

*My
Tobacco
Cessation
Workbook*

*A Resource
for Veterans*



U.S. Department
of Veterans Affairs



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Acknowledgements

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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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CHAPTER 1: Introduction

-
1. *Why Do I Want To Quit Tobacco?*
 2. *Why Do I Use Tobacco Products?*
 3. *Barriers To Quitting*
-



CHAPTER 1: Introduction

Congratulations on taking the first step to quitting tobacco products. Whether you smoke cigarettes, cigars, or pipes or use chewing tobacco, VA's tobacco use treatment program can help you quit. Smoking is the number one cause of preventable illness and death in the United States. Smoking increases your risk for heart attack and stroke. It can damage your lungs and in many cases, lead to emphysema and chronic bronchitis. Smoking and tobacco use can also cause cancer of the lungs, bladder, kidney, and pancreas as well as in the mouth and throat.

If you have tried to quit before and have not been successful, don't give up! Research has shown that it takes an average of 6-8 quit attempts for a smoker to quit for good. Think of this as a chronic disease like high blood pressure or high cholesterol...you will need to work to get tobacco out of your life for good.

So what is the best way to quit tobacco? People ask this question all the time and there are multiple ways you can stop. The best way to stop tobacco use is to utilize a combination of behavioral techniques and medications to help you develop a new daily routine and manage nicotine withdrawal symptoms, respectively. This manual, written specifically for Veterans, will assist you in changing your daily behaviors that up until now have resulted in your use of tobacco products.



WHY DO I WANT TO QUIT TOBACCO?

The first step in quitting any addictive drug, including nicotine, is to determine why you want to quit.

Mark off the reasons you want to quit tobacco products:

- Breathe better
- Reduce my risk of cancer
- Reduce my risk of emphysema/chronic bronchitis, chronic obstructive pulmonary disease (COPD)
- Improve circulation of blood to my legs and arms
- Reduce my risk of heart attack and stroke
- Smell better
- Improve my sense of smell and taste
- Save money
- Set a good example for my children/grandchildren
- Have more control over my life

What are other reasons you want to quit? Write these reasons below:

.....

WHY DO I USE TOBACCO PRODUCTS?

The next step is to look at why you smoke or chew tobacco. It is okay to admit that you like it. Most people who use tobacco like something about it, whether it is the feeling when the nicotine hits your brain, or the taste or smell.

Mark off the reasons you use tobacco products:

- Reduces stress
- Relieves boredom
- I just do it!
- I like it
- Something to do during break time
- Reward for completing a task
- Celebrating something
- Socializing
- Relieves anxiety
- I have nightmares or difficulty sleeping

What are other reasons you use tobacco? Write these reasons below:

Now look at your reasons for using tobacco and the reasons why you want to quit. Do the reasons to quit outweigh the reasons to continue tobacco use? If the answer is yes, then you are ready to head to the next step: preparing to quit tobacco.

.....

BARRIERS TO QUITTING

Have you tried to quit tobacco in the past? If the answer is yes, then think about what caused you to relapse. This could be a barrier you may need to address in this quit attempt. Think about your barriers to quitting like a “speed bump” that may get in your way of quitting successfully. If you are able to address these barriers, you can increase your chances of quitting tobacco. These barriers can sometimes become a “backdoor” that you leave open to justify your return to tobacco. To stop for good, it is important to close all of these backdoors so you have no reason to return to tobacco.

Check each of the following barriers you may have to stopping tobacco:

- I tried to quit in the past, but it never worked
- I live with other people who are still using tobacco
- I am concerned about weight gain
- I don't know what to do without a cigarette or a chew
- How will I socialize with my friends who still smoke/chew?
- I am worried about how I will handle stress
- I have a cigarette with my coffee. I am not sure if I can enjoy coffee without a cigarette.
- I usually have a cigarette when I have a beer. It is hard to separate the two.
- I smoke when I am bored
- I am afraid it will make my stress, anxiety, or mood worse
- I can't get back to sleep unless I smoke one
- It is the only vice I have left...I have quit everything else
- I don't know how to say “no”

Write in other barriers you have to quitting tobacco:

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CHAPTER 2: Why Do I Use Tobacco?

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- 1. Tobacco Use Is Linked To Other Activities*
 - 2. A Challenge For You: Addressing Your Triggers*
-



CHAPTER 2: Why Do I Use Tobacco?

TOBACCO USE IS LINKED TO OTHER ACTIVITIES

Tobacco use is associated with several different behaviors that are very closely related. Tobacco use is a **learned behavior**, meaning you learned this from your family, friends, magazine ads, television, movies, or during your military service. When you were in the military, you may have heard someone say “Smoke ‘em if you got ‘em.” Who or what started your tobacco use?

Think about how often you “puff” or “drag” on a cigarette in a day. If you smoke one pack of cigarettes a day and each cigarette takes 10 puffs, that’s 200 puffs a day. Over the course of 40 years, you would take approximately **three million** puffs!

Table 1. My Tobacco Use

Example	My Experience
If you smoke 1 pack per day	■ I smoke ____ packs/cigarettes per day
Estimate 10 puffs on each cigarette	■ Estimate 10 puffs on each cigarette
10 puffs/cigarette x 20 cigarettes/day = 200 puffs each day	■ 10 puffs/cigarette x ____cigarettes/day = ____ puffs each day

Tobacco use is also a **triggered behavior**, meaning certain activities or times of day may make you think about having a cigarette or chewing tobacco.

Check off some of your triggers for using tobacco:

- | | |
|---|--|
| <input type="checkbox"/> Waking up in the morning | <input type="checkbox"/> Drinking alcohol |
| <input type="checkbox"/> After meals | <input type="checkbox"/> After sex |
| <input type="checkbox"/> During breaks | <input type="checkbox"/> Before bedtime |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Waking up during the night, having nightmares |
| <input type="checkbox"/> Talking on the phone | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Working on the computer | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Drinking coffee | |

Feeling anxious, angry or impatient

Watching TV

Seeing someone else smoke

After completing a task

Feeling bored

Write down other triggers you may have:

A CHALLENGE FOR YOU: ADDRESSING YOUR TRIGGERS

Try not using tobacco during one of your triggers. For example, you might pick after eating breakfast as the trigger. Starting tomorrow, try not smoking for 10 minutes after breakfast. Wait 20 minutes to smoke after breakfast the next day. Wait 30 minutes the day after that. Add another 10 minutes each day. By the end of the week you will be waiting one hour between the trigger and smoking. Once you have tackled one trigger, try adding another trigger until you have a few of them managed. By adding time between the trigger and the action of using tobacco, the trigger becomes weaker. This will help when you get to your quit day. If you use chewing tobacco, you can do the same thing by looking at your triggers to put in a new dip. To help you avoid using tobacco, come up with a few things you can do rather than use tobacco.

Some examples would be:

- Going for a walk
- Using a substitute like chewing gum or candy
- Doing deep breathing exercises

A more complete list of substitute behaviors can be found under **DEADS Strategy** on p.47.



Write down 3 of your triggers and what you will do instead of using tobacco:

1. Trigger: _____
Instead of using tobacco, I will: _____

2. Trigger: _____
Instead of using tobacco, I will: _____

3. Trigger: _____
Instead of using tobacco, I will: _____

Lastly, tobacco use is also an automatic behavior, meaning you may find you smoke without thinking about it. You may recall times when you lit a cigarette and then noticed you already had one lit.

There are a few ways to help reduce this automatic behavior:

Tip #1 Move your tobacco to a different location

- If you carry your cigarettes in your front pocket, put them on the kitchen counter. If you smoke outside, take one cigarette with you instead of the whole pack. You will need to physically walk to the pack to smoke the next cigarette. This leads you to think about smoking that cigarette and possibly consider whether you really need it or if you can wait longer to have the next one.
- If you use chewing tobacco, try placing the can on the kitchen counter or another location in the house, rather than in your pocket. You will need to walk to the location of the tobacco can before putting in a new plug of chew.


