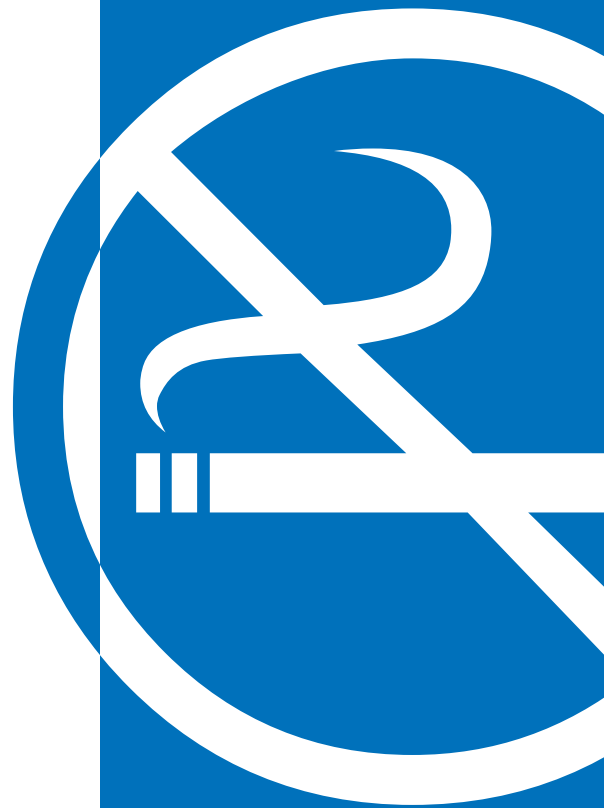


My
*Smoking
Cessation*
Workbook

*A Resource
for Patients*



U.S. Department
of Veterans Affairs



My *Smoking Cessation* Workbook

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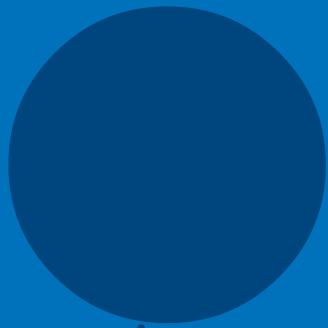
¹ Brown, R. A. (2003). Intensive behavioral treatment. In D. B. Abrams, R. Niaura, R. Brown, K. M. Emmons, M. G. Goldstein, & P. M. Monti, *The tobacco dependence treatment handbook: A guide to best practices* (pp. 118-177). New York, NY: Guilford Press.

Fiore, M. C., Bailey, W. C., Cohen, S. J., Dorfman, S. F., Goldstein, M. G., Gritz, E. R., Heyman, R. B., Jaén, C. R., Kottke, T. E., Lando, H. A., Mecklenburg, R. E., Mullen, P. D., Nett, L. N., Robinson, L., Stitzer, M. L., Tommasello, A. C., Villejo, L., & Wewers, M. E. (2000). *Treating tobacco use and dependence*. Clinical practice guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

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HIV and Smoking



A Stop-Smoking Plan



Next Steps



Appendices

I. HIV and Smoking

.....
What You Need to Know
.....



What You Need to Know

THE PROBLEM

- Almost 2-3 times as many HIV+ adults smoke compared to adults who are HIV negative.
- HIV+ smokers develop conditions caused by smoking, such as lung diseases; respiratory problems; heart disease; and lung, bladder, and prostate cancers just like HIV-negative smokers.
- **BUT** HIV+ smokers are more likely than HIV+ non-smokers to have:
 - More AIDS-related illness such as *Pneumocystis jirovecii* pneumonia, tuberculosis, and oral candidiasis
 - More non-AIDS related diseases such as cardiovascular and pulmonary conditions (e.g., pneumothorax, pneumonia, lung cancer) and non-AIDS cancers
 - An increased risk of death compared to HIV+ individuals who never smoked
- Smoking can make HIV-related symptoms, such as fatigue, nausea, and body pain, worse.
- Continuing to smoke can undo much of the hard work you've done to manage your HIV.

THE GOOD NEWS

- Smoking cessation (quitting smoking) can decrease the risk of heart disease in HIV+ individuals, perhaps more so than the use of lipid-lowering drugs or antiretroviral therapy (ART).
- The risk of cardiovascular events (e.g., heart attack, stroke) in HIV+ individuals decreases the longer one has stopped smoking.
- HIV-related symptoms tend to decrease the longer you go without smoking.
- Every attempt to quit improves the chance of eventual success.
- Quitting smoking also improves your quality of life and increases your life expectancy.

THE CHALLENGE

- It's very hard to quit smoking.
- It may take several attempts for you to permanently quit.
- Quitting works best when you have lots of support and work with your health care team.
- A combination of nicotine replacement therapy (e.g., gum, patch, lozenge, nasal spray, oral inhaler) or other FDA-approved smoking cessation medications and counseling is the most effective way to quit.
- Counseling helps you stick to your plan and overcome barriers to quitting. Counseling can be done through a telephone quitline, as part of a group, individually with your provider, or online. For Veterans enrolled in VA health care, the VA quitline, 1-855-QUIT-VET (1-855-784-8838), is available to provide support from Monday to Friday, 9 a.m. to 9 p.m. Eastern time.

THE PROGRAM

Thinking about quitting can be overwhelming. You must do it *for* yourself, but you don't have to do it alone. This manual was created to help you quit and can be used in a number of ways:

1. Follow the steps starting on p. 7, which are designed to help you quit smoking within 30 days.
2. Start where you are in the quitting process and decide which steps in this workbook are most helpful to you.

3. Share information in this workbook with your provider, friends, and family to help them understand your plan.

THE REWARDS¹

From 20 minutes to 20 years, the benefits of quitting smoking last a lifetime.

20 minutes after quitting

Your blood pressure drops and the circulation in your hands and feet improves.

12 hours after quitting

The carbon monoxide level in your blood returns to normal.

2 days after quitting

Your taste and smell senses improve.

2 weeks to 3 months after quitting

Your heart attack risk drops and your lung function improve.

1 to 9 months after quitting

Your coughing and shortness of breath decrease.

1 year after quitting

Your added risk of heart disease is half that of a smoker's.

5 to 15 years after quitting

Your risk of stroke is now equal to a non-smoker's.

10 years after quitting

If you are an average smoker (one pack a day) your lung cancer death rate drops by almost half. Risk of cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases. Your risk of Alzheimer's disease is the same as someone who has never smoked.

15 years after quitting

Your added risk of heart disease is the same as a non-smoker's.

¹ *Note.* Adapted from Tobacco Smoking and HIV, California Smokers Helpline, www.californiasmokershelpline.org and It's Time to Live!



20 minutes to 20 years...
Benefits of quitting smoking
last a lifetime



HIV and Smoking

A Stop-Smoking Plan

Next Steps

Appendices

II. A Stop-Smoking Plan

-
- STEP 1: *Setting My Quit Date!*
 - STEP 2: *Identifying My Smoking Triggers and Beginning to Delink*
 - STEP 3: *Identifying My Reasons to Quit and My Support System*
 - STEP 4: *Talking to My Provider to Identify Smoking Cessation Medications to Use With My Quit Plan*
 - STEP 5: *Getting Ready to Quit*
 - STEP 6: *Developing Strategies and Skills for Quitting*
 - STEP 7: *Planning to Cope with Smoking Triggers*
 - STEP 8: **STOP SMOKING!**
 - STEP 9: *My Strategies to Use Immediately After Quitting*
 - STEP 10: *Identifying and Coping with Nicotine Withdrawal*
 - STEP 11: *Preventing a Smoking Relapse*
 - STEP 12: *Preventing Weight Gain After Quitting*
 - STEP 13: *Developing an Exercise Program*
-



STEP 1: Setting My Quit Date!

