

A Workbook to Create Your **Personal Plan to Overcome Nicotine and Tobacco Dependence**



Quitting smoking

is the single most important thing you'll ever do for your health.

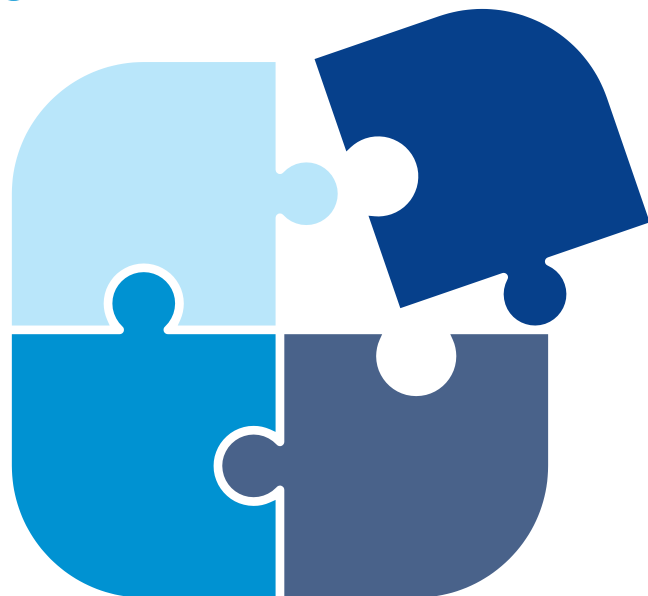
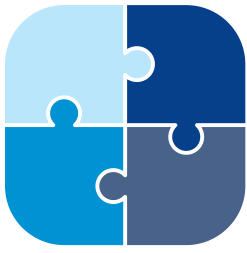




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About the Fontana Tobacco Treatment Center Workbook

The purpose of this workbook is to support you as you gain freedom from your dependence on nicotine and tobacco. For the most part, we use the term ‘smoking’, to apply to all forms of nicotine and tobacco use. This would include cigarettes, chew, vapes, pipes, cigars, hookahs, snus, and other tobacco and nicotine products.

People often say, “I can’t stop smoking. I have no will power.” For most people, stopping smoking has more to do with planning, strategizing, anticipating challenges and making plans for how to deal with them.

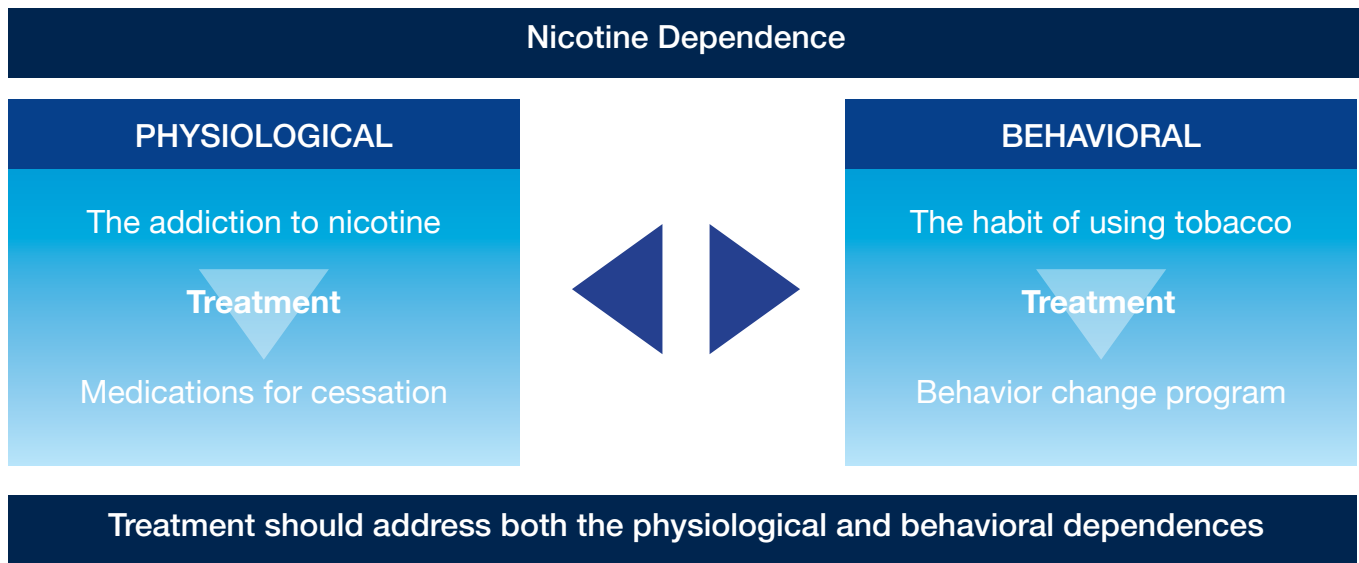
We are often asked “What about cold turkey?” You may know people who have quit cold turkey. That is, without medication or planning. Cold turkey is throwing away your cigarettes one day and saying, “I’m not going to smoke again.” You might be surprised to learn that the success rate for cold turkey is 4%. If you had a serious health issue and your provider said that the

