekly session.
- Devise preparation plan for celebration.
- Update contact information sheet for use after weekly class ends

Session 9: You've Come a LONG Way Baby—You and Your Smoke Free Community

Overview

This final weekly class is a combination of strengthening the gains previously made and celebrating identity as a nonsmoker. The first part of class is a review of accomplishments to date (regardless of smoking status at last class), update long-term relapse prevention plan, discussion about class ending and what a smoke-free LGBT community might look like (and how to create it). The second part of class is to socialize without alcohol, tobacco or other drugs. This provides a safe, positive and fun environment within which to practice and reinforce new social skills that enable the person to engage in conversation - to feel comfortable in social spaces without the use of ATOD.

Highlights of QueerTIPs for Session 9

- Strengthen new identity as a nonsmoking LGBT person.
- Strengthen relapse prevention plan that recognizes cultural impact of being LGBT.
- Spark individual/community action to reduce influence of smoking and tobacco companies in LGBT communities.
- Celebrate quitting and staying quit - LGBT style.
- Opportunity to socialize without smoking or use of other substances. Helps LGBTs to practice socializing without substance use props.

Preparation

1. Notes to facilitator

- Be sure you have day, time, and location information for 3-month booster session ready to provide to members as part of homework.
- Exciting final night that should be positive, fun and reinforce all that clients have accomplished and learned to date.
- Class also attempts to address any recent slips/lapses/relapses, and to encourage discussion and examination about how to establish a long-lasting smoke-free lifestyle and community.
- Congratulate participants on coming back.
- Encourage those who have made slips and people who continue to smoke, while maintaining an expectation that everyone can and will quit smoking.
- Clients may feel ambivalent about ending the weekly classes and whether they are prepared to continue without ongoing weekly support. Gently explore these issues to try to tease apart underlying generalized anxiety/worry about being able to quit, genuine/legitimate concerns about current ability to stay quit, and grief/loss re: attachment to group.
- Encourage group members to stay in contact with one another as their own ongoing support between now and the first booster session in 3 months.

- Encourage group members to drop-in on future classes if they need a supplemental booster session before the next officially scheduled booster session in 3 months.
- Encourage group members to use other resources if they need assistance in the future.
- Continue to reinforce the parallels between facing the challenge to stay quit and facing the daily life stresses related to being LGBT.
- Highlight pride in self and freedom from smoking.

2. Supplies

- Weekly class supplies: name tags, sign-in sheet, smoking report cards, pens/pencils, markers, flip chart, and handouts (see below)
- *Class Evaluation and Week 9 Smoking Cessation Measure*

3. Handouts

- Certificate of Accomplishment or Completion for each participant
- *How to Remain Smoke-free*
- Updated Class Contact List
- Resource Brochure (develop for your area)

Objectives for Session Nine

By the end of this session, participants will:

1. Highlight major steps and accomplishments
2. Update long-term relapse prevention plan
3. Visualize and describe LGBT community as smoke-free
4. Identify opportunities to reduce the impact of smoking in their communities
5. Have a smoke-free social experience

Agenda for Session Nine

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|---|------------|
| 1. Check-in and discussion re: slips, lapses and relapses | 15 minutes |
| 2. Review major steps and accomplishments | 15 minutes |
| 3. Update long-term relapse prevention plan | 15 minutes |
| 4. Visualize and describe community as smoke-free | 15 minutes |
| 5. Social Celebration | 60 minutes |

Talking Points and Activities for Session Nine

1. Check-in and discussion re: slips, lapses and relapses
2. Review major steps and accomplishments

- A. What major steps did you take during this class?
 - B. What were your major accomplishments?
 - C. What did you learn about yourself during the program?
 - D. What has been the same/different from before?
 - E. How do you see yourself in the future?
3. Update long-term relapse prevention plan
- A. Update relapse triggers/coping mechanisms.
 - B. Update prevention plan.
 - C. Referrals
4. Visualize and describe LGBT community as smoke-free
- A. What would it look like?
 - B. Implications for change: prevention, policy, treatment, infrastructure, etc.
 - C. Identify opportunities to impact others.
 - D. How could you help others to reduce their smoking or quit? How can you use your cessation experience to provide empathy and motivation to others?
 - E. Opportunities to "spread the work" as example for others.
 - F. Opportunities to get involved as smoking cessation facilitator, as advocate for organizational- and community-level change.
5. Social Celebration

Homework for Session Nine

- Update contact list
- Provide members with day, time, and location information for booster session in 3 months
- Encourage members to keep in contact with each other
- Encourage members to periodically review relapse prevention plan

Session 10: Booster 1 – Staying Out of the Smoking Closet Month by Month**Overview**

This booster class is a combination of strengthening the gains previously made in the process to become a nonsmoker and celebrating our achievements. The first part of class is a review of accomplishments to date (regardless of smoking status at last class), fortification of the relapse prevention plan, sharing/problem solving about maintenance of ongoing support, and discussion about experiences with individual/community action to reduce tobacco-related influences in LGBT communities. The second part of class is to socialize without alcohol, tobacco or other drugs. This provides a safe, positive and fun environment within which to practice and reinforce new social skills that enable the person to engage in conversation and to feel comfortable in social spaces without the use of ATOD.