YOUR QUIT DATE SHOULD BE WITHIN 30 DAYS FROM TODAY

When is the last day and time I am going to use tobacco?

Pick a day that feels comfortable to you. If the day has special meaning to you (e.g., the birthday of someone close to you, an anniversary, and so forth), even better! Try to pick a date that you know won't be stressful for you for other reasons (e.g., first day of a new job, a time when friends and/or family won't be available to provide support).

MY QUIT DATE

Month_____ Day_____ Year_____ Time_____



STEP 2: Identifying My Smoking Triggers and Beginning to Delink

MY SMOKING TRIGGERS WORKSHEET

IDENTIFYING SMOKING TRIGGERS

Smoking is an addiction that includes a physical dependence on nicotine (a dependence that can last for a few months and be helped with medications) as well as behavioral conditioning.

Behavioral conditioning is your response to your smoking triggers.¹ You may, for example, find yourself lighting up because you always smoke when you talk on the phone, drive the car, take a break, or have a cup of coffee. In these situations, you have learned to smoke (automatic smoking) in response to a trigger. In order to stay smoke-free, you must decide ahead of time what actions you will take to deal with these triggers. It is important to break the link between these triggers and automatic smoking and if you can do so before your quit date, your quit effort will be easier.

Worksheet Instructions:

Several common triggers are listed below. Check your key triggers and add any that are missing. Then, circle your top 5 triggers.

Nicotine cravings

- When I get cravings after I haven't smoked in a while
- When I get cravings because I'm restless or irritable
- When I miss the taste or pleasure of a cigarette

Needing to handle something

- When I need to do something with my hands
- When I want to go through the ritual of lighting up and handling a cigarette

Needing an energy boost

- When I'm tired and need a "pick me up"

¹ It's important to remember that cravings due to behavior can last for years so changing behavior is a key part of long-term success.

Thinking and concentration

- When I want to concentrate better
- When I'm thinking through a problem

Feeling down, depressed, or bored

- When I'm feeling sad, blue, or down in the dumps
- When I think about difficult or stressful memories
- When I am thinking about my HIV infection
- When I'm bored

Feeling stressed out

- When I'm restless, fidgety, or uptight
- When I'm worried or frightened
- During a crisis or unexpected event
- When I'm under pressure or a time crunch

Relaxation

- When I need to relax
- When I'm taking a break

Feeling angry

- When I'm angry and need to calm down
- When I need something to settle me down so I won't do something I'll regret
- When I'm in an argument

Feeling "up" and positive

- When I'm having a good time
- When I want to reward myself for having done a good job on something

Social situations

- Social events or gatherings such as parties, playing cards, or dining out
- Being around other people who are smoking
- When my friends or family invite me to smoke with them

Drinking coffee

- When I have my morning coffee
- When I take a coffee break

Drinking alcohol or being around others who are drinking

- When I'm drinking alcohol
- When I'm in a bar or restaurant where other people are drinking

Other activities of daily living (check all that apply):

- _____ Driving in a car
- _____ Reading a newspaper, magazine, or book
- _____ Watching television
- _____ During a meal
- _____ After a meal
- _____ Talking on the telephone
- _____ Waking up in the morning

My other smoking triggers

BREAKING THE LINK BETWEEN SMOKING AND OTHER BEHAVIORS WORKSHEET

Once you identify your top five triggers, you can make a plan to delink your smoking from these trigger activities and/or other situations. For example, if you always smoke with your coffee in the morning, make a plan to either smoke before or after your coffee, but not with it. If you delink far enough in advance of your quit date, your craving to have a cigarette with your coffee will be greatly reduced, if not eliminated, by the time you stop smoking. Once you've successfully delinked your strongest trigger and smoking, look at your next strongest trigger and implement a similar plan.

Worksheet Instructions:

In the space below rank your top five triggers (from p. 9) and write down your plan to break the link between them and your smoking.

1. Trigger: _____

Plan to delink: _____

2. Trigger: _____

Plan to delink: _____

3. Trigger: _____

Plan to delink: _____

4. Trigger: _____

Plan to delink: _____

5. Trigger: _____

Plan to delink: _____



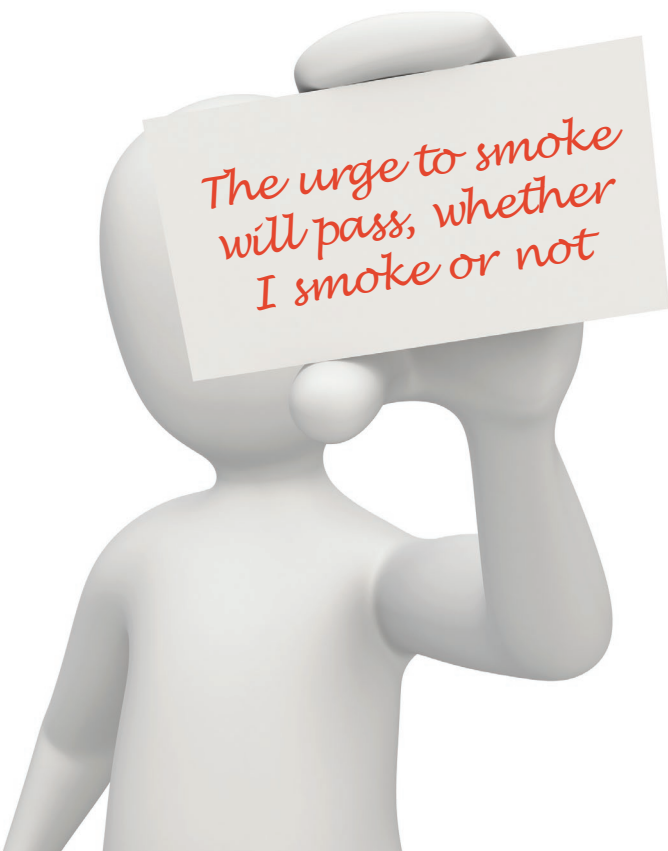
STEP 3: Identifying My Reasons to Quit and My Support System

REASONS TO QUIT WORKSHEET

MY REASONS TO QUIT

Write down the five most important reasons why you want to stop smoking.

1. _____
2. _____
3. _____
4. _____
5. _____



Consider using a 3x5 index card

- Copy your top three reasons to quit onto a 3x5 index card
- Keep the card in the pocket where you used to keep your cigarettes
- Read the card when you want to smoke
- On the back of the card write “The urge to smoke will pass, whether I smoke or not”
- Read both sides of the card when tempted to smoke

You can also make a note on your phone or use an app like Stay Quit Coach to remind yourself about your reasons to quit.

GETTING SUPPORT

Choosing to quit is a tough decision. You must do it for yourself, but you don't have to do it alone. Asking for help is a key part of the quitting process. Think about who can help you quit. Consider family members and other people with whom you spend a lot of time. Also consider getting support from former smokers who have successfully quit.