Tip #2 Keep track of your cigarettes as you smoke them


- It may be difficult to track all of your cigarettes but try to for 1-2 days. Keeping track of the cigarettes helps you work on the automatic behavior of smoking. You can see if changes in your mood cause you to smoke more or less. Many people find that they smoke more when they are unhappy, while others might find they smoke more when they are bored. Times of celebration might be another time when your tobacco use might increase. You may find that you smoke more when you are around certain friends who also smoke.
- If you use chewing tobacco, you can use the same method to track the number of dips you take in a day.
- Try using *Table 2: Tobacco Tracker* found on p.13. Use the star rating scale to show how much you needed each cigarette or dip. You can also fold the sheet and put it in your pack of cigarettes to remind you to keep track of how much you are smoking.




Rating Scale

 Mood is happy, feeling good, may be celebrating

 Mood is bored or tired

 Mood is unhappy or angry, may be feeling pain, anxiety, panic, or irritability

 Little need for a cigarette, just smoked it

 More of a need for a cigarette, perhaps feeling stress or anxiety, or maybe just a need for celebration

 High need for a cigarette, may have needed more than one cigarette



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CHAPTER 3: Nicotine Addiction



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- 1. What Is Nicotine?*
- 2. Coping With Nicotine Withdrawal*
- 3. How Tobacco Affects Your Body*
- 4. Secondhand Smoke*
- 5. Recovery Of Your Body After Stopping Tobacco*

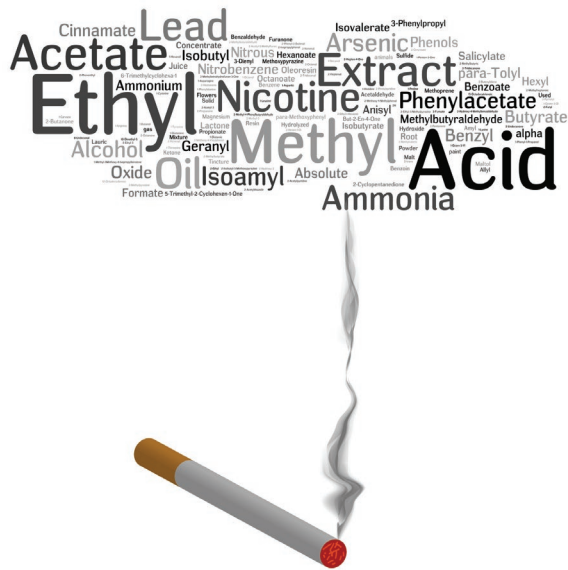
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CHAPTER 3: Nicotine Addiction

WHAT IS NICOTINE?

Nicotine is a substance found naturally in tobacco that causes feelings of pleasure, relaxation or stimulation, and stress reduction. Nicotine is the addictive part of tobacco, but is not by itself harmful to your body. The other substances found in tobacco and substances formed when tobacco is burned harm your body. There are more than 7,000 chemicals in tobacco smoke and more than 70 that can cause cell damage, cell death and cancer. Some of the more harmful chemicals include the following:

- Carbon monoxide
- Hydrogen cyanide
- Ammonia
- Lead
- Cadmium
- Polonium-210
- Arsenic
- Benzene
- Formaldehyde



Even though it is not burned, smokeless tobacco also contains some of these harmful chemicals. Other products and devices that deliver nicotine, including the electronic cigarette, may also be harmful to you. Some products with nicotine can help you quit using tobacco, like nicotine replacement therapy (nicotine patch, gum, lozenge, nasal spray, and oral inhaler). It is important to only use nicotine products to quit that are approved by the U.S. Food and Drug Administration (FDA).

COPING WITH NICOTINE WITHDRAWAL

Nicotine is one of the most addictive substances on earth and this is why it is so hard to quit. You feel a need for a cigarette when the level of nicotine in your body starts to drop. If you go for long periods of time between cigarettes, such as sleeping through the night, you will have a strong craving to smoke. This is because the amount of nicotine in your body has dropped. Since your body is used to having nicotine, it will want more.

You might feel the following effects when you are low on nicotine:

- Irritability, frustration, anger
- Anxiety
- Difficulty concentrating
- Restlessness
- Depressed mood
- Difficulty sleeping
- Increased appetite
- Coughing
- Runny nose
- Cravings/urges

Most of these symptoms start the first or second day you are off tobacco. They are at their worst in the first week and get better with time. Most symptoms disappear after 2-4 weeks, but the urge to smoke can stay with you for a long time. The urge to use tobacco will be stronger when you first quit and seem to last minutes. However, after the first 2-4 weeks, the urges will become shorter. For most people the urge lasts only seconds after they have been off tobacco for a month or longer. Nicotine withdrawal symptoms can be managed by certain medications and behavioral coping strategies. These medications are discussed in detail in [Chapter 4](#).

Table 3. Behavioral Strategies for Coping with Nicotine Withdrawal Symptoms

Withdrawal Symptoms	What Can I Do About It?
Irritability	<ul style="list-style-type: none"> ■ Avoid stress ■ Practice relaxation techniques ■ Exercise
Depressed mood	<ul style="list-style-type: none"> ■ Do something fun ■ Get support from family and friends ■ Discuss with your medical provider
Difficulty concentrating	<ul style="list-style-type: none"> ■ Avoid stress ■ Plan your work accordingly
Dizziness	<ul style="list-style-type: none"> ■ Get up slowly from sitting position
Chest tightness	<ul style="list-style-type: none"> ■ Practice relaxation techniques
Fatigue	<ul style="list-style-type: none"> ■ Get more sleep ■ Take naps ■ Don't push yourself
Hunger	<ul style="list-style-type: none"> ■ Drink lots of water ■ Eat low-calorie snacks
Stomach pain, constipation, gas	<ul style="list-style-type: none"> ■ Drink fluids ■ Eat fruits and vegetables
Cough, dry throat, runny nose	<ul style="list-style-type: none"> ■ Drink fluids ■ Eat sugar-free candy ■ Use cough drops
Difficulty sleeping	<ul style="list-style-type: none"> ■ Reduce caffeine consumption (e.g., reduce daily intake by 50%)

Withdrawal Symtoms	What Can I Do About It?
Stress	<ul style="list-style-type: none"> ■ Practice relaxation techniques ■ Avoid stressful situations ■ Exercise ■ Plan work accordingly
Craving for tobacco	<ul style="list-style-type: none"> ■ Practice DEADS Strategy (see p.47) ■ Use nicotine replacement therapy



This test can help you determine if you are addicted to nicotine. Most people who smoke every day are addicted to nicotine.

Table 4. Fagerström Test for Nicotine Dependence

		Points	Your Points
1. How soon after you wake up do you smoke/use your first cigarette/chew?	■ Less than 5 minutes	3	
	■ 6-30 minutes	2	
	■ 31-60 minutes	1	
	■ After 1 hour	0	
2. Do you smoke/chew more frequently in the hours after waking than during the rest of the day?	■ Yes	1	
	■ No	0	
3. Do you find it difficult not to smoke/chew?	■ Yes	1	
	■ No	0	
4. Which cigarette/chew would be the hardest to give up?	■ First one in the morning	1	
	■ Any other	0	
5. How many cigarettes do you smoke in a day?	■ 10 or less	0	
	■ 11-20	1	
	■ 21-30	2	
	■ 31 or more	3	
6. Do you smoke when you're so sick that you're home in bed?	■ Yes	1	
	■ No	0	

NICOTINE DEPENDENCE SCORE (Points):

Your Score: _____

0-2 points: Very low dependence

3-4 points: Low dependence

5 points: Medium dependence

6-7 points: High dependence

8-10 points: Very high dependence

*Note. Adapted and used with permission from “The Fagerström Test for Nicotine Dependence: a revision of the Fagerström Tolerance Questionnaire,” by T. F. Heatherton, L. T. Kozlowski, R. C. Frecker & K. O. Fagerström, 1991, *British Journal of Addiction*, 86(9), 1119-1127. Copyrighted.