treatment has a 4% success rate, your first question may be, “Don’t you have something better?” We do have something better for stopping smoking.

Research shows that people who follow a 2-pronged approach to overcoming nicotine dependence have the best success. This two-pronged approach is the foundation of the Fontana program.

- **Medication to treat nicotine withdrawal for comfort**
You might be asking why we recommend nicotine replacement products if what you are trying to do is stop using nicotine. There is a big difference between nicotine from the pharmacy and nicotine in tobacco and vape products. Nicotine from the pharmacy is pure, clean nicotine without thousands of dangerous chemicals or the addictive risks.
- **Support and counseling to learn new ways of living without cigarettes or vapes or chew.**

Nicotine Dependence: A 2-Part Problem



CONGRATULATIONS FOR MAKING THE IMPORTANT DECISION TO START ON THIS JOURNEY.

By the end of this workbook, you will:

- Be aware of your use patterns.
- Learn how nicotine affects you.
- Understand addiction.
- Discover how to motivate yourself.
- Know how to use stop-smoking medications.
- Identify triggers.
- Practice new habits.
- Learn to manage stress.
- Write a quit plan.
- Recognize risks for relapse.
- Develop skills to overcome a relapse, if it occurs.

This workbook represents decades of experience helping people stop smoking, vaping, and chewing. The workbook was created with the intention that it be used in conjunction with the Fontana Tobacco Treatment Center program. If you are using this workbook as a tool to stop smoking, vaping, or chewing, we encourage you to connect with us or with other tobacco treatment specialists. Professional counseling, along with this workbook, can support you on your journey to freedom from nicotine and tobacco dependence.



Chapter One

Medical

- Lung health
- Tobacco-related disease
- What's in cigarette smoke and vape?

Motivation

- Motivation defined
- Fear vs. Desire
- My “want to” motivation
- Power of denial
- Writing your mantra

Planning

- Smoking behavior awareness
- Your denial story
- Setting your stop date
- Writing a break-up letter



Clarence Brown. It's Never Too Late.

In the photograph of Clarence Brown, the medical records on the right side are from the five years before he stopped smoking; the records on the left are from the five years after he stopped. Even for someone who has smoked for years and has serious medical problems, the improvements in their quality of life and health that result from becoming smokefree can be dramatic.

It is never too late to begin. When Clarence became smokefree he was already disabled with severe chronic obstructive pulmonary disease (COPD). He needed to use a cane and carried an oxygen tank. Had he not stopped when he did, he could have likely died within a year. Quitting smoking gave him many more years of quality life.

Read Clarence's story on page 101.