To help yourself quit, you can:

- Tell everyone that you're quitting and when
- Ask family, friends, and roommates to smoke outside
- Ask a friend or spouse to quit with you
- Make a list of people who can give you support (fill in chart below)
- Call the VA quitline, 1-855-QUIT-VET (1-855-784-8838), for free telephone counseling and support from Monday to Friday, 9 a.m. to 9 p.m. Eastern time.
- Sign up for the SmokefreeVET text message program by texting VET to 47848 or by visiting www.smokefree.gov/VET. SmokefreeVET sends you two to five messages per day with tips, advice, and encouragement to support you as you become smoke-free.

MY ALLIES IN QUITTING

	Name	Phone Number	Email Address
Family			
Friends and Social Contacts			
Co-Workers			

STEP 4: Talking to My Provider to Identify Smoking Cessation Medications to Use With My Quit Plan

Medications can play an important role in helping you quit. Your primary care or mental health provider can prescribe these medications for you, let you know how to take them, and monitor any side effects you may have. Studies have shown that using two medications together—one that helps with nicotine withdrawal and one that helps with nicotine craving—can help smokers quit. Here is list of the medications your provider may prescribe:

NICOTINE REPLACEMENT THERAPY (NRT)

- **Nicotine patch** is the most common medication used to help people stop smoking cigarettes. This therapy replaces the nicotine you were getting from cigarettes so you don't have withdrawal symptoms when you quit. The patch provides continuous delivery of nicotine to provide relief of withdrawal symptoms over a 24-hour period.
- **Nicotine chewing gum** acts as a substitute oral activity and provides a source of nicotine that reduces the withdrawal symptoms experienced when smoking is stopped. It is not chewed like regular chewing gum and must be used in a specific way. The gum can be used as needed to combat breakthrough cravings.
- **Nicotine lozenge** is another substitute oral activity and provides a source of nicotine that reduces the withdrawal symptoms experienced when smoking is stopped. It can also help with cravings. The lozenge can be used as needed to combat breakthrough cravings.
- **Nicotine nasal spray** delivers nicotine through the nose to reduce uncomfortable withdrawal symptoms when you quit.
- **Nicotine oral inhaler** is a medicine that delivers nicotine through the mouth to temporarily replace the nicotine from tobacco to reduce uncomfortable withdrawal symptoms when you quit.

* For more information about how you can quit for good with NRT, visit veterans.smokefree.gov/tools-tips-vet/quit-for-good-with-nrt.

SMOKING CESSATION MEDICATIONS

- **Bupropion (Zyban®)** is a pill that reduces a person's urge to smoke. Many patients report that cigarettes do not taste as good after starting this medication.
- **Varenicline (Chantix®)** helps people stop smoking by reducing their urge to smoke.

Talk with your VA provider to learn more about what medications may be a good option for you.

COMBINATION THERAPY

Nicotine replacement products can be combined to increase your chances of quitting, especially if you smoke more than one pack a day. There are several possibilities for combination therapy including:

- Nicotine patch and nicotine gum
- Nicotine patch and nicotine lozenge
- Bupropion and nicotine gum
- Bupropion and nicotine lozenge
- Bupropion and nicotine patch
- Nicotine patch and nicotine nasal spray
- Nicotine patch and nicotine oral inhaler



Ask your VA provider about combination therapy. To learn more about how you can combine different types of NRT, visit veterans.smokefree.gov/tools-tips-vet/quit-for-good-with-nrt.

STEP 5: Getting Ready to Quit

GETTING READY TO QUIT WORKSHEET

The behavioral changes listed below will help reduce your nicotine dependence so your withdrawal symptoms will be less severe after you quit. These changes will also help break up your smoking routine and delink, or cut the ties, between your triggers and automatic smoking.

Making small changes will remove cigarettes from the comfortable role they now play in your everyday life. Quitting will be easier after you make some of these small changes.

Worksheet Instructions:

Below are suggestions for small changes you can make. Check one (or a few) and try to stick with it. As you get used to one change, try another.

Break up your smoking routine

- When you smoke, hold your cigarette with the hand opposite the one you usually use.
- Try switching to a brand of cigarettes you don't like.

Build your confidence

- Use the "5-minute timeout" rule. Each time you want a cigarette, wait five minutes before reaching for a cigarette. This strategy will improve your confidence and help you deal with cravings.
- Each day, postpone by one hour the lighting of your first cigarette.
- Delay each cigarette by first using substitute behaviors such as having a piece of gum, going for a walk, or doing deep breathing exercises.
- Change your eating habits to help you cut down on smoking. For example, end meals or snacks with a food that won't lead to a cigarette. Create a list of what healthy foods might be (e.g., fruits, vegetables, Melba toast, a slice of whole wheat toast) and keep them on hand.

_____	_____	_____
_____	_____	_____

Resist “automatic smoking”

- Smoke only those cigarettes you really want—catch yourself before you light up a cigarette reflexively.
- Don’t empty your ashtrays. This will remind you how many cigarettes you’ve smoked each day, and the sight and the smell of stale cigarette butts can be very unpleasant.
- Make yourself more aware that you are going for a cigarette (the automatic reach) by using the opposite hand or putting cigarettes in an unfamiliar location (e.g., a different pocket).
- If you light up many times a day without even thinking about it, try to look into a mirror each time you light your cigarette. You may decide you don’t need it.

Make smoking awkward

- Stop buying cigarettes by the carton—finish one pack before you buy another.
- Stop carrying cigarettes with you at home or at work. Make them difficult to get. Keep your cigarettes in one place and **ALWAYS** go to that place to smoke.
- Eliminate the places where you will smoke: the car, your favorite chair, the bedroom.

Make smoking unpleasant

- Smoke only under circumstances that aren’t especially pleasurable for you. If you like to smoke with others, smoke alone. Turn your chair to an empty corner and focus only on the cigarette you are smoking and its many negative effects.
- Collect all your cigarette butts in one large glass container as a reminder of the trash made by smoking.
- Only smoke outside.

Reduce your smoking

- Smoke only half of each cigarette.
- Decide you’ll only smoke during odd or even hours of the day.
- Make a plan to smoke fewer cigarettes each day (e.g., if you smoke 10 cigarettes a day, smoke one less each day).

- Identify a minimum of three cigarettes that would be the easiest for you to give up (e.g., before brushing your teeth at night, while walking to your car, with your coffee). Give up smoking these cigarettes before your Quit Date.

Limit where you smoke

- Before your Quit Date, it's important to reduce the number of places and situations where you smoke. For example, if you normally smoke while talking on the phone, wait until the call is completed, and then go have a smoke.

Avoid “high-risk” triggers

- After finishing a meal, leave the table immediately and take a walk or do another activity.
- Have your morning coffee or coffee breaks without a cigarette.
- Instead of smoking at your usual break time, go for a walk when you need a break.

Avoid people who smoke

- Encourage other smokers in the household to quit with you or not smoke in your presence.
- Limit going to places where you know other people will be smoking (e.g., bars, smoking sections of restaurants).