HOW TOBACCO AFFECTS YOUR BODY

Tobacco is harmful to every part of your body. Many of these problems can be completely or almost completely reversed if you stop tobacco. Here is a list of the most common problems caused by tobacco use, going from your head to your toes:

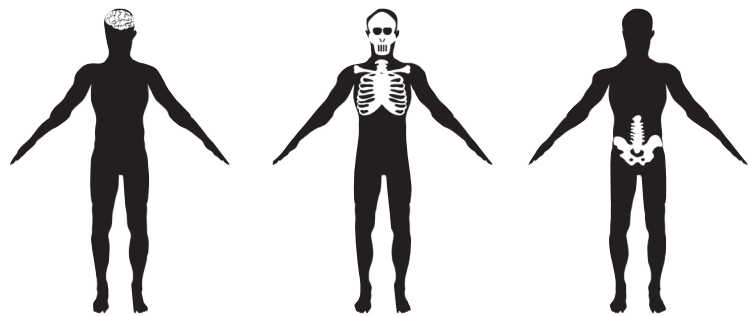
Head

- Stroke (blockage or breaking of a blood vessel in the brain)
- Mouth and throat cancers
- Cavities and loss of teeth
- Bad breath
- Decreased night vision
- Yellow staining of skin and teeth
- Nose congestion and infections
- Wrinkles

- Alzheimer's disease and other dementia
- Increased rate of long-term cognitive decline
- Impaired brain function (it is harder for people who smoke to focus on tasks and process information)

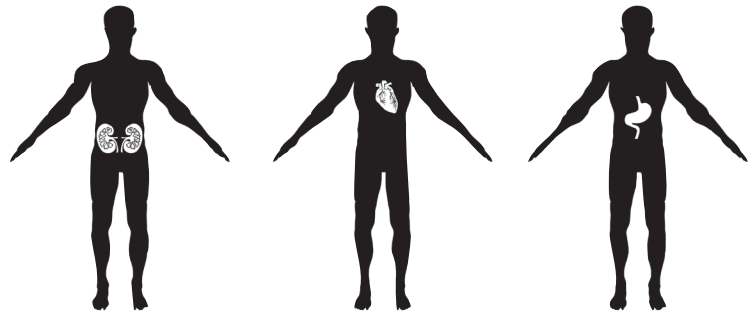
Lungs

- Cancer (up to 85% of all lung cancers are from smoking)
- Emphysema and chronic bronchitis
- Worsening of asthma
- Lung infections



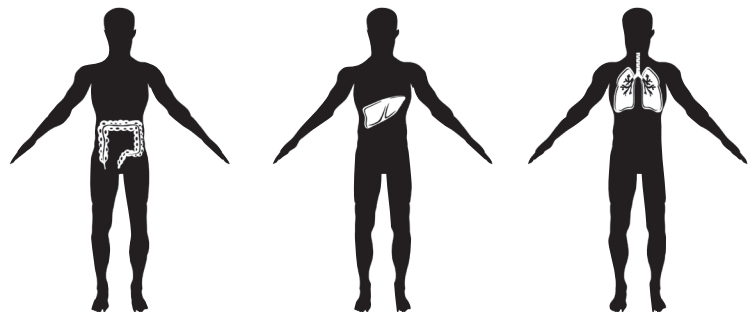
Heart

- Congestive heart failure
- Heart attacks
- Increased blood pressure and heart rate



Stomach/intestines

- Cancers
- Ulcers
- Heartburn



Pancreas

- Cancer

Circulation in arms, legs and feet

- Reduced circulation in arms, legs and feet that sometimes leads to amputations in severe cases – particularly among people with diabetes

Bones

- Increased bone thinning leading to a higher risk of broken bones

Genitals/urinary system

- Cancers in kidneys, bladder and reproductive organs
- Erectile dysfunction in men
- Sexual dysfunction in women
- Fertility problems and early menopause in women

SECONDHAND SMOKE

Secondhand smoke comes from a burning cigarette and exhaled smoke from the person smoking that cigarette. Secondhand smoke is harmful for people and pets.

Adults exposed to secondhand smoke may:

- Have more breathing problems
- Get colds or flu more easily
- Have higher chances of heart disease and cancer
- Die younger than people not exposed to secondhand smoke

Children exposed to secondhand smoke may have:

- More breathing problems like asthma
- More ear infections
- More lung infections like pneumonia
- More dental problems like cavities

Pregnant women and infants exposed to secondhand smoke may have:

- A higher risk of giving birth to a low birth-weight baby
- A higher risk of sudden infant death syndrome (SIDS)

Pets exposed to secondhand smoke may have:

- Higher risk of oral cancer, lung cancer and lymphomas (cats)

- Higher risk of lung and nasal cancers (dogs)
- Higher risk of lung cancer (birds)
- A fatal nicotine overdose if your pet eats a cigarette

RECOVERY OF YOUR BODY AFTER STOPPING TOBACCO

After you quit using tobacco products, your body will start to heal and you will start seeing many improvements. It is never too late to quit. You will start seeing benefits the very first day you quit using tobacco and these benefits will increase the longer you remain tobacco free.

20 minutes after you quit

Reduction in your heart rate and blood pressure; the temperature of your hands and feet will start returning to normal.

12 hours after you quit

Carbon monoxide level in your blood drops.

24 hours after you quit

Anxiety and irritability may start due to withdrawal from nicotine. These symptoms get better the longer you are off tobacco.

2–3 days after you quit

Nerve endings in your body start to regenerate and you may notice a return in your taste and smell. Anger, anxiety and irritability from nicotine withdrawal may be at the worst level during this time. Nicotine replacement with nicotine gum or lozenges may help this. Breathing may be easier now.

1 week after you quit

Tobacco cravings and urges may be less frequent and shorter in duration.

2 weeks after you quit

Blood circulation in your gums and teeth are similar to a nonsmoker. You should no longer have anger, anxiety and irritability from nicotine withdrawal. Cravings and urges should be shorter and less frequent.

1–3 months after you quit

Your heart attack risk has started to drop and your lung function is improving. The blood circulation in your body has improved and walking might be easier. Give walking a try and see if you can go farther than when you were smoking. If you had a cough when you smoked, the cough should be gone now.

1–9 months after you quit

Smoking-related nasal congestion, fatigue, and shortness of breath should be improving.

Cilia (little hairs in the lungs, throat and nose) have re-grown in your lungs and can clean your lungs to remove irritants and mucous, and reduce infections.

1 year after you quit

The risk of cardiovascular disease, heart attack, and stroke has dropped to less than half that of a smoker.

10–15 years after you quit

Your risk of having a stroke or heart attack has dropped to a similar rate as a nonsmoker.

Your risk of lung cancer is 30-50% less than a continuing smoker's risk. Your risk of death from lung cancer is one-half of the risk if you were an average smoker (one pack per day). Your risk of pancreatic cancer is similar to a person who has not smoked and your risk of mouth, throat, and esophageal cancer has reduced significantly.

Your risk of tooth loss has decreased to a rate similar to someone who has never smoked.

Your risk of Alzheimer's disease is the same as someone who has never smoked.

20 years after you quit (women)

Your risk of death from smoking-related causes, including cancer and lung disease, is the same as a person who never smoked.



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

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CHAPTER 4: Medications To Help You Quit Tobacco



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1. *Types Of Tobacco Cessation Medications*
 2. *Nicotine Replacement Therapy*
 3. *Bupropion*
 4. *Varenicline*
 5. *Medications Affected By Smoking*
-

CHAPTER 4: Medications To Help You Quit Tobacco

TYPES OF TOBACCO CESSATION MEDICATIONS

There are many types of medications used to help people quit tobacco. Some of these medications provide nicotine to help you slowly reduce the nicotine level in your body when you quit tobacco. Medications that provide nicotine are called nicotine replacement therapy (NRT). NRT reduces your cravings for nicotine and helps reduce nicotine withdrawal symptoms. There are also two medicines, bupropion (Zyban[®]) and varenicline (Chantix[®]), which do not contain nicotine, but can help you have fewer cravings for nicotine.

All medications are effective in increasing your chances of stopping for good. The medications listed below are available through VA. Contact your primary care provider or mental health provider if you are interested in using medications to help you quit tobacco.

1. Nicotine replacement therapy (NRT)
 - Nicotine patch
 - Nicotine lozenge
 - Nicotine gum
 - Nicotine oral inhaler
 - Nicotine nasal spray
2. Bupropion (Zyban[®], Wellbutrin[®])
3. Varenicline (Chantix[®])

Some of these medications can be used together to help you stop tobacco. Many studies have shown that these combinations are effective and can work better than using one medication alone.