PHOTO: JOHN HARDING



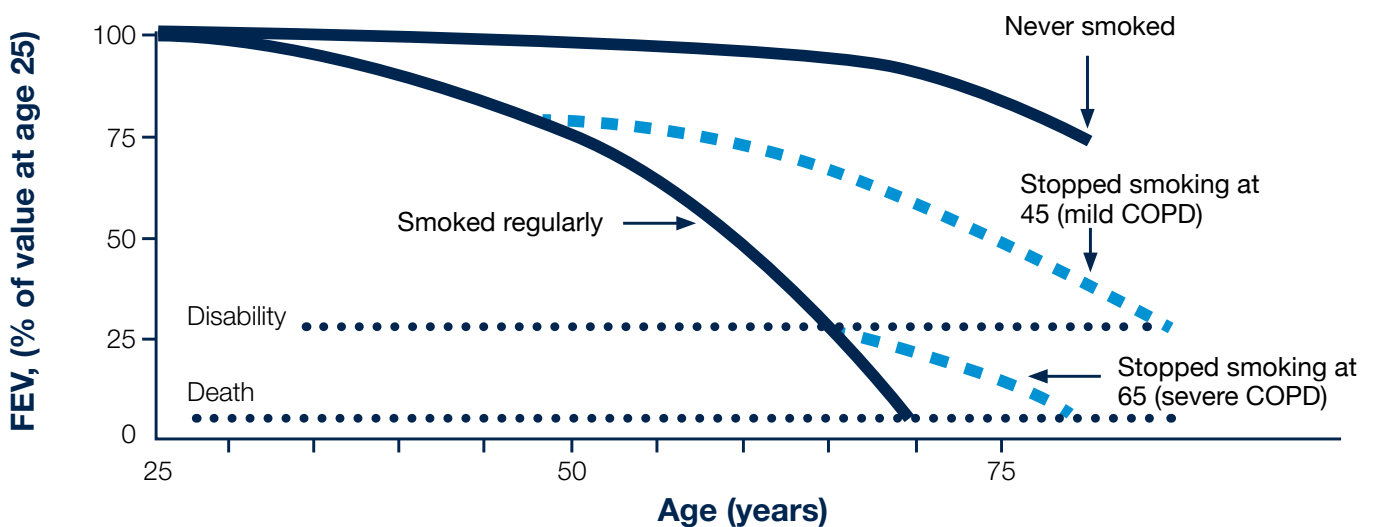
Lung Health

Like the rest of the body, the lungs have a natural process of aging. Smoking speeds up that aging as well as creates disabling disease.

This graph shows the natural history of air-flow blockage, a marker for decreased lung function. The vertical axis shows the amount of air that can be blown out during the first second of a forceful exhalation (FEV_1). The horizontal axis measures age in years.

- A person who never smokes begins a natural, age-related, slow decline of lung function starting at about age 60.
- Smoking speeds up that decline, often leading to disability or early death.
- Even after 25 or more years of smoking, stopping can slow the rate of decline back to normal.

Beneficial Effects of Quitting on Lung Health: At any age, there are tremendous benefits



COPD = Chronic Obstructive Pulmonary Disease

1 Fletcher & Peto. Br Med J 1977; 16077:1645-1648. Reproduced/amended with permission from the BMJ Publishing Group.



What's in Cigarette Smoke?

More than 600 ingredients that when burned, produce 7,000 chemicals, including over 70 known or suspected carcinogens. Every ingredient is carefully selected to contribute to the cigarette's addictiveness, signature taste and feel, and shelf-life.

| | |
|------------------------------|------------------------------------|
| Acetone | nail polish remover |
| Ammonia | household cleaner |
| Arsenic | rat poison |
| Benzene | used in rubber cement and gasoline |
| Butane | lighter fluid |
| Cadmium | rechargeable batteries |
| Carbon monoxide | car exhaust fumes |
| Formaldehyde | embalming fluid |
| DDT | insecticide |
| Hexamine | barbecue lighter fluid |
| Lead | used in batteries |
| Naphthalene | mothballs |
| Methanol | rocket fuel |
| Nicotine | insecticide |
| Nitrous oxide phenols | disinfectant |
| Tar | material for paving roads |
| Toluene | solvent used in paint |
| Vinyl chloride | makes PVC pipes |



What's in E-cigarettes/Vape? Not Just Nicotine and Water Vapor.

- 2000 chemicals have been found in E cigarettes/vape juice, many of which are known to cause cancer.
- Higher and higher amounts of addictive nicotine.