Highlights of QueerTIPs for Session Ten

- Share about experience over last 3 months as a nonsmoking LGBT person.
- Review relapse prevention plan that recognizes cultural impact of being LGBT.
- Share and problem solve about relapse triggers and coping mechanisms.
- Share and problem solve about maintenance of ongoing support.
- Discuss experience with individual/community action to reduce influences of smoking and tobacco companies in LGBT communities.
- Celebrate quitting and staying quit - LGBT style.
- Opportunity to socialize without smoking or use of other substances. Helps LGBTs to practice socializing without substance use props.

Preparation**1. Notes to facilitator**

- Make reminder call to class members 1 to 2 days before the scheduled 3 month booster session with day, time, and location information.
- Exciting booster night that should be positive, fun and reinforce all that clients have accomplished and learned to date.
- Congratulate participants on coming back.
- Encourage those who have made slips and people who continue to smoke, while maintaining an expectation that everyone can and will quit smoking.
- Encourage class members to share their experience over the last 3 months as a nonsmoking LGBT person.
- Review relapse prevention plan that recognizes cultural impact of being LGBT.
- Class also attempts to address any slips/lapses/relapses that may have occurred over the last 3 months and to encourage discussion and examination about how to establish a long-lasting smoke-free lifestyle. Encourage sharing and problem solving about relapse triggers and coping mechanisms.

- Clients may feel ambivalent about not having weekly class sessions and whether they are prepared to continue without ongoing class support. Gently explore these issues to try to tease apart underlying generalized anxiety/worry about staying quit, genuine/legitimate concerns about current ability to stay quit, and grief/loss re: attachment to the group.
- Class provides an opportunity for group members to share and problem solve about maintenance of ongoing support. Also, encourage group members to stay in contact with one another as their own ongoing support between now and the final booster session.
- Encourage group members to drop-in on future classes if they need a supplemental booster session before the next officially scheduled booster session in 3 months.
- Encourage group members to use other resources if they need assistance in the future.
- Class provides an opportunity to discuss and examine how to establish a smoke-free community. Encourage class members to share their experiences with individual/community action to reduce influences of smoking and tobacco companies in LGBT communities.
- Continue to reinforce the parallels between facing the challenge to stay quit and facing the daily life stresses related to being LGBT.
- Highlight pride in self and freedom from smoking.

2. Supplies

- Weekly class supplies: name tags, sign-in sheet, smoking report cards, pens/pencils, markers, flip chart, and handouts (see below)
- *3-Month Follow-Up Smoking Cessation Measure*

3. Handouts

- Certificate of Accomplishment or Completion for each participant
- *How to Remain Smoke-free*
- Updated Class Contact List
- Resource Brochure (develop for your area)

Objectives for Session Ten

By the end of this session, participants will:

1. Highlight major steps and accomplishments
2. Fortify long-term relapse prevention plan
3. Determine ways to enhance ongoing support
4. Identify opportunities to reduce the impact of smoking in their communities
5. Have a smoke-free social experience

Agenda for Session Ten

1. Check-in and review major steps and accomplishments 20 minutes

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| 2. Discuss slips, lapses, relapses and fortify relapse prevention plan | 20 minutes |
| 3. Share and problem solve about maintenance of ongoing support | 15 minutes |
| 4. Discuss action to establish smoke-free LGBT communities | 15 minutes |
| 5. Social Celebration | 50 minutes |

Talking Points and Activities for Session Ten

1. Check-in and review major steps and accomplishments
 - A. What did you learn about yourself over the last 3 months as a nonsmoking LGBT person?
 - B. What has been the same/different from before?
 - C. How do you see yourself in the future?
2. Discuss slips, lapses, relapses and fortify relapse prevention plan
 - A. Review relapse prevention plan that recognizes cultural impact of being LGBT.
 - B. What relapse triggers did you experience?
 - C. What coping mechanisms could be applied to these relapse triggers?
 - D. Referrals
3. Share and problem solve about maintenance of ongoing support
 - A. What sources of support did you access?
 - B. What was/was not helpful about the support you received?
 - C. Referrals
4. Visualize and describe LGBT community as smoke-free
 - A. What activities did you get involved with over the last 3 months to reduce the influence of smoking and tobacco companies in your community?
 - B. Brainstorm about opportunities to impact others.
 - C. How could you help others to reduce their smoking or quit? How can you use your cessation experience to provide empathy and motivation to others?
 - D. Opportunities to get involved as smoking cessation facilitator, as advocate for organizational- and community-level change.
5. Social Celebration

Homework for Session Ten

- Update contact list
- Encourage members to keep in contact with each other
- Encourage members to periodically review relapse prevention plan

Session 11: Booster 2 – Still Staying Out of the Smoking Closet Month by Month

Overview

This final booster class is a combination of strengthening the gains previously made in the process to become a nonsmoker and celebrating our achievements. The first part of class is a review of accomplishments to date (regardless of smoking status at last class), fortification of the relapse prevention plan, sharing/problem solving about maintenance of ongoing support, and discussion about experiences with individual/community action to reduce tobacco-related influences in LGBT communities. The second part of class is to socialize without alcohol, tobacco or other drugs. This provides a safe, positive and fun environment within which to practice and reinforce new social skills that enable the person to engage in conversation and to feel comfortable in social spaces without the use of ATOD.