Talk to your primary care provider and/or a clinician who provides behavioral treatment

- Discuss smoking cessation medications and nicotine replacement therapy with your provider. Ask about using combination therapy.
- Talk with your provider about a referral to a clinician who can provide you with behavioral counseling in either individual or group treatment. Behavioral counseling will help you make the changes you need to build a quit plan, identify and cope with triggers to smoke, and provide you with ongoing support.
- Call the VA quitline, 1-855-QUIT-VET (1-855-784-8838), to talk with a counselor from Monday to Friday, 9 a.m. to 9 p.m. Eastern time. The Quit VET counselor can work with you to develop a quit plan and strategies to combat cravings.

STEP 6: Developing Strategies and Skills for Quitting

STRATEGIES AND SKILLS FOR QUITTING WORKSHEET

After you quit, expect to make changes in the way you think and act. Below are a number of ways to cope based on the three types of smoking triggers:

1. External situations where you tend to smoke automatically like when driving a car, drinking coffee, or being around other people who smoke.
2. Thoughts and feelings like depressed moods, anger, anxiety or worry about the future.
3. Cravings and urges to smoke, which may sometimes be connected to having nicotine withdrawal symptoms like thinking “I ‘need’ a cigarette” or dwelling on how good a cigarette would taste.

Worksheet Instructions:

Place a check by the strategies that might work for you. Refer back to this worksheet often, and use it to help you complete the *My Action Plan for Coping with Smoking Triggers Worksheet* (p. 24).

Use strategies that remove temptations

- Make sure all cigarettes are destroyed. Do not keep any in your house, the car, or at work.
- Get rid of all smoking reminders such as ashtrays and lighters.
- Clean your clothes to rid them of the cigarette smell, which can linger for a long time.
- Ask your friends or family who smoke to not smoke around you and not offer you cigarettes.

Get support

- Talk to an ex-smoker. Find out how he/she stopped.
- Remind your family and friends that you are quitting. Ask them to help you over the rough spots of the first couple of days and weeks.

- Buddy up with another Veteran who has decided to stop smoking and support each other. This could be another HIV+ Veteran who smokes.
- Talk to your therapist or provider about adjusting medications that may make smoking urges easier to handle.
- Call someone and talk about your feelings.
- Call the VA quitline, 1-855-QUIT-VET (1-855-784-8838), if you would like counseling or support working through a craving.
- Sign up for SmokefreeVET Text to get daily supportive messages, tips, and encouragement tailored to your quit. Get started by texting VET to 47848 or by visiting www.smokefree.gov/VET.

Change your routine

- Drink lots of water (eight glasses per day).
- Drive a different route to work.
- Don't sit in your favorite smoking chair.
- Keep busy.
- Begin some projects you've been putting off.
- Stay in non-smoking areas as much as possible.
- Get plenty of rest.

Use behavioral coping strategies

- Take a 5-minute timeout when you feel a craving for tobacco.
- Take a walk or engage in other exercise.
- Close your eyes and take 10 deep breaths.
- Try deep breathing and/or relaxation exercises.
(See Appendix A and B for instructions)
- Brush your teeth more often than usual.
- Keep your hands busy (e.g., handle a coin or polished rock, squeeze a rubber ball).

- Leave a situation when the urge to smoke is strong.
- Wear a rubber band around your wrist and snap it when you have strong urges to smoke.
- Turn on some soothing music.
- Distract yourself by engaging in a hobby or pleasurable activity.

Use mental coping strategies

- Review the list of reasons why you want to quit.
- Remind yourself of the health benefits of quitting.
- Remind yourself of the money you'll save by not smoking.
- Remind yourself that by quitting, you'll be less likely to get an AIDS-related illness such as pneumonia or thrush.
- Think about how hard you've worked to manage your HIV and how much quitting will help.
- Imagine your future if you continue to smoke, then imagine how your life will change if you stop.
- Remind yourself that the urge to smoke will go away in a few minutes.
- Recognize that "just one" cigarette can undo all your hard work and lead to a relapse.
- Think about some aspect of smoking that is negative to you.
- Think about enjoyable activities or relaxing places for a brief time.
- Don't think of never smoking again. Think of quitting in terms of one day at a time

or one urge at a time.

- Think of being a good role model for someone you love and how quitting will enable you to do more things with this person.
- Review your progress and reward yourself.
- Realize that **YOU** are **CHOOSING** not to smoke. No one is making you stop.

Develop healthy eating habits

- Limit or avoid coffee and caffeinated drinks. Reduce caffeine intake by 50% when you quit to avoid some common withdrawal symptoms such as insomnia.
- Limit or avoid alcoholic beverages.
- Limit sugar intake.
- Drink eight glasses of water daily.
- If you want a snack, choose vegetables, fruits, sugarless gum, Melba toast, water or seltzer.

STEP 7: Planning to Cope with Smoking Triggers

MY ACTION PLAN FOR COPING WITH SMOKING TRIGGERS WORKSHEET

Worksheet Instructions:

Use this worksheet to summarize your triggers and coping strategies. First, list your top 5 smoking triggers from your *My Smoking Triggers Worksheet* (p. 9). Then, refer to your *Getting Ready to Quit Worksheet* (p. 17, STEP 5) and *Strategies and Skills for Quitting Worksheet* (p. 20, STEP 6) for ideas on coping strategies. In the chart on the following page, write down the coping strategies that will help you handle the three kinds of triggers:

1. External situations where you tend to smoke automatically like when driving a car, drinking coffee, or being around other people who smoke.
2. Thoughts and feelings like depressed moods, anger, or worry about the future.
3. Cravings and urges to smoke, which may sometimes be connected to having nicotine withdrawal symptoms like thinking “I ‘need’ a cigarette” or dwelling on how good a cigarette would taste.



My Action Plan for Coping with Smoking Triggers Worksheet

Mental Coping Strategies (p. 22)					
Behavioral Coping Strategies (p. 21)					
Temptation Removal Strategies (p. 20)					
My Smoking Triggers (p. 9)					

STEP 8: STOP SMOKING!



STEP 9: My Strategies to Use Immediately After Quitting

MAKE A PLAN FOR SUCCESS!

<p>Reduce your stress on “Quit Day”</p>	<ul style="list-style-type: none">■ Schedule a day that is as stress-free as you can make it.■ Keep busy on the big day. Go to the movies, exercise, take long walks, go bike riding.■ Buy yourself a treat or do something special to celebrate.
<p>Assume the identity of a non-smoker</p>	<ul style="list-style-type: none">■ Develop a clean, fresh, nonsmoking environment at work and at home. Buy yourself flowers. You may be surprised how much you can now enjoy their scent.■ For the first 1-3 weeks, avoid situations you associate with the pleasurable aspects of smoking, such as watching your favorite TV program, sitting in your favorite chair, or having a cocktail before dinner.■ The first few days after you quit, spend as much free time as possible in places where smoking isn’t allowed, such as libraries, museums, theaters, department stores, and churches.■ Drink large quantities of water and fruit juice, but avoid sodas that contain caffeine and sugar.■ Try to avoid alcohol, coffee, and other beverages that you associate with cigarette smoking.■ If you miss the sensation of having a cigarette in your hand, play with something else, such as a pencil, a paper clip, or a marble.■ If you miss having something in your mouth, try toothpicks or cinnamon sticks.