- Propylene Glycol
- Glycerin
- Flavorings
- **NNN**
- **NNK**
- NAB
- NAT
- **Ethylbenzene**
- **Benzene**
- **Xylene**
- **Toluene**
- **Acetaldehyde**
- **Formaldehyde**
- **Naphthalene**
- **Styrene**
- **Benzo(b) fluoranthene**
- Chlorobenzene

- **Crotonaldehyde**
- **Propionaldehyde**
- Benzaldehyde
- Valeric acid
- Hexanal
- Fluorine
- Pyrene
- Acenaphthylene
- Acenaphthene
- Fluoranthene
- Benz(a)anthracene
- Chrysene
- Retene
- **Benzo(a)pyrene**
- **Ideno(1,2,3-cd) pyrene**
- Benzo(ghi) perylene

- **Acetone**
- **Acrolein**
- Silver
- **Nickel**
- Tin
- Sodium
- Strontium
- Barium
- Aluminum
- **Chromium**
- Boron
- **Copper**
- **Anthracene**
- **Selenium**
- **Arsenic**
- **Nitrosamines**
- **Polycyclic aromatic hydrocarbons**

- **Cadmium**
- Silicon
- Lithium
- **Lead**
- Magnesium
- Manganese
- Potassium
- Titanium
- Zinc
- Zirconium
- Calcium
- Iron
- Sulfur
- Vanadium
- **Cobalt**
- Rubidium

BOLD = FDA Harmful and Potentially Harmful Substance Established list.



Carbon Monoxide

What is carbon monoxide (CO)?

- Poisonous, tasteless, and odorless gas.
- Produced with any combustion or burning.
- Cigarette smoke and vape contain CO.
- Affects the body's ability to function properly.
- Too much can cause death.

How is CO harmful?

CO decreases the body's ability to deliver oxygen to the body's cells and organs.

- Normally, red blood cells pick up oxygen from the lungs and deliver it to the cells of the body. The cells need oxygen to function and to stay alive.
- Carbon monoxide is dangerous because it binds to the red blood cells 200 times more tightly than oxygen, pushing the oxygen aside.

- As a result, oxygen is not delivered to the cells.
- Without oxygen the cells struggle to function and eventually die.

What is your CO level?

- The more you smoke, the higher your CO level will be.
- A normal CO level is less than 6 parts per million (ppm).
- Within days of stopping smoking, your CO level will return to normal.
- My CO level: _____ ppm
Date: _____ (baseline)
- My CO level: _____ ppm
Date: _____ (smokefree)



Taking Care of Your health

Stopping smoking is the single best action you can take to prevent certain cancers and chronic diseases. Smoke affects the entire body.

Cancers

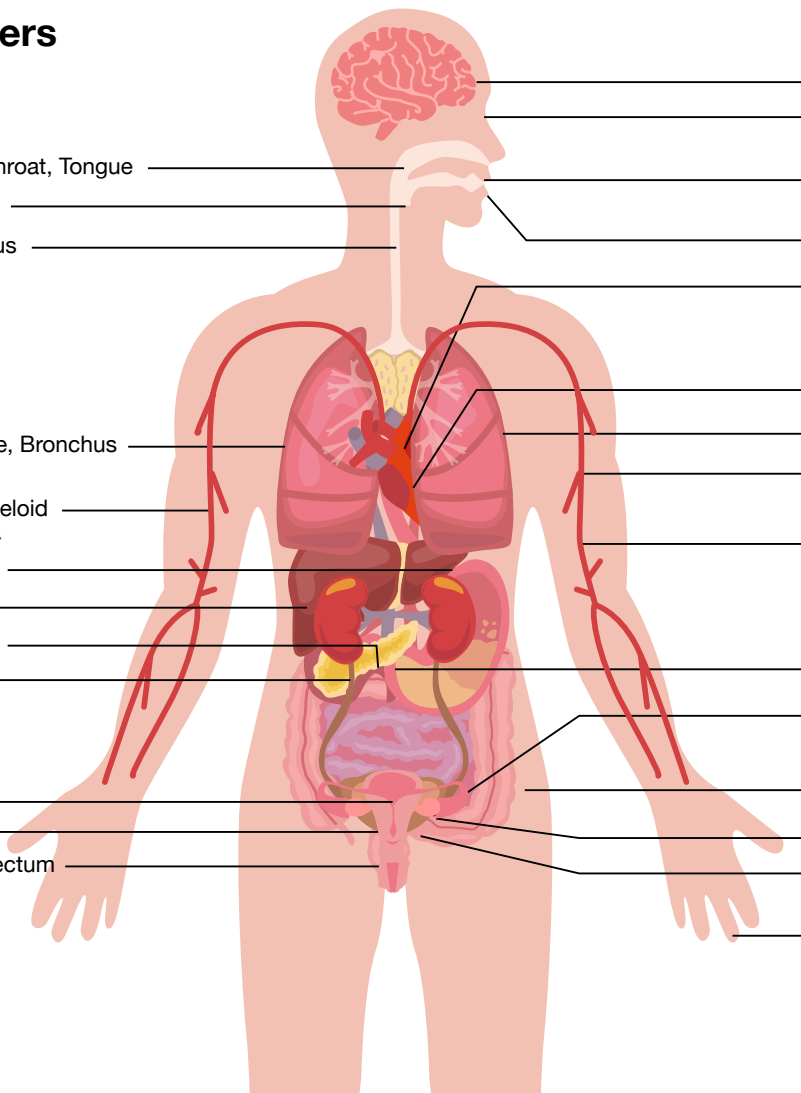
Mouth, Throat, Tongue
 Voicebox
 Esophagus