Combination therapy:

- Nicotine patch + Nicotine gum
- Nicotine patch + Nicotine lozenge
- Nicotine patch + Bupropion
- Nicotine gum + Bupropion
- Nicotine lozenge + Bupropion

- Nicotine patch + Nicotine nasal spray
- Nicotine patch + Nicotine oral inhaler

You may be wondering “What works best?” when it comes to quitting tobacco. At this time, it appears that combination therapy using the medications listed above along with behavioral strategies have the highest success rates. For most patients, the choice of medication will be based on your medical history, which you can discuss with your medical provider.

NICOTINE REPLACEMENT THERAPY (NRT)

Nicotine Patch 

Q: How is nicotine delivered into the body?

- Through the skin by wearing the patch

Q: How much do you use?

- If you smoke 10 cigarettes or more a day:

A 21 mg patch daily for 4-6 weeks and possibly longer if you need more time



then a 14 mg patch daily for 2 weeks



then a 7 mg patch daily for 2 weeks

- If you smoke less than 10 cigarettes a day:

A 14 mg patch daily for 6-8 weeks and possibly longer if you need more time



then a 7 mg patch daily for 2 weeks

Q: Where do I apply the patch?

- Apply to the skin on the upper arm, upper chest or upper back
- Press the patch down firmly to get it to stick to your skin
- Do not use lotion on your skin before applying the patch
- If your skin is oily, first use a cotton ball with rubbing alcohol to clean the area, then apply the patch when the skin is dry

Q: Can I smoke when using the nicotine patch?

- You should try to avoid smoking when wearing the nicotine patch

- If you have a slip and smoke a few cigarettes, continue to use the nicotine patch. If you are also using nicotine gum or nicotine lozenges, try to use these when you have a craving for tobacco rather than smoking. If you do not have nicotine gum or nicotine lozenges and would like to try these, call your tobacco treatment clinic provider or your primary care provider at VA. Other strategies that may help you to avoid using tobacco can be chewing gum, eating carrot sticks, deep breathing, going for a walk or drinking water. Give these a try.
- If you have a relapse and return to your original patterns of smoking, it may be best for you to stop using the nicotine patch and contact your VA tobacco treatment clinic provider or your primary care provider. You may benefit from setting another quit day and restarting the nicotine patch once you are ready to quit tobacco completely.

Q: What are the possible side effects of the patch?

- Itching or rash on the area where patch is placed
 - If this happens, try to put the patch on a different area of skin each day
- Nausea, dizziness if the strength is too high
- Difficulty sleeping or nightmares
 - If this happens, try removing the patch before you go to sleep

Nicotine gum 

Q: How is nicotine delivered into the body?

- Through the lining of the inside of your mouth, similar to the area where chewing tobacco is placed

Q: How much do you use?

- If you are using nicotine gum only:
 - If you smoke your first cigarette within 30 minutes of waking, use 4 mg gum
 - Chew one piece of gum every 1-2 hours for weeks 1-6
 - You should use at least 10 pieces of gum a day
 - Chew one piece of gum every 2-4 hours for weeks 7-9
 - You should use about 4-8 pieces of gum a day
 - Chew one piece of gum every 4-8 hours for weeks 10-12
 - You should use about 1-3 pieces of gum a day

- Smoking less than one pack a day use 2 mg gum
 - Follow the same schedule as the 4 mg gum above, but use the 2 mg gum
- If you are using nicotine gum in combination with nicotine patches or bupropion (Zyban®, Wellbutrin®):
 - Chew one piece of gum (2 mg) when you have a craving for tobacco or at times when you know you have strong cravings
 - For example, when you first quit tobacco you may find the cravings are strong in the morning. One way to help reduce the cravings is to use a piece of nicotine gum when you first wake up.
 - Try to use no more than 6-10 pieces of gum a day when using the nicotine gum in combination with the nicotine patch
 - The longer you have been off tobacco, the less you will need the gum
 - Substitute sugar-free gum, mints, or candy between doses of the nicotine gum

Q: How do you use nicotine gum?

- Use the “bite and park” method. Place a piece of gum in your mouth and bite it two or three times until you get a peppery taste or feel a tingling sensation. Park the gum in the inside of your cheek and leave it there until you no longer have the peppery taste or the tingling. Then repeat the bite-and-park method several times until there is no longer a peppery taste to the gum. Then throw out the gum.
- Avoid chewing nicotine gum like regular chewing gum. Using nicotine gum this way will not allow the nicotine to be absorbed through the lining of your mouth. You will swallow the nicotine, which may cause you to feel sick to your stomach and to have heartburn. In addition, your nicotine craving will not go away since nicotine will not be absorbed from your stomach. Avoid combining regular chewing gum with nicotine gum since this will reduce the absorption of the nicotine from the NRT gum.
- Do not drink or eat for 15 minutes before using the gum, while using the gum, and for 15 minutes after. Avoid acidic beverages like coffee, juices, soda, and alcohol during these times since this will reduce the absorption of nicotine from the gum.

Q: What are the possible side effects of the gum?

- Irritation of the mouth
- Nausea and heartburn if chewed quickly and swallowed

Nicotine lozenge



Q: How is nicotine delivered into the body?

- Through the lining of the inside of your mouth, similar to the area where chewing tobacco is placed

Q: How much do you use?

- If you are using nicotine lozenges only:
 - If you smoke your first cigarette within 30 minutes of waking, use a 4 mg lozenge
 - Dissolve one lozenge every 1-2 hours for weeks 1-6
 - You should use at least 9 lozenges a day
 - Dissolve one lozenge every 2-4 hours for weeks 7-9
 - You should use about 4-8 lozenges a day
 - Dissolve one lozenge every 4-8 hours for weeks 10-12
 - You should use about 1-3 lozenges a day
 - If you smoke your first cigarette more than 30 minutes after waking, use a 2 mg lozenge
 - Follow the schedule for the 4 mg lozenge above, but use the 2 mg lozenge
- If you are using nicotine lozenges in combination with nicotine patches or bupropion (Zyban®, Wellbutrin®):
 - Use one lozenge (2 mg) when you have a craving for tobacco or at times when you know you have strong cravings
 - For example, when you first quit tobacco you may find the cravings are strong in the morning. One way to help reduce the cravings is to use a nicotine lozenge when you first wake up.
 - Try to use no more than 6-10 lozenges a day when using nicotine lozenges in combination with the nicotine patch
 - The longer you have been off tobacco, the less you will need the lozenge
 - Substitute sugar-free gum, mints, or candy between doses of the nicotine lozenge

Q: How do you use the nicotine lozenge?

- Place a lozenge in your mouth and put it in the inside of your cheek and leave it there. You may rotate the place in your cheek where you put the lozenge in order to reduce irritation to your mouth.
- Do not chew or bite the lozenge. It must dissolve completely to release the entire dose of the nicotine.

- Do not drink or eat for 15 minutes before using the lozenge, while using the lozenge, and for 15 minutes after. Avoid acidic beverages like coffee, juices, soda, and alcohol during these times since this will reduce the absorption of the nicotine from the lozenge.

Q: What are the possible side effects of the lozenge?

- Irritation of the mouth
- Nausea and heartburn if chewing or swallowing the lozenge

BUPROPION (ZYBAN®, WELLBUTRIN®)

Q: How does bupropion work?

- Bupropion reduces nicotine cravings by increasing dopamine in the brain. Dopamine is involved in the addiction to nicotine. Bupropion does not contain nicotine, so you may still have some nicotine withdrawal symptoms. Bupropion is also an antidepressant, which can be beneficial for some people who use tobacco and have a history of depression.

Q: How do you take bupropion?

- Bupropion is a tablet that is swallowed whole. Do not cut or break the tablet.
- Dosing:
 - Bupropion 150 mg sustained release (SR) tablet: one tablet in the morning for 3 days then one tablet twice a day for up to 12 weeks (as advised by your provider)
 - When taking bupropion twice a day, have at least 8 hours between doses
 - Take the second dose before 6:00 pm to reduce the risk of insomnia (difficulty sleeping)
 - Bupropion is started 7-14 days before quit day so set your quit day about a week or so after you start taking bupropion
 - Bupropion is used for 8-12 weeks, but can be used longer if necessary

Table 5. Sample schedule of bupropion usage for the first 2 weeks

	Day 1-3	Day 4-7	Day 8-14 Quit Day*	After Day 14*
9 AM	● 150 mg pill	● 150 mg pill	● 150 mg pill	● 150 mg pill
5 PM		● 150 mg pill	● 150 mg pill	● 150 mg pill

*Set your quit date between day 8 and day 14. Continue taking bupropion for 8-12 weeks as advised by your provider.