<p>Assume the identity of a non-smoker <i>(continued)</i></p>	<ul style="list-style-type: none"> ■ Instead of smoking after meals, get up from the table and brush your teeth or go for a walk. ■ Until you are confident of your ability to stay off cigarettes, limit your socializing to healthful, outdoor activities or situations where smoking is not allowed. ■ If you must be in a situation where you'll be tempted to smoke, such as a dinner party, try to associate with nonsmokers. ■ Take a close look at cigarette ads to understand how they attempt to “sell” you on individual brands. It’s your health in exchange for their profit.
<p>Plan for the “crazies”</p>	<ul style="list-style-type: none"> ■ Keep oral substitutes for cigarettes, like carrots, pickles, sunflower seeds, apples, celery, raisins, or sugarless gum, handy. ■ Take 10 deep breaths and hold the last one while lighting a match. Exhale slowly and blow out the match. Pretend it’s a cigarette and crush it out in an ashtray. ■ Use your nicotine replacement medications and/or other smoking cessation medications, as directed. ■ Take a shower or bath if possible. ■ Learn to relax quickly and deeply using the stress reduction methods found in Appendix A and B. While sitting or lying down, make your body limp, visualize a soothing, pleasing situation, and get away from it all for a moment. Concentrate on that peaceful image and nothing else. ■ Light incense or a candle instead of a cigarette. ■ Never allow yourself to think that “one won’t hurt” – it will.

Adopt new practices

- Change your daily routine to make smoking difficult, impossible, or unnecessary. For example, it's hard to smoke while you're swimming, jogging, or playing tennis or handball. When your desire for a cigarette is intense, wash your hands or do the dishes.
- Do things that require you to use your hands. Try crossword puzzles, needlework, gardening, or household chores. Go bike riding, take the dog for a walk, give yourself a manicure, or write letters.
- Enjoy having a clean-mouth taste and maintain it by brushing your teeth frequently and using mouthwash.
- Pay attention to your appearance; look and feel sharp.

STEP 10: Identifying and Coping with Nicotine Withdrawal

COPING WITH NICOTINE WITHDRAWAL

Nicotine withdrawal symptoms usually last from 2-4 weeks. Below are a list of common withdrawal symptoms and some suggestions for coping with them.

Withdrawal Symptoms	Coping Strategy
Craving	<ul style="list-style-type: none"> ■ Distract yourself ■ Do deep breathing exercises ■ Realize the urge will pass
Irritability	<ul style="list-style-type: none"> ■ Listen to a relaxation tape ■ Use progressive muscle relaxation exercises ■ Exercise ■ Listen to soothing music
Insomnia	<ul style="list-style-type: none"> ■ Take a walk several hours before going to bed ■ Unwind by reading for a while ■ Take a warm bath ■ Eat a banana or drink warm milk ■ Avoid beverages with caffeine after noon and reduce caffeine by 50% upon quitting

² If you continue to have withdrawal symptoms even after using these strategies and your smoking cessation medication as directed, please contact your health care provider. Changes to your medication may be needed. For continued cravings refer to the *Strategies and Skills for Quitting Worksheet* (p. 20).

Withdrawal Symptoms	Coping Strategy
Increased appetite	<ul style="list-style-type: none"> ■ Make a personal survival kit including straws, cinnamon sticks, coffee stirrers, licorice, toothpicks, gum, or fresh vegetables ■ Drink water or low-calorie liquids
Fatigue	<ul style="list-style-type: none"> ■ Get more exercise ■ Get an adequate amount of sleep each night ■ Take a nap ■ Try not to push yourself too hard for the first 2-4 weeks after quitting
Constipation, gas, or stomach pain	<ul style="list-style-type: none"> ■ Drink plenty of fluids ■ Add roughage to your diet (e.g., fruit, raw vegetables, whole grain cereals)
Dry mouth; sore throat, gums, or tongue	<ul style="list-style-type: none"> ■ Sip ice-cold water or fruit juice ■ Chew gum
Headaches	<ul style="list-style-type: none"> ■ Take a warm bath or shower ■ Try relaxation or meditation exercises

STEP 11: Preventing a Smoking Relapse

To prevent a relapse, keep your guard up for at least one year after quitting. A number of triggers can tempt you to return to smoking including:

- A flare-up of negative moods, like depression or anger
- A crisis or some event that makes you feel stressed out
- Drinking alcohol
- Positive moods and relaxation that makes you want to “reward” yourself with a smoke
- Being around other people who are smoking
- Rationalizations, such as telling yourself: *“It’s OK to just have one cigarette!”* or *“I really need a smoke to deal with the stress.”* or *“I’ll quit later when the stress dies down!”*

Use ALL the skills described in this workbook to anticipate smoking triggers and plan for how to cope with them without smoking. Be sure to refer to your [My Action Plan for Coping with Smoking Triggers Worksheet](#) (p. 24, STEP 7). As these triggers occur, and you don’t smoke, the urges will become weaker and go away over time.

- **Do whatever it takes to avoid taking even one puff/drag on a cigarette after your Quit Date!** Your success in doing this will make becoming a permanent non-smoker much easier and much more likely.
- **Remember that any smoking after your Quit Date usually leads to a return to regular smoking,** which makes the job of quitting again all the more difficult.
- **Smoking to deal with stress never solves the problem** that caused you to return to smoking in the first place and only gives you one more reason to feel bad.

RECOVERING FROM A LAPSE TO SMOKING: DO’S AND DON’TS

It is not uncommon for successful ex-smokers to have had a smoking lapse along the way. A smoking lapse usually consists of smoking a few cigarettes or smoking for a day or two. Avoiding a smoking lapse should be your first goal. However, if a lapse occurs, it is vital to prevent the lapse from becoming a full-blown relapse to regular, daily smoking.

Even if you return to any smoking at all, you can still achieve success and become a permanent non-smoker. Remember, most permanent ex-smokers tried to quit multiple times before they achieved their goal.

DO

- Put out your cigarette. Get rid of all other cigarettes in your home, car, and place of work.
- View your smoking lapse as a slip or mistake, not a personal failing. All is not lost because you lapsed. A lapse doesn't make you a regular smoker again unless you allow it to. Your return to smoking is not a matter of lacking willpower—it's a matter of lacking preparation for coping with smoking triggers and situations. That's a problem that can be fixed!
- Learn from smoking lapses by identifying the smoking trigger and analyzing the problem that led to your return to smoking.
- Commit yourself to use better skills for coping with the triggers that tempted you to return to smoking. Review your ***My Action Plan for Coping with Smoking Triggers***

Worksheet (p. 24) and other materials in this workbook in order to find the best coping skills.

- Seek support from people recorded on your ***My Allies in Quitting*** table (p. 14).
- Get telephone support. Call your therapist, health care provider, or the VA tobacco quitline (1-855-QUIT-VET/1-855-784-8838).
- Get text message support from SmokefreeVET. Text the word VET to 47848 to sign up, or text the word URGE, STRESS, SMOKED, or DIPPED to 47848 for an instant tip and support.
- Tell your provider or therapist about your smoking lapse and ask for help in recovering quickly. Ask about starting back on smoking cessation medications and attending counseling sessions so you can get back on track.