Wind Pipe, Bronchus
 and Lung
 Acute Myeloid
 Leukemia
 Stomach
 Liver
 Pancreas
 Kidney

Cervix
 Bladder
 Colon, Rectum

Chronic Diseases

Stroke
 Blindness, Cataracts, Age-Related
 Macular Degeneration
 Congenital Defects-Maternal
 Smoking: Orofacial Clefts
 Periodontitis
 Aortic Aneurysm, Early Abdominal
 Aortic Atherosclerosis in Young
 Adults
 Coronary Heart Disease
 Pneumonia
 Atherosclerotic Peripheral
 Vascular Disease
 Chronic Obstructive Pulmonary
 Disease, Tuberculosis, Asthma,
 and Other Respiratory Effects
 Diabetes
 Reproductive Effects in Women
 (Including Reduced Fertility)
 Hip Fractures
 Ectopic Pregnancy
 Male Sexual Function-Erectile
 Dysfunction
 Rheumatoid Arthritis
 Decreased Immune Function
 Overall Diminished Health



Manage a health condition by stopping smoking

| | |
|------------------------------------|--|
| Stroke | Prevent new strokes and TIA (transient-ischemic attack). |
| Atrial Fibrillation | Get better control of irregular heart beats (palpitations, racing heart). |
| COPD | Improve breathing, reduce flares and hospitalization, preserve lung function, allow treatment to work better. Avoid disability and oxygen use. |
| Multiple Sclerosis | Improve symptoms by lowering exposure to toxins like cyanide and carbon monoxide. |
| Macular Degeneration | Prevent blindness, allow treatment to work better. |
| Crohn's Disease | Have fewer flares, less need for surgery, less disease recurrence after surgery. |
| Prediabetes | Prevent type 2 diabetes. |
| Diabetes | Reduce insulin resistance, allow treatment to work better. |
| Rheumatoid Arthritis | Improve symptoms, prevent flares, improve disease course. |
| Cancer | Make chemotherapy and radiation therapy more effective, reduce side effects of treatment, shorten recovery time after treatments. |
| Pain Control | Allow pain medication to work better. |
| Osteoporosis | Less risk of bone fractures. |
| Reflux | Prevent symptoms or improve symptoms, prevent related cancers. |
| Infertility | Improve fertility in both men and women. |
| Periodontal Disease | Prevent tooth loss, improve gum health. |
| Fibromyalgia | Improve symptoms, reduce flares, allow treatment to work better. |
| Wound Healing | Better healing because of improved blood circulation and healthier immune cells. |
| Insomnia | Improve sleep quality. |
| High Blood Pressure | Prevent or improve high blood pressure, allow medications to work better. |
| Peripheral Arterial Disease | Prevent limb loss. |
| Pregnancy | Prevent birth defects, stillbirth, spontaneous abortions, and Sudden Infant Death Syndrome (SIDS). Improve birth weights. |



Denial

Denial is the story we tell ourselves to make it okay to keep smoking.

On the Journey of Change (page 34), the first section is the called **Denial and Decline**. Becoming aware of your own personal denial stories is a first step in making a plan to escape to freedom from tobacco dependence.