Q: Who should **NOT** use bupropion?

- If you have a history of seizures, bupropion can increase your seizure risk
- If you currently have an eating disorder like anorexia or bulimia, bupropion can increase your seizure risk
- If you drink more than two servings of alcohol a day (one serving is 12 ounces of beer, six ounces of wine, or one ounce hard alcohol), bupropion can increase your risk of seizures if you quit alcohol abruptly
- If you are currently taking medication for depression, bipolar disorder, or other mental health disorder, you should discuss with your psychiatrist or primary care provider if bupropion will work with your current medications

Q: Can bupropion be used in combination with other medications to help quit tobacco?

- Bupropion can be used in combination with nicotine patches, nicotine lozenges, or nicotine gum

Q: What are the possible side effects when using bupropion?

- Most common
 - Difficulty sleeping
 - Nervousness
 - Dry mouth

■ Less common

- Rash or swelling

There have been rare reports of increased symptoms of depression, mood changes, and suicidal thoughts among a small number of patients who use bupropion. As with any medication, if you experience any of these effects, please contact your medical provider immediately.

If you are in crisis, call: **988** or **1-800-273-TALK** and press **1** to talk to someone now. www.veteranscrisisline.net

VARENICLINE (CHANTIX®)

Q: How does varenicline work?

- Varenicline blocks the receptor in the brain where nicotine binds. This blocks the effect of nicotine when you smoke or chew tobacco. Varenicline also acts like a weak form of nicotine, which can help reduce nicotine withdrawal symptoms.

Q: How do you take varenicline?








- Varenicline is a tablet that is swallowed. This tablet can be split if necessary.
- Dosing:

Varenicline 0.5 mg: One tablet in the morning for 3 days then increase to
 ↓
 Varenicline 0.5 mg: One tablet twice a day for 4 days, then increase to
 ↓
 Varenicline 1 mg: One tablet twice a day for a time period advised by your medical provider

Always take varenicline with a full glass of water and with food to decrease the risk of stomach upset and vomiting

- Varenicline is started 7-14 days before your quit day
- Varenicline is used for a total of 12 weeks, but can be used for an additional 12 weeks if you have successfully quit tobacco and need longer use of the medication

Table 6. Sample schedule of varenicline usage for the first 2 weeks

	Day 1-3	Day 4-7	Day 8-14 Quit Day*	After Day 14*
9 AM	 0.5 mg pill	 0.5 mg pill	 1 mg pill	 1 mg pill
5 PM		 0.5 mg pill	 1 mg pill	 1 mg pill

*Set your quit date between day 8 and day 14. Continue taking varenicline for 12-24 weeks as advised by your provider.

Q: Who should NOT take varenicline?

- If you have a history of serious hypersensitivity or skin reactions with varenicline, you should not use it
- If you have a history of suicidal thoughts or acts in the past 12 months, you should talk with your mental health provider or doctor about whether varenicline is appropriate for you. This is important as there have been rare reports of mood changes, depression, and suicidal ideation or intent among some patients.

Q: Can varenicline be used in combination with other medications to help quit tobacco?

Although varenicline can be used in combination with NRT, it is not commonly used in combination as there is limited research to support this. However, your provider may suggest that varenicline be used in combination with NRT based on your unique cessation needs and tobacco use history.

Q: What are the possible side effects of varenicline?

- Most common
 - Upset stomach, nausea, vomiting
 - Headache
 - Difficulty sleeping, dream disturbances
- Less common
 - Anger, irritability
 - Reduced tolerance for alcohol

There have been rare reports of increased symptoms of depression, anger, irritability, and suicidal ideation among a small number of patients who use varenicline. As with any medication, if you experience any of these effects, please contact your medical provider immediately.

If you are in crisis, call: **988** or **1-800-273-TALK** and **press 1** to talk to someone now.
www.veteranscrisisline.net

List the medication(s) you will be using to help you quit tobacco:

MEDICATIONS AFFECTED BY SMOKING

Q: Did you know some of your medications may be affected by smoking?

Tobacco smoke affects how some medications are used and removed from your body. This means there may be lower amounts of medicine in your body when you are smoking so they might not work as well. As a result, your doctor may need to increase the dosage of certain medications. Conversely, when you stop smoking, your body will remove the medications slower and you may need a lower dosage. Talk to your doctor or pharmacist if you have more side effects from your medications after you quit smoking.

Some types of medications that can be affected by smoking:

- Antidepressants
- Anti-anxiety medications
- Antipsychotic medications
- Blood thinners like warfarin (Coumadin)
- High blood pressure medications
- Medications for heart rhythm problems (arrhythmias)

Caffeine is also removed from your body faster when you smoke, so you might need less caffeinated coffee, tea, or soda after you quit. It is good to reduce your caffeine intake by half when you quit tobacco.

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CHAPTER 5: Getting Ready For Quit Day!

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1. Set Your Quit Day

2. Planning For Quit Day

3. Stress And Tobacco Use

4. Cravings For Tobacco: What Do I Do?

5. Get Help From Family And Friends
.....



CHAPTER 5: Getting Ready For Quit Day!

SET YOUR QUIT DAY

As your quit day approaches, there are several things you might want to do to get ready.

First, write down your quit day...this date is very important!

MY QUIT DAY

Month _____ Day _____ Year _____ Time _____



PLANNING FOR QUIT DAY

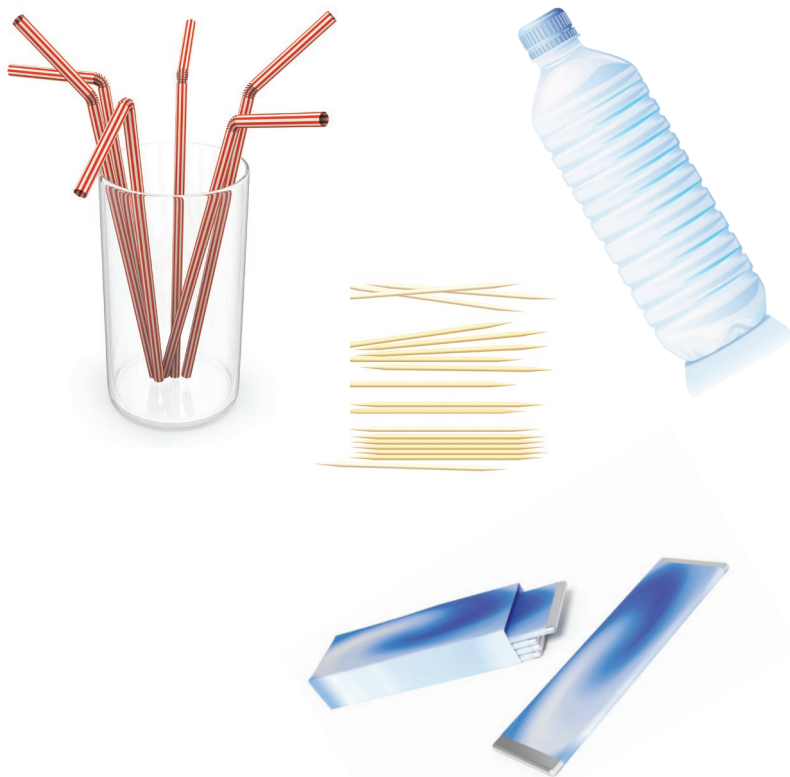
Now get your home, car and workplace ready for quit day by following the tips below:

1. Plan out your tobacco usage so you will run out by your quit day. Make sure you remove all tobacco from your home. Look in jacket pockets, kitchen drawers, the freezer, your garage, or other frequent tobacco storage sites. Also check inside your car for any stashes of tobacco. Considering that the average craving for tobacco lasts 2-3 minutes, removing nearby tobacco products will keep you from being tempted. For most folks, the urge may pass before you can get in the car and go to a store to buy tobacco.
2. Remove all ashtrays and lighters. These can be triggers for tobacco use once you get to quit day. Since your plan is to quit, do you really still need them? Remove ashtrays and lighters in the car as well.
3. Clean up your smoking area. If you smoke in one room (e.g., porch, garage) or in the car, clean up these locations as they can be triggers for you to smoke. Remove cigarette butts, wash down furniture, and spray upholstery with an odor neutralizer to help remove the smoke smell. Getting your car cleaned or detailed may help. You may find you have trouble spending time in these areas for a while. That is ok, just take a break and come back when you have a few weeks of being tobacco free.
4. Go to the store and stock up on some tobacco substitutes. Sugar-free gum, sugar-free mints or candies, carrot and celery sticks or other vegetables, toothpicks, straws, and cinnamon sticks. These items can be helpful when you are having a craving.
5. Think about hobbies or other interests you have to fill up your day. Some hobbies and interests to consider would be puzzles, games, reading, exercise, fishing, woodworking, painting, drawing, and cooking. Make sure it is a hobby not associated with tobacco use.