DON'T

- Beat yourself up by feeling guilty or like a failure for smoking. These feelings will just make you want to smoke more.
- Put off quitting smoking again until later, when the stress or other reason for your lapse goes away. Stress is part of life; it will always be there in one form or another. Trying to quit as soon as possible after a failed attempt is easier than waiting until you're fully addicted to nicotine again.

- Tell yourself negative messages, like:
 - *"It's no use, I can't quit. I may as well give up because I smoked!"*
 - *"I smoked because I'm weak and don't have the willpower."*
 - *"I'm too old to quit smoking—it's too late for me anyway."*

STEP 12: Preventing Weight Gain After Quitting

WEIGHT CONTROL AFTER QUITTING

Some smokers gain a little weight after they quit, usually 5-10 pounds. This happens because their metabolism *temporarily* slows down after stopping smoking. Also, right after quitting, ex-smokers often take in more calories than they burn off because they eat more than usual. This weight gain often reverses itself after about six months because the metabolism of ex-smokers returns to normal (i.e., higher level) at some point.

Many ex-smokers are able to avoid weight gain altogether by eating a more healthy diet after they quit. Ex-smokers often increase their activity level and burn off extra calories because they feel better. Some ex-smokers even lose weight since they can breathe better. This may be easier than you think because after you quit, you'll notice you have more energy and stamina to do things.

Should you gain weight after quitting, remember that it would take 100 pounds or more of excess weight to do as much damage to your body as smoking. Even with extra weight, you will feel and look better as smoking causes body odor, bad breath, and yellowed skin.

After you quit smoking, try the following:

1. Stock up on healthy snacks:
 - Replace potato chips with crunchy baby carrots and celery
 - Replace candy with almonds, sunflower seeds, and other nuts
 - Replace soft drinks with lots of water to flush toxins out of your body
2. Limit yourself to low calorie choices when eating outside your home.
3. Eat smaller portions to the point where you feel satisfied, not full or stuffed.
4. Drink a large glass of water before each meal.
5. Avoid fast-food restaurants or other 'tempting' places.
6. Avoid foods and drinks that remind you of smoking.
7. Eat slowly and mindfully. When you eat, only eat. Turn off the TV and unplug the phone—we are much more likely to overeat when we are multitasking. Never eat “on the run” or while driving.

8. Try not to deny yourself an *occasional* food treat—we are much more likely to “binge” when we feel denied a favorite food on occasion. Here are some creative ideas for low-calorie treats that can replace high-calorie treats, which put on weight.
 - Frozen pops in a paper cup: use applesauce, or combination fruit juice and chopped fruit, or just fruit juices. Put wooden stick in center after ½ frozen. Enjoy when frozen hard.
 - Instead of a candy bar or chips, try toasted whole wheat bread lightly spread with honey
 - Chocolate cravings can be satisfied with instant, no-sugar chocolate pudding
9. Eat three regular well-balanced meals each day.
10. Take a *daily walk, and work your way up to 30 minutes of brisk exercise every day*. If you exercise at least three times per week along with your new dietary program, you will find that your weight gain will probably be manageable and temporary. Read **STEP 13: Developing an Exercise Program** for more information about starting an exercise program.

For more information about controlling your weight

1. Talk to your provider about getting a referral to a VA nutritionist for dietary planning.
2. Talk to your provider about a referral to the VA MOVE! or TeleMove! Programs.
3. Go to: www.move.va.gov
www.nutrition.gov
smokefree.gov/challenges-when-quitting/weight-gain-appetite
www.women.smokefree.gov/quit-smoking-women/challenges-when-quitting/weight-gain

STEP 13: Developing an Exercise Program

PHYSICAL EXERCISE CAN HELP YOU REMAIN SMOKE-FREE

Increasing your physical activity through exercise can help you stay tobacco-free by:

- Preventing weight gain, which eliminates a common reason why some people return to smoking
- Reducing stress and tension, which is a better way to manage emotions than tobacco
- Creating a new self-image as a healthy person, which will add motivation to stay smoke-free

How Exercise can Improve the Quality of Your Life	
<p>Exercise can improve or raise your:</p> <ul style="list-style-type: none">■ Sleep■ Sex life■ Energy and self-esteem■ Mood and outlook on life■ Metabolism, so you can burn more calories	<p>Exercise can lower your:</p> <ul style="list-style-type: none">■ Weight■ Stress and tension■ Depression■ Appetite■ Risk of heart attack and stroke■ Blood pressure■ Problems related to diabetes■ Cholesterol level

WHAT STEPS ARE INVOLVED IN STARTING AN EXERCISE PROGRAM?

First, you should know that you can achieve many health benefits by simply becoming more physically active in your daily life. These benefits will occur whether or not you add a formal exercise program to your routine activities. Even small everyday changes can make a big difference in strengthening your body and controlling your weight:

- Taking the stairs instead of the elevator
- Walking part way to work or the grocery store
- Parking so you'll need to walk a little farther to your job, house, or store
- Gardening or chopping wood
- Increasing your involvement in physical chores, like raking leaves
- Taking hikes or playing sports, like tennis or softball

You can lose weight and gain other health benefits to a far greater degree if you have a regular exercise program. By “regular exercise program,” we mean activities that increase your heart rate for a sustained period of time, like walking, jogging, swimming, cycling, or using a stair-step machine. Best results are achieved by doing four or more exercise sessions per week for at least 30 minutes. You can even do this in 10-minute chunks. Doing any exercise is better than no exercise at all, even if it falls short of four times per week.

It's important to have a regular exercise program that's safe and right for you. In order for this to happen:

1. Check with your health care provider before changing your current level of physical activity. Let him or her know your plans and ask for their input. He/she can help you set realistic goals that work around your preferences and limitations. Your provider can help you decide whether you should increase your daily physical activities, without starting a formal exercise program, or plan to start an exercise program as a way of becoming more physically active.
2. No matter what physical activities you increase, set realistic and achievable goals. It's vital to start slowly and build up so that you don't injure yourself or become too tired.
3. Increase physical activities that you enjoy and which are fun or rewarding.
4. Find a partner who will exercise with you—this makes it more likely you'll stick with the program.
5. If you start an exercise program, you'll have a better chance at success if you do your chosen activity at the same time each day. Make exercise a routine that has a place in your life, not something you fit in if and when time is left over after everything else is done.

6. Stop exercising if you experience shortness of breath, chest pain, or any other kind of pain. Do not start again until you get advice from a qualified health care professional.

If you choose to start a regular exercise program, it is important to pick activities that don't cause you pain or discomfort. For example, a Veteran with knee problems or severe arthritis would probably be better off swimming than jogging. Talk to your provider about the most appropriate exercise program for you and obtain medical clearance before you start. Your HIV infection should not prevent you from starting an exercise program.

If you do not have medical problems that interfere with walking comfortably, consider starting a walking exercise program. Walking is successful for many people because it:

- Costs very little
- Can be done either alone or with others (including your dog)
- Can be done at all times of the year (mall walking in cold climates works well)
- Works well in achieving weight loss goals and other health benefits
- Has a lower risk of injury than many other forms of exercise

The sample walking program below is geared toward males about 50 years old. Use the table below as a rough guide, not a rigid set of rules you have to follow. You will benefit even if you don't go as often, as fast, or as far as this guide suggests. Remember, you should set goals that are realistic and you feel comfortable with—do the best you can.