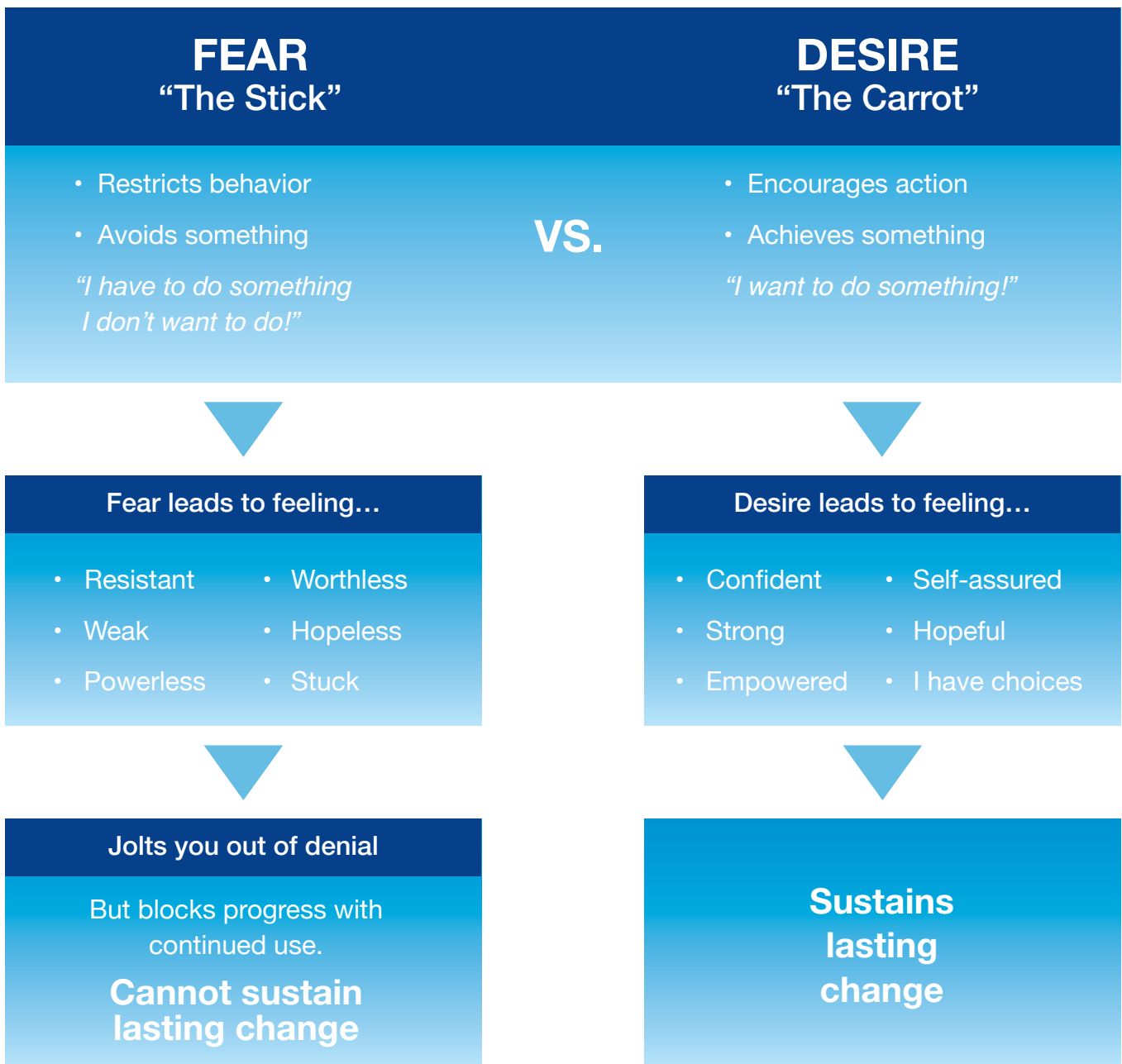
Below are some familiar denial stories:

- I am going to die of something...why not continue to enjoy smoking?
- I've tried to stop and I can't.
- I had a chest X-ray a couple of years ago, and my doctor said it looked great.
- My life is too stressful. I have to smoke.
- I only smoke two cigarettes a day...or on the weekends...or "organic" cigarettes.
- It is no one's business what I do.
- My sister got cancer and she never smoked, so why not smoke?
- If I quit smoking, I'll gain 50 pounds.
- I need to smoke to concentrate on my writing.
- I do not smoke as much as I used to.
- I've already had to give up everything else.
- I am going to quit when I'm 30...or 40...or 50.
- It's too late to stop.