Some interests I will try include:

Pack up an **emergency kit** for your first long car trip or other adventure that is coming up. Such a kit would contain:

- Sugar-free candy
- Sugar-free gum
- Toothpicks
- Straws
- Vegetables and fruit
- Water
- Cinnamon sticks
- Throat lozenges
- Stir sticks



When you are planning to quit, it is first good to look at your patterns of using tobacco. You can use **Table 2. Tobacco Tracker** (see p.13) to review your pattern of use. Pick three times you use tobacco and write these down. Write an activity you can do or a substitute you could use instead of using tobacco. For example, if you use tobacco after meals, brush your teeth instead of smoking.

Examples of activities and substitutes are:

- Chewing sugar-free gum
- Using sugar-free candy
- Chewing on a straw or toothpick (don't swallow pieces of toothpick)
- Eating carrot sticks or celery sticks
- Drinking water
- Going for a walk

- Doing chair exercises
- Deep breathing
- Talking to a friend
- Reading a book
- Working on a crossword puzzle
- Playing computer games
- Brushing your teeth

1. I usually use tobacco when: _____

Instead of using tobacco at that time, I can: _____

2. I usually use tobacco when: _____

Instead of using tobacco at that time, I can: _____

3. I usually use tobacco when: _____

Instead of using tobacco at that time, I can: _____

.....

STRESS AND TOBACCO USE

Most Veterans who use tobacco say that stress is their biggest trigger. You may notice when you are under more stress you smoke more or inhale deeper. It is important to discover a way to handle stress without turning to tobacco. While you might feel more relaxed after using tobacco, nicotine is not a true relaxant. Nicotine is a stimulant and increases your heart rate and blood pressure very quickly after you use it. Because of this, the high level of nicotine from smoking a cigarette may cause you more physical stress. The feeling of relaxation you may experience when you use tobacco is usually from the nicotine treating the withdrawal symptoms you may have between cigarettes or chewing tobacco.

What situations cause you to experience stress? Write them down:

Here are some tips you can try to help you deal with stress without using tobacco. Try several of these before your quit day in order to see what works for you.

Stress Reduction Tips:

- **Deep breathing:** Inhale deeply through your nose or mouth, hold the breath for four counts, and then slowly exhale the breath. Repeat this 4-5 times.
- **Go for a walk or a jog:** Walk or jog around the block, to the mailbox, or around your house. It does not matter how far you go, just get up and get moving!
- **Do chair exercises:** If you cannot walk, sit in your chair and get your arms moving. You can do this with just your hands, or put a canned food (same weight) in each hand and do arm curls or arm lifts to the front and side.
- **Drink water:** Cold water can reduce a craving and also fill you up so you don't fill up on other foods. Water also helps remove tobacco's toxic substances from your body faster.
- **Take a break:** If a situation is causing you stress, take a break and go outside or to another room. If you are driving, pull over at a rest stop or parking lot and take a break. Try some deep breathing to feel better without using tobacco.

- Listen to relaxing music: Relaxing music can reduce your stress and improve your mood.

CRAVINGS FOR TOBACCO: WHAT DO I DO?

Almost all people have tobacco cravings when they quit. You may even dream about smoking or chewing tobacco. This is normal and should not be thought of as a relapse. Remember, if you have cravings this does not mean you will not be able to quit for good.

What can you do about tobacco cravings? Try the **DEADS Strategy**:

D-Delay

The most important thing to remember is that an urge will go away whether or not you smoke or dip. Waiting out an urge, especially if you begin to do something else, is easier than you may expect. Believe it or not, the urge will fade after about 5-10 minutes, even if you don't smoke or dip. It also helps if you have a positive attitude about the urge disappearing. Think "This won't last, the urge will go away" or "I would like a cigarette, but I am not going to have one, because I don't need one."

E-Escape

Remove yourself from the situation or event that led to the urge. If you're in a room where others are smoking and an urge hits, get up and take a short walk. You can walk around the building or outside until you feel ready to re-enter the situation without smoking.

A-Avoid

Avoid situations where you'll be tempted to smoke or chew. This will be particularly important in the first days and weeks after you quit. For example, if you regularly go places where there's a lot of smoking, it's best to avoid them for a little while to allow you to get used to not smoking.

D-Distract

Get busy and get back to what you were doing before the urge hit. There may be other things you enjoy doing that are incompatible with smoking. You can try working in the yard, reading a book or magazine, walking, taking a shower, or working on a crossword puzzle.

S-Substitute

When you feel you want a cigarette or dip, substitute something else for tobacco. Try sugar-free candy or sugar-free gum, especially if you are watching your weight. You could also eat a piece of fruit or drink a glass of water. Chew on something like a straw or a toothpick. The trick is to come up with something you like that can be easily substituted for tobacco.

GET HELP FROM FAMILY AND FRIENDS

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. Try calling a quitline or using a supportive text messaging service. There are also smartphone apps and quit information online. Don't be afraid to ask for help.

To help yourself quit, you can:

- Tell everyone that you're quitting and your quit day
- 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 **Table 7. My Support People**)
- Call the VA national quitline: 1-855-QUIT VET (1-855-784-8838) to speak with a tobacco cessation counselor and receive free telephone counseling in English or Spanish
- Sign up to receive text message tips and support from SmokefreeVET to your cell phone. Text the word VET to 47848 (or VETesp to 47848 for Spanish) or visit www.smokefree.gov/VET
- Use an app on your smartphone - try VA's Stay Quit Coach: mobile.va.gov/app/stay-quit-coach Download from the App Store or Google Play
- Access online information: www.mentalhealth.va.gov/quit-tobacco and veterans.smokefree.gov

Q: How can your support person help you?

- Listen when you want to talk
- Call to see how you are doing
- Offer to help you with chores, errands, childcare, shopping and other things
- Talk about problems and how to solve them
- Cheer you on

Q: How can you help your support person?

- Let them know what will help you
- Let them know when you will be quitting tobacco
- Set up a time to talk after quit day
- Plan fun activities that can keep you from thinking about tobacco
- Teach your support person about quitting tobacco, especially if they have not used tobacco themselves
- If you are keeping your quit attempt a secret, let your support person know this
- Thank your support person for helping you quit tobacco

Table 7. My Support People

Name	Phone Number	Email Address

-
- 1 Introduction
 - 2 Why Do I Use Tobacco?
 - 3 Nicotine Addiction
 - 4 Medications To Help You Quit Tobacco
 - 5 Getting Ready For Quit Day!
 - 6 Quit Day**
 - 7 The First Two Weeks After Quit Day
 - 8 How Do I Stay Off Tobacco?
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CHAPTER 6: Quit Day

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1. *What To Do On Quit Day*

2. *Handling Nicotine Cravings*

3. *Exercise*

4. *Healthy Eating*

.....



CHAPTER 6: Quit Day

WHAT TO DO ON QUIT DAY

It is finally here, your quit day. This is the day you stop using tobacco for good. Take a moment and say: “I *can* quit smoking...” or “I *can* quit chewing and today is the day!”

Do you have a plan for today? The most important thing is to make your quit day a positive experience. Try not to schedule too many events for today. You want to stay busy, but not feel rushed or under stress. Keep your emergency kit handy. Drink plenty of water, try deep breathing for relaxation, go for a walk, or do other exercises.