Walk, even at a slower pace, at the longer time under column “Suggested Range of Walking Times” if you haven't been doing much exercise of any kind, are just starting your walking program, or have a physical problem or medical disorder that requires going at a slow pace.

Week	Distance (miles)	Suggested Range of Walking Times (minutes)	Frequency (per week)
1	1.0	20 - 25	4
2	1.5	30 - 35	4
3	2.0	40 - 45	4
4	2.0	38 - 43	4
5	2.0	36 - 41	4

Week	Distance (miles)	Suggested Range of Walking Times (minutes)	Frequency (per week)
6	2.0	34 - 39	4
7	2.5	42 - 47	4
8	2.5	40 - 45	4
9	2.5	38 - 43	4
10	3.0	47 - 52	4
11	3.0	46 - 51	4
12	3.0	45 - 50	4

If you try this walking program, it is important to follow these steps:

1. **Warm up before you walk.** This requires about 3-5 minutes of light stretching, such as touching your toes.
2. **Keep a “conversational” pace while walking.** That is, you should not walk so fast that you can’t carry a conversation because you’re too winded. Your level of exertion should not be above a level that feels somewhat hard.
3. **Cool down after your walk.** It is very important to cool down for at least five minutes after your walk. Cooling down means you should gradually slow down the pace of your walk until your heart rate and breathing returns to normal.
4. **Don’t sit down right after strenuous exercise.** The cool-down period allows your heart rate to gradually slow down so that your blood returns to its normal pattern of flow. Without a proper cool down, you could feel dizzy or lightheaded, or faint.





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III. Next Steps

.....
Congratulations! You've taken some very important steps in the journey to become or remain smoke-free.
.....

Quitting smoking is a process with ups and downs, but you can do this. Don't give up, especially if you experience a relapse.

Here are some ways to keep yourself motivated:

- **Think about the benefits you've experienced** since you have stopped smoking (e.g., the way you look, the way you feel).
- **Try to anticipate situations that may make you crave a cigarette** and think about how you can avoid or manage it.
- **Use your support system:** friends, family, quitlines, online chat, your provider, etc.
- **Stay active!**
- **Continue to use the medication**—don't stop too soon.
- **Congratulate and reward yourself!** You've made a big difference in preventing your chance of future illness.





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Appendices

IV. Appendices

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- A. Deep Breathing Exercises*
 - B. Progressive Muscle Relaxation and Body Scan*
 - C. Smoking Cessation Resources*
 - D. Frequently Asked Questions*
-

Appendix A

DEEP BREATHING EXERCISES¹

■ What is deep breathing?

Deep breathing involves using your diaphragm muscle to help bring about a state of physiological relaxation. The diaphragm is a large muscle that rests across the bottom of your rib cage. When you inhale, the diaphragm muscle drops, opening up space so air can come in. When watching someone do this it looks like their stomach is filling with air. This type of breathing helps activate the part of your nervous system that controls relaxation. It can lead to decreased heart rate, blood pressure, and muscle tension; and an overall feeling of relaxation. It is also something you can do quickly and easily, most anyplace.

■ Why be concerned with how I'm breathing?

- To increase your awareness of the role breathing plays in increased physical tension and your body's response to stress.
- To lower your level of stress-related arousal and tension.
- To understand how to take calm, relaxing breaths that will break the cycle of increasing arousal during stressful situations.

■ What is the best way to use deep breathing exercises?

- Use these exercises frequently.
- Take deep breaths at the first signs of stress, anxiety, physical tension, or other symptoms.
- Schedule time for relaxation.
My scheduled time for deep breathing will be _____.

■ Instructions

- Find a comfortable position, either sitting or lying down. It is sometimes easier to first learn deep breathing while lying on your back as it makes it easier to feel the correct stomach motion.
- Place one hand, palm side down, on your chest. Place the other hand, palm side down, on your stomach.
- Breathe in through your nose to a slow count of 3 or 4. Notice the motion of each hand. When you breathe in and out, the hand on your chest should

¹ Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2009). Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention, Washington, DC: American Psychological Association. Adapted from the Center for Integrated Healthcare (a VA Office of Mental Health Services' Center of Excellence), Deep Breathing patient handout (Version 1.0), March 2010.

move very little, and the hand on your stomach should push out significantly on your inhale, and go back down on your exhale. Your abdomen should gently expand as if you are filling a balloon in your stomach each time you inhale.

- Exhale through your nose and continue to notice the motion of your hands. Alternately, you can exhale through your mouth while making a sighing sound.
- Start with just a few deep breaths and stop if you feel light-headed. With practice, you can increase the number of deep breaths without becoming light-headed.

Appendix B

PROGRESSIVE MUSCLE RELAXATION AND BODY SCAN

■ What is progressive muscle relaxation (PMR)?

We all carry tension in different parts of our bodies. This tension may become so habitual that we don't even realize our muscles are tense. PMR not only helps release tension from muscles, but it also helps you become more aware of your muscles. This exercise involves sequentially tightening and relaxing various muscle groups.

■ Instructions

- Sit in a chair with eyes closed and your hands loosely in your lap. Take a few slow, deep breaths.
- Extend your right arm in front of you and tense your fist to the point of pressure but not of strain. Hold the tension for 5-7 seconds, and then let your hand relax back into your lap. Let your hand and arm relax for 10-20 seconds.
- Repeat the previous step, tensing and relaxing your right fist for a second time.
- Continue alternating tension with relaxation for each of the remaining muscle groups. Remember to keep breathing as you tense your muscles. After you have tensed and relaxed one muscle group, move on to the next.
- Below you will find a sample sequence of muscles to tense and relax, but PMR can be done with a fewer number or greater number of muscle groups as well. For example, you may choose to tense just one fist at a time, both fists at the same time, or perhaps even tense your entire arm along with the fist in the first step. You may also choose to spend more time with an especially tense muscle before moving on to the next muscle.
- It is not important that you tense your muscles in a certain way. Do this in whatever manner is comfortable for you. You should never tense to the point of pain. Try to keep any muscles not currently being tensed in a relaxed state. Practice once per day, if possible. It is an acquired skill and you will get better at it with practice.

■ Possible PMR muscle sequence

- **Hands** - clench each fist

² Adapted from the Center for Integrated Healthcare (a VA Office of Mental Health Services' Center of Excellence), Progressive Muscle Relaxation (PMR) and Body Scan patient handout (Version 1.0), March 2010.

- **Upper arms** - bend elbows and tense your upper arms (i.e., make a muscle)
- **Shoulders** - lift your shoulders towards your ear
- **Neck** - let neck drop to your chest
- **Forehead and scalp** - raise eyebrows
- **Face** - scrunch up face
- **Tongue** - press tongue against roof of mouth
- **Chest** - tighten chest muscles
- **Upper back** - pull shoulders forward
- **Lower back** - roll head and upper back down and forward, stretching the lower back (like touching your toes while sitting in a chair)
- **Buttocks** - squeeze buttocks
- **Abdomen** - tighten stomach muscles
- **Thighs** - while sitting with knees bent at 90 degree angle, tense thigh muscles or press upper legs together from knees to hips to create tension
- **Calves** - lift toes off ground towards your shins
- **Feet** - gently curl toes down so they are pressing into the floor

When you have finished tensing and relaxing each muscle group, sit quietly for another minute or two. Use your imagination to further relax your muscles. Focus on one muscle group at a time. Going from one to the next, visualize the muscles spreading out; getting long, loose, and more deeply relaxed. Sit quietly for a few more minutes and feel the relaxation.