What are your personal denial stories? Write them here:



Two Types of Motivation: Fear vs. Desire





My “Want to” Motivation to Stop Smoking

To become and stay smokefree, it is helpful to focus on your desire-based reasons for stopping.

Focus on why you *want* to stop rather than why you *have* to stop.

What good things will you get from being smokefree?

1. Check the reasons below that speak to you.
2. Use the blank spaces to add your own desires.
3. Stay inspired! Review these reasons daily to remember why you are stopping smoking.

Health

I want to:

- Lower my chance of having cancer, heart attack, heart disease, stroke, COPD, and other health issues.
- Heal from surgery and have a lower risk of infection after surgery.
- Breathe easier and cough less.
- Reduce the possible complications from flu and other infections.

- Lower my blood pressure.
- Walk without getting out of breath.
- Have a healthy baby.
- Live a healthier life.
- Lessen the side effects from my cancer treatment.
- Improve the benefits of my cancer treatment.
- _____
- _____

Loved ones

I want to:

- Be a role model for my kids.
- Protect my family or pet from secondhand smoke.
- See my children and grandchildren grow up.
- Lessen my family’s worry about my health.
- _____
- _____

Appearance

I want to:

- Have healthier skin.
- Have clearer and brighter eyes.
- Avoid getting more wrinkles.
- Have healthy teeth and gums.
- Keep my fingers and nails free of tobacco stains.
- _____
- _____

Lifestyle

I want to:

- Stop the stress from the nicotine withdrawal cycle.
- Be free from the anxiety about finding time and a place to smoke.
- Be free from worry about running out of cigarettes.
- Have more money to spend.
- Have food taste better.

Be able to smell food, flowers, and other enjoyable things.

Have my hair and clothes smell clean.

Stop hiding.

Have my home and car smell clean.

Sleep better.

Be free of nicotine addiction.

Have more energy to do the things I love.

Be more in control of my life.

Feel the pride of being smokefree.

Be free of worrying about what smoking is doing to my health.



Writing your Mantra

A mantra is a statement repeated frequently.

- A positive mantra can crowd out negative thoughts.
- What we tell ourselves leads to what we do.
- Choosing words that reflect what we want by becoming smokefree will support moving in that direction.
- Saying and writing those words over and over is a tool to support your choices.

One smoker's mantra story

One person who smoked admitted to nagging herself for years with thoughts like “I’m so stupid to be smoking, I’m making myself sick, I’m a bad mother, a bad nurse.” She believed she could bully or scare herself into stopping smoking.

She considered what could be different if she were smokefree.

She realized that without cigarettes, she would no longer be so mean to herself.

Without the fear and shame of smoking, she would be fearless and proud.

She made a mantra that said “I am smokefree, fearless and proud” to describe her new reality.

She started using her mantra immediately, even though her stop date was days away. When she stopped, it was a big support in managing urges and keeping her focused.

“I am smokefree, fearless, and proud.”

If this mantra appeals to you, feel free to use it, but we suggest you write your own.

Writing your own mantra:

1. Review your reasons for wanting to be smokefree on page 19.
2. Select 2 or 3 reasons that feel especially important to you.

Reason 1:

Reason 2:

Reason 3:

3. Use these reasons to make a short positive statement expressing what is important to you about becoming smokefree.

- Make it **personal**, about you.
- Make it **positive**. Make it about what you want rather than what you don't want. You will move toward whatever you are thinking about.
- Write your mantra in the **present tense**, as if it is already achieved. You will grow into it until it is true.
- Make it **precise and easy** to remember. Choose words that are clear, not general. For example, *fantastic* is more powerful than *good*.
- We suggest starting with *I am smokefree...*
- Use words that express emotion. Pick feelings that are **powerful** for you.
- Have your mantra **achievement oriented**, not ability oriented. Don't use words like *can* or *will*. Use words like *I am*.