It is time to make some changes:

DO

- Change your routine
- Drive to work on a new route
- Switch the order of your morning
- Take your work break inside
- Be active – take a walk
- Get up from the table as soon as you finish eating
- Have your morning coffee in a new mug
- Sit in a different chair to watch TV or read the newspaper
- Drink less caffeine

KEEP BUSY

- Do something fun like see a movie
- Meet with friends who don't smoke
- Exercise for 20-30 minutes a day
- Go to nonsmoking places like the library
- Wash your clothes and sheets
- Drink more water
- Use substitutes to keep your mouth busy
- Stay away from places where you smoked

..... DON'T

- Feel like tobacco has been taken away from you, remember you are better off without it.
- Drink alcohol and go to bars for a while; this can be too tempting and you may want to smoke.
- Test yourself by trying a cigarette or dip. This can lead to a full relapse.
- Forget to bring nicotine lozenges or nicotine gum with you when you need to go places or do things where you used to smoke.
- Forget there will be difficult times when you stop smoking: be proud of how well you are doing!

HANDLING NICOTINE CRAVINGS

This is the one nicotine withdrawal symptom that can stay with you forever. The cravings will seem more intense the first week and will slowly reduce in intensity and frequency. After the first month, the cravings might only last a few seconds. You can make the cravings go away by using a substitute like gum or sugar-free candy, starting an activity, doing deep breathing, or any of the other activities listed above. Remember to review the **DEADS Strategy** from **Chapter 5**. If you are experiencing strong cravings or withdrawal symptoms, contact your VA provider to see if you may need to change your medication dosage.

EXERCISE

Exercise can be helpful when you are quitting tobacco. Our body produces a substance called endorphins that make you feel better. When you exercise, you produce more endorphins and they can help with cravings for tobacco.

Q: How much exercise do you need to do?

Everyone has limitations on how much exercise they can do. You will have to look at yourself and determine where to start. In the military, exercise consisted of running and doing sit-ups and push-ups. If you have not been running lately, then don't expect to do it now, or at least not yet.

If you have not been exercising, you can start with walking or using a stationary bike for 5 minutes a day. Try to increase by 2-3 minutes a week until you can go for 30 minutes a day. The 30-minute session can be split into two 15-minute sessions if you are unable to exercise for longer than 15 minutes. If you are using a stationary bike or another type of cardiovascular equipment, do not start at a high resistance setting. You are exercising at the right intensity if you are lightly panting, but can still hold a conversation while doing the exercise. If you cannot hold a conversation when exercising, then turn down the resistance or slow down your pace.

Activities to consider:

- Walking or jogging
- Tennis
- Dancing
- Golfing without a cart
- Aerobic exercise classes
- Cycling
- Gardening and pushing a lawn mower
- Yoga
- Swimming
- Water walking
- Weight machines
- Aqua aerobics

You may find exercise easier once you quit smoking. This is because you may be breathing better and the circulation of blood in your body has improved. Keep exercising and it will be easier each day.

If your activity is limited and you are unable to walk, try doing chair exercises. This consists of using light weights and doing arm exercises in a chair. An alternative to the weights is to use cans of food (just make sure to use the same type of canned food so the weight is similar). Any type of body movement is good, so work within your limitations. If your doctor limits your exercise due to health reasons such as heart problems, please talk with them before you start exercising.

HEALTHY EATING

Try adding healthy food choices to your meals and snacks by:

- Eating more fresh fruits and vegetables. If you cannot afford fresh fruit/vegetables, then try buying them frozen.
- Drinking more water, which will help you feel more full and help reduce weight gain
- Eating carrot sticks and celery sticks to help with the hand-to-mouth habit from smoking
- Eating crunchy foods like pretzels, rice cakes, or air popped popcorn, so your mouth has to work
- Eating a small square of dark chocolate or low fat frozen yogurt if craving a sweet
- Eating smaller meals, but more often. If you eat snacks in between meals, you are less likely to overeat. This can help prevent weight gain as well.



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CHAPTER 7: The First Two Weeks After Quit Day

-
- 1. Benefits Of Quitting*
- 2. Reward Yourself*
-





CHAPTER 7: THE FIRST TWO WEEKS AFTER QUIT DAY

BENEFITS OF QUITTING

Congratulations for quitting tobacco. This is a very challenging task, but you will be rewarded in many ways. In the first few weeks you may notice:

- Improved breathing
- More energy
- Improved sense of taste and smell
- The yellow staining almost gone from your fingers and sides of your mouth
- Feeling like you are in control instead of the cigarette being in control of you
- More money!

List some improvements you have noticed since your quit day:

List some benefits you are looking forward to in the next few weeks:

REWARD YOURSELF

By quitting tobacco, you are doing a great thing for your body. This can be challenging and you may feel that it is hard to keep your resolve. Try making a list of rewards and see if this helps keep you motivated during this challenging time.

Rewards could be:

- Buying yourself something special to celebrate quitting
- Splurging on a massage or dinner at a new restaurant
- Seeing a movie or sporting event
- Starting a new hobby
- Beginning exercising
- Using your savings to pay off your bills
- Going on a nice trip after being tobacco free for six months

To start saving money for your rewards you can put the money you spend each week on tobacco into a piggy bank or savings account. This way you can see the savings accumulate and this can be a reward on its own. You will be amazed at how fast the money you used to spend on tobacco adds up and how soon you will be able to buy your rewards.

Calculate how much money you will save from quitting tobacco products:

- I smoke _____ packs/cigarettes per day
- 1 pack of cigarettes costs: \$_____
- I spend \$_____ per day
- \$ _____ per day on tobacco x 365 days = \$_____ per year

My Rewards

After 1 week without tobacco, I will reward myself with:

After 2 weeks without tobacco, I will reward myself with:

After 1 month without tobacco, I will reward myself with:

After 3 months without tobacco, I will reward myself with:

After 6 months without tobacco, I will reward myself with:

After 12 months without tobacco, I will reward myself with:

The example is based on smoking one pack per day at \$5.00 per pack.

Table 8. My Savings Calculator

Days Without Tobacco	Example Savings	My Savings
1 Day	\$5.00	
1 Week	\$35.00	■ \$ (1 Day) x 7 =
1 Month	\$150.00	■ \$ (1 Day) x 30 =
1 Year	\$1,825.00	■ \$ (1 Day) x 365 =
10 Years	\$18,250.00	■ \$ (1 Year) x 10 =
20 Years	\$36,500.00	■ \$ (10 Years) x 2 =



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CHAPTER 8: How Do I Stay Off Tobacco?

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- 1. *Watch Out For Triggers*
- 2. *Resist The Urges*
- 3. *Planning For The Future*
- 4. *Slip Prevention*
-



CHAPTER 8: How Do I Stay Off Tobacco?

WATCH OUT FOR TRIGGERS

Go back to your list of triggers on p.8-9.

What triggers are the most common now that you have quit?

How have you kept from using tobacco when you have a trigger?

RESIST THE URGES

REMEMBER, THE URGE TO USE TOBACCO WILL GO AWAY WHETHER YOU SMOKE/CHEW OR NOT.

TRY TO AVOID USING TOBACCO AND THE URGES WILL SLOWLY LOSE THEIR POWER OVER YOU.

Go back to p.45 when you were planning for quit day. On that page you wrote down what you could do instead of smoking when you had a craving for tobacco. Have these strategies worked?

Make a new list if your strategies are not working.

Instead of using tobacco I could:

Ideas: Go for a walk, chew gum, use a sugar-free mint or candy, talk to a friend, listen to music, play with your dog/cat, or try deep breathing.

NO MATTER WHAT, DON'T THINK "JUST ONE WON'T HURT"... YES IT CAN HURT AND CAUSE YOU TO GO BACK TO SMOKING DAILY. YOU HAVE WORKED SO HARD!

Keep things simple. Work through this one day at a time.

PLANNING FOR THE FUTURE

It is time to start looking at your calendar and seeing if there are any big events coming up that might be a trigger for you to use tobacco.

Examples of some events that could cause triggers:

- Weddings
- Holidays
- Anniversaries
- Birthdays
- Family or group events
- Sporting events
- Hunting season
- Fishing season

.....

List some upcoming events where you might be triggered to use tobacco:

What could you do instead of using tobacco at these events?

SLIP PREVENTION

What is a slip? This is when you smoke a couple cigarettes or take a few dips and then go back to not using tobacco. This is not a full relapse, but can lead to a relapse if not corrected quickly.