To finish this exercise, gently stretch and slowly open your eyes.

■ **Body scan instructions**

During a body scan, you mentally “scan” your muscles looking for areas of tension. Close your eyes. Start with your head and move down your body. Ask yourself, “Where am I tense?” Scan your muscles looking for signs of tension. Ask yourself, “Is my forehead relaxed? Is my jaw relaxed?” and so forth. Scan your face, neck, shoulders, arms, hands, chest, back, stomach, buttocks, legs, and feet. Whenever you discover an area of tension, gently move the muscle to loosen it, and then relax it. In a body scan, you do not necessarily need to tense the muscle before you relax it.

Appendix C

SMOKING CESSATION RESOURCES

WEB AND TELEPHONE RESOURCES

- VHA Tobacco and Health
www.mentalhealth.va.gov/quit-tobacco

- VA Smokefree Veterans website
veterans.smokefree.gov
Go to “Build Your Quit Plan” to create a personalized, printable quit plan
Go to “Nicotine Replacement Therapy” to learn more about how NRT can help with your quit

- 1-855-QUIT-VET, VA National Tobacco Quitline
1-855-784-8838, Monday - Friday, 9 a.m. - 9 p.m. ET
Available in both English and Spanish

- SmokefreeVET Text Message Program
Text the word VET to 47848
smokefree.gov/VET

SmokefreeVET en Español
Envie la palabra VETesp al 47848
smokefree.gov/VETesp

- Stay Quit Coach smartphone app
Download from the App Store or Google Play
mobile.va.gov/app/stay-quit-coach

- SmokefreeVET Facebook support group
www.facebook.com/smokefreevet

- Contact your VA provider through My HealthVet
www.myhealth.va.gov

- Smokefree.gov
www.smokefree.gov

- Smokefree Women
www.women.smokefree.gov
- Centers for Disease Control and Prevention
www.cdc.gov/tobacco
- Office of the Surgeon General
www.surgeongeneral.gov
- National Cancer Institute
www.cancer.gov
1-877-44U-QUIT (1-877-448-7848)
Monday - Friday, 8 a.m. - 8 p.m. ET
 - LiveHelp chat: livehelp.cancer.gov/app/chat/chat_launch
Monday - Friday, 9 a.m. - 9 p.m. ET

SPIT TOBACCO RESOURCES

- VA SmokefreeVET website
veterans.smokefree.gov/smokeless-tobacco
- U.S. Food and Drug Administration
www.fda.gov/tobacco-products/products-ingredients-components/smokeless-tobacco-products-including-dip-snuff-snus-and-chewing-tobacco
- Center for Disease Control and Prevention
www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/index.htm

VETERANS CRISIS LINE

24/7, confidential crisis support for Veterans and their loved ones. If you are in crisis, call the Veterans Crisis Line at 988 or at 1-800-273-8255, and press 1 to talk to someone immediately; send a text message to 838255; or chat online at www.VeteransCrisisLine.net.

Appendix D

FREQUENTLY ASKED QUESTIONS

- **Does nicotine cause cancer?**

Nicotine does not cause cancer, but it is the addictive chemical in tobacco that makes it so hard to stop smoking. Tobacco smoke has over 7,000 chemicals and more than 70 of these chemicals are cancer causing. Nicotine in the form of the patch, gum, lozenge, nasal spray, and oral inhaler doesn't contain any of the cancer-causing agents that are found in cigarettes. These products give you a reduced amount of nicotine to help calm your cravings and irritability so you can focus on the emotional and behavioral aspects of your tobacco use.

- **Can I stay on the nicotine gum or lozenge indefinitely? What should I do if I have trouble tapering off the gum or lozenge?**

Typically, people use nicotine replacement therapy for about four to six months. The recommended course of therapy for nicotine gum is 12 weeks and you should use it for the full 12 weeks to improve your chances of success. If you are having difficulty tapering off the gum or lozenge, try to gradually reduce your dependence by substituting regular or sugar-free gum or mints. If that doesn't work, talk with your primary care provider or your local tobacco treatment provider who can work with you on a behavioral program. Work with your provider to come up with a plan.

- **What is the best way to quit smoking?**

There is no one way to quit smoking, but we do know that a combination of behavioral counseling and the use of FDA-approved smoking cessation medications are the most effective elements of any treatment plan. Behavioral counseling may include a brief session on how to quit from your primary care or mental health provider; a number of sessions through a tobacco treatment clinic; or telephone counseling. A combination of both counseling and medications will set you up for the best chance of success. We also know that the greater the number of behavioral counseling sessions, the more likely you will be successful in quitting.

- **I have tried quitting before and I failed. How do I know if I will be more successful this time?**

It's important to keep in mind that it takes even the most motivated smoker several quit attempts before he or she is able to quit for good. To increase your chances of being successful this time, have a plan. Talk with your health care provider about quitting and ask about getting a prescription for smoking cessation medications such as nicotine replacement therapy, varenicline, or bupropion or a combination of medications. Set a quit date and plan to throw away all cigarettes

in your home, workplace, and car. Tell your friends and family about your plan and let them know that you will need their help and support. Think about the ways your health will improve and think about all the money you will save by quitting smoking. Try to think about what worked or helped you the last time you tried to quit and think about the challenges that you faced as well.

■ **Are “light” or “low tar” or “natural” cigarettes less harmful than regular cigarettes?**

No and in fact, there are new regulations that will prevent cigarette manufacturers from making these claims. They are all still harmful and carry the same health risks as “regular cigarettes.” Quitting is the only way to reduce your risk of smoking-related illnesses and premature death.

■ **I only smoke occasionally, like when I am at parties or at a bar. What are the health risks of occasional smoking?**

Even occasional smoking carries health risks and there really is no safe amount to smoke. Anytime you inhale cigarette smoke (even that from someone else smoking), the smoke enters the lungs and damages tissue in the lungs. Cigarette smoke can also restrict blood flow to the heart and increase your risk for heart attack. Many people who are casual or occasional smokers also convince themselves that they can quit whenever they want, but many of them find themselves becoming regular smokers. Again, there is no safe amount to smoke.

■ **Can hypnosis help me to quit?**

There have been a lot of studies looking at just this question and the majority have found that hypnosis alone isn’t effective in helping smokers quit. It is still important to make sure you receive behavioral counseling and use FDA-approved smoking cessation medications as part of your quit attempt. Hypnosis or meditation or other therapies may help you with reducing or managing the stress of quitting smoking, but they often aren’t enough by themselves.

■ **What about e-cigarettes or electronic cigarettes? Can they help me quit?**

There has been a lot in the news about e-cigarettes or electronic cigarettes and you may have seen them on the internet. If you use e-cigarettes and also continue to smoke, you have much higher risk for smoking-related health problems than someone who only smokes cigarettes or only uses e-cigarettes. According to the U.S. Surgeon General, there is currently inadequate evidence to show that these devices increase smoking cessation. These products are not the same as FDA-approved smoking cessation medications, which are known to be safe and effective in helping smokers quit.



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