Highlights of QueerTIPs for Session Eleven

- Share about experience over last 3 months as a nonsmoking LGBT person.
- Review relapse prevention plan that recognizes cultural impact of being LGBT.
- Share and problem solve about relapse triggers and coping mechanisms.
- Share and problem solve about maintenance of ongoing support.
- Discuss experience with individual/community action to reduce influences of smoking and tobacco companies in LGBT communities.
- Celebrate quitting and staying quit - LGBT style.
- Opportunity to socialize without smoking or use of other substances. Helps LGBTs to practice socializing without substance use props.

Preparation

1. Notes to facilitator

- Make reminder call to class members 1 to 2 days before the scheduled 6-month booster session with day, time, and location information.
- Exciting final booster night that should be positive, fun and reinforce all that clients have accomplished and learned to date.
- Congratulate participants on coming back.
- Encourage those who have made slips and people who continue to smoke, while maintaining an expectation that everyone can and will quit smoking.
- Encourage class members to share their experience over the last 3 months as a nonsmoking LGBT person.
- Review relapse prevention plan that recognizes cultural impact of being LGBT.
- Class also attempts to address any slips/lapses/relapses that may have occurred over the last 3 months and to encourage discussion and examination about how to establish a long-lasting smoke-free lifestyle. Encourage sharing and problem solving about relapse triggers and coping mechanisms.

- Clients may feel ambivalent about not having further class sessions and whether they are prepared to continue without ongoing class support. Gently explore these issues to try to tease apart underlying generalized anxiety/worry about staying quit, genuine/legitimate concerns about current ability to stay quit, and grief/loss re: attachment to the group.
- Class provides an opportunity for group members to share and problem solve about maintenance of ongoing support. Also, encourage group members to stay in contact with one another as their own ongoing support after final booster session.
- Encourage group members to drop-in on future classes if they need a supplemental booster session after the final officially scheduled booster session.
- Encourage group members to use other resources if they need assistance in the future.
- Class provides an opportunity to discuss and examine how to establish a smoke-free community. Encourage class members to share their experiences with individual/community action to reduce influences of smoking and tobacco companies in LGBT communities.
- Continue to reinforce parallels between facing the challenge to stay quit and facing the daily life stresses related to being LGBT.
- Highlight pride in self and freedom from smoking.

2. Supplies

- Weekly class supplies: name tags, sign-in sheet, smoking report cards, pens/pencils, markers, flip chart, and handouts (see below)
- *6-Month Follow-Up Smoking Cessation Measure*

3. Handouts

- Certificate of Accomplishment or Completion for each participant
- *How to Remain Smoke-free*
- Updated Class Contact List
- Resource Brochure (develop for your area)

Objectives for Session Eleven

By the end of this session, participants will:

1. Highlight major steps and accomplishments
2. Fortify long-term relapse prevention plan
3. Determine ways to enhance ongoing support
4. Identify opportunities to reduce the impact of smoking in their communities
5. Have a smoke-free social experience

Agenda for Session Eleven

1. Check-in and review major steps and accomplishments 20 minutes
2. Discuss slips, lapses, relapses and fortify relapse prevention plan 20 minutes

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|---|------------|
| 3. Share and problem solve about maintenance of ongoing support | 15 minutes |
| 4. Discuss action to establish smoke-free LGBT communities | 15 minutes |
| 5. Social Celebration | 50 minutes |

Talking Points and Activities for Session Eleven

1. Check-in and review major steps and accomplishments
 - A. What did you learn about yourself over the last 3 months as a nonsmoking LGBT person?
 - B. What has been the same/different from before?
 - C. How do you see yourself in the future?
2. Discuss slips, lapses, relapses and fortify relapse prevention plan
 - A. Review relapse prevention plan that recognizes cultural impact of being LGBT.
 - B. What relapse triggers did you experience?
 - C. What coping mechanisms could be applied to these relapse triggers?
 - D. Referrals
3. Share and problem solve about maintenance of ongoing support
 - A. What sources of support did you access?
 - B. What was/was not helpful about the support you received?
 - C. Referrals
4. Visualize and describe LGBT community as smoke free
 - A. What activities did you get involved with over the last 3 months to reduce the influence of smoking and tobacco companies in your community?
 - B. Brainstorm about opportunities to impact others.
 - C. How could you help others to reduce their smoking or quit? How can you use your cessation experience to provide empathy and motivation to others?
 - D. Opportunities to get involved as smoking cessation facilitator, as advocate for organizational- and community-level change.
5. Social Celebration

Homework for Session Eleven

- Update contact list
- Encourage members to keep in contact with each other, perhaps setting up their own reunion 3 months, 6 months, or a year from now
- Encourage members to periodically review relapse prevention plan
- Encourage members to keep you informed of their progress/achievements