To prevent slips:

- Be aware of triggers—during these times you will crave tobacco more often
- Do not get overconfident—you may think that you can smoke just one and go back to being a nonsmoker. Many people relapse and go back to full-time smoking after just one cigarette.
- Think about the benefits you have experienced and feel good about your progress

To continue your success, try to:

- Be aware of your triggers
- Not get discouraged if you slip and stay the course of becoming tobacco free
- Stay positive and praise your achievements
- Focus on the benefits of quitting and beginning a healthier lifestyle

Q: What if I have slipped?

Don't get discouraged! One cigarette or dip is better than having a whole pack or can. Get back on track quickly:

- Slips can quickly lead to a relapse

- If you bought a pack, throw it away and destroy it so you will not be tempted to dig it out of the garbage
- Continue to use medications as prescribed

Figure out what caused the slip:

- If you can identify what caused the slip you can try to prevent this from happening in the future
- If stress is the cause, review your stress reduction strategies such as:
 - Deep breathing
 - Going for a walk
 - Removing yourself from the stressful situation
 - Using nicotine lozenges or nicotine gum if you were prescribed these medications. If you were not prescribed these, ask your provider if these would be appropriate for you.

Don't let one slip take you back to tobacco use again!

Q: What if I am back to daily tobacco use?

If you go back to daily smoking then this is called a relapse. If you relapse, get back on track as soon as you can.

- Stop your medications until you are ready to quit again
- Set a new quit day in the next two weeks
- Review what led you to start using tobacco again
- Plan out your cigarettes so you will not have any left once you get to your new quit day
- Throw out ashtrays and lighters on quit day
- Talk to your provider about the medication you used for stopping tobacco
 - You might want to consider a change in medication if the medication did not seem to help you or if you had adverse effects from the medication
 - If the medication did help you, then you can retry the same medication

Don't tell yourself negative messages like:

- “It’s no use, I can’t quit. I may as well give up because I smoked!”
 - In reality, it takes people on average 6-8 tries to quit for good
- “I smoked because I’m weak and don’t have the willpower.”
 - This is not about willpower. It’s more about learning from the relapse to make sure you don’t fall back again. You learn more about your addiction and the best way for you to quit the more times you try.
- “I’m too old to quit smoking; it is too late for me anyway.”
 - Everyone can benefit from stopping smoking no matter their age or current health status
 - Even people with very severe lung disease can see improvements by stopping smoking



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CHAPTER 9: Living Tobacco Free

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1. Stay Tobacco Free
- 2. Dealing With Stress*
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CHAPTER 9: LIVING TOBACCO FREE

STAY TOBACCO FREE

You have made it and are ready to stay tobacco and nicotine free. Congratulations on your success in meeting this goal. If you have not completely quit, try going back to **Chapter 1** and restarting the program when you are ready to try to stop tobacco again. If you have quit, the challenge now is to stay off tobacco for good. Here are some ways to do this:

- Avoid smoking and chewing
 - Smoking or chewing even one time can lead to relapse. Sometimes you might think that “it is only one” but many people have relapsed from “just one.”
 - Avoid cigars also, this can lead you back to smoking or chewing and cause a relapse.
- Try to be around people who do not smoke
 - It can be challenging to stay off tobacco when you are around people who still smoke. Try to be around nonsmokers if you can do this. If you must be around people who smoke, let them know you have quit smoking and ask them not to offer you any tobacco. You can also be around them in places where they can’t smoke.
 - Bring your emergency kit and other items to help distract you from wanting to use tobacco.
- Continue to use substitutions and distractions
 - Use your emergency kit or some sugar-free candy or gum.
 - Have a book, the newspaper, or a puzzle book to do when you have extra time on your hands.
- Don’t be afraid to ask for help
 - If you have been working with your primary care provider or tobacco cessation counselor to quit, contact them if you are struggling to remain off tobacco.
 - Ask for help from friends and family.
 - Call the VA tobacco quitline at 1-855-QUIT VET (1-855-784-8838). English and Spanish-speaking counselors are available Monday-Friday, 9AM-9PM EST.

- Get supportive text messages from SmokefreeVET. Text the word VET to 47848 or VETesp for Spanish. If you need an immediate tip, text keywords URGE, STRESS, SMOKED, or DIPPED to 47848.
 - Use the Stay Quit Coach, an app on your smartphone, to stay off tobacco.
 - Use online resources: www.mentalhealth.va.gov/quit-tobacco and veterans.smokefree.gov/
- If you have been using medication to help you quit, take it for the entire course
 - You may feel ready to quit the medication early, but try not to do this. The medication may work better if you finish the entire course.
 - If you need the medication for a longer period of time, talk to your primary care provider or tobacco cessation counselor.
 - Congratulate yourself every day
 - You have done an amazing job and you deserve it!

If you feel like using tobacco again, remember why you quit. Go back to p.3 and look at your reasons for quitting tobacco.

Check off the things you are enjoying now that you have quit tobacco:

- | | |
|--|--|
| <input type="checkbox"/> I have more energy | <input type="checkbox"/> I smell better |
| <input type="checkbox"/> I can breathe better | <input type="checkbox"/> I can taste my food |
| <input type="checkbox"/> I am not wheezing | <input type="checkbox"/> I have lowered my risk of cancer |
| <input type="checkbox"/> I sleep better | <input type="checkbox"/> I have lowered my risk of heart disease |
| <input type="checkbox"/> I can walk farther | <input type="checkbox"/> I have less stress since I quit tobacco |
| <input type="checkbox"/> I have saved money | <input type="checkbox"/> I am in control now |
| <input type="checkbox"/> I don't have to stand outside to smoke | <input type="checkbox"/> I am proud of myself |
| <input type="checkbox"/> I can say I am a nonsmoker | |
| <input type="checkbox"/> I am setting a good example for my children/grandchildren | |

DEALING WITH STRESS

Here are more tips on how to deal with stress. We all have stress, so remember that there are ways to deal with stress other than using tobacco.

Do what is best for you

- Give yourself extra time to get to work or appointments
- Make time to do things you want to do
- Learn to say “no” to things you don’t want to do or don’t have time to do
- Eat healthy foods
- Get enough sleep
- Reward yourself

Have fun

- Enjoy your hobbies
- Go for a walk, go swimming, or get on your bike
- Go to a movie
- Play with your pet
- Go outside

Spend time with others

- Visit or call a friend
- Go out to eat
- Spend time with family members
- Cook a special meal for your spouse or friend
- Go to a fun event

Keep busy

- Go dancing
- Work on your yard
- Fix or build something
- Clean your home
- Listen to music

Find time to relax and have quiet time

- Read a book or magazine
- Listen to music
- Take a bath
- Practice deep breathing
- Meditate
- Daydream
- Take a yoga class



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CHAPTER 10: Appendices

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A. Deep Breathing Exercises

*B. Progressive Muscle Relaxation And
Body Scan*

C. Tobacco Cessation Resources

D. Frequently Asked Questions

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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, almost anywhere.

■ 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., & Dobbmeyer, 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 SCAN¹

■ 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
- Upper arms - bend elbows and tense your upper arms (i.e., make a muscle)

¹ 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.

- 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

TOBACCO CESSATION RESOURCES

WEB AND TELEPHONE RESOURCES

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

- VA Smokefree.gov 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 how you can quit for good with NRT

- 1-855-QUIT-VET, Veterans Tobacco Quitline
1-855-784-8838, Monday-Friday, 9AM - 9PM EST
Available in English and Spanish

- SmokefreeVET Text Message Program
For cigarette smokers and smokeless tobacco users
Text the word VET to 47848 or sign up online:
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

- Centers for Disease Control and Prevention
www.cdc.gov/tobacco

- Office of the Surgeon General
www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html

SMOKELESS TOBACCO RESOURCES

- VA Smokefree.gov Veterans website
veterans.smokefree.gov/smokeless-tobacco
- U.S. Food and Drug Administration
www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482582.htm
- Center for Disease Control and Prevention
www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/health_effects/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 more than 7,000 chemicals and more than 69 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 to 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 tobacco 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 provider or a number of sessions through a tobacco use treatment clinic or telephone counseling. But the combination of both counseling and medication appears to be the key. 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 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 tobacco 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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