4. Write your mantra here:

I am smokefree

5. Use your mantra as much as possible.

- Take a blank piece of paper and write it again and again.
- Use it as a screen saver on your computer or as wallpaper on your phone.
- Write it on post-it notes that you can put up on the bathroom mirror, on the refrigerator, in the bedroom, in the car... everywhere.
- As you go to sleep, repeat your mantra over and over.
- Do the same thing as you are getting up in the morning.

Do your best to feel what living your mantra will be like. For example, the person who chose *I am smokefree, fearless and proud* knew very well what it felt like to be afraid and ashamed. She began to let herself experiment with feeling fearless and proud. Doing this over and over rooted her goal into her body, and once she actually became smokefree, her mantra was a source of immediate support whenever she needed it.



Smoking Behavior: Awareness

Many people who smoke report that they often smoke without even thinking about it. It is just an automatic habit. An important step in the quitting process is to bring awareness to your unique relationship to cigarettes.

Dependence

Four basic components work together to reinforce smoking behavior and create dependence. On a scale of 0 to 10, rate how strong each component is for you to better understand what strategies will be most important for your quit plan.

Hand-to-Mouth Stimulation

0 1 2 3 4 5 6 7 8 9 10

Problem

This includes all the behaviors that go along with the act of smoking: holding the cigarette, having it in your mouth, lighting it, flicking the ashes, etc.

Tools

Try flavored toothpicks, straws, cinnamon sticks, chewing gum, crunchy fruits and vegetables, licorice root.

Nicotine

0 1 2 3 4 5 6 7 8 9 10

Problem

Nicotine is among the most addictive substances known. If you get strong cravings to smoke and feel desperate for it, you are probably experiencing nicotine withdrawal.

Tools

You may benefit from nicotine replacement therapy or other stop-smoking medications.

Emotional & Psychological

0 1 2 3 4 5 6 7 8 9 10

Problem

People who smoke often use cigarettes to push down difficult emotions or to deal with unpleasant situations. Cigarettes can become the main coping strategy for stress.

Tools

Learn new coping skills such as stress management, exercise, and deep breathing.

Deep Breathing

0 1 2 3 4 5 6 7 8 9 10

Problem

One reason people smoke is that it allows them to take a deep breath. Deep abdominal breathing itself is relaxing, without the smoke!

Tools

Practice deep breathing several times a day so that when you have a craving taking deep breaths will be a natural way to cope.

Deep breathing exercises can be found on page 114.



Smoking Behavior: Environment

It is helpful to understand how your environment is set up to support your tobacco use. Without even realizing it, you have developed certain ways of living that allow you to continue using tobacco. People who are addicted to nicotine protect their supply in much the same way that alcoholics keep close track of where they will get their next drink. You might be surprised at how much of your life is arranged around your tobacco use. These automatic, unconscious “arrangements” are the behaviors that support your addiction and make it possible for you to continue using tobacco.

Think about the arrangements you have made to make smoking a convenient option:

- Where do you buy your cigarettes, vapes, or chew?
- How much do you buy at once?
- Where do you keep your supply?

- How many lighters do you have?
- Where do you allow yourself to smoke, vape, or chew?
- Who are all the people with whom you smoke? Friends? Family? Coworkers?
- Do you seek out other smokers?
- How often are you in smokefree social situations? Do you avoid them?
- What is your reaction when you are forced into smokefree places? Malls? Restaurants? Airplanes? Theaters?

To better understand your unique relationship with tobacco, we encourage you to keep a daily Smoking Awareness Journal, which is located at the end of each section in your workbook. Knowledge is power!



Setting Your Stop Date

There is no perfect day to stop. What's important is setting a date and committing to it. We ask that you select a stop date between weeks 3 and 4 of this program. Setting the date within this window gives you enough time to prepare for success and get support from the group.

Think about your smoking pattern to help you decide your stop date:

Where do I smoke?

- I smoke mostly at work.
- I smoke mostly at home.
- I smoke in the car.
- _____
- _____

I should consider:

- A day I can stay at home
- A day at work.
- A day I don't need to drive.
- _____
- _____

Where do I smoke?

- I smoke when I am alone.
- I am more likely to smoke with family and friends.
- I smoke when I am drinking alcohol.
- I smoke when I am bored.
- I smoke before starting a task.
- I smoke to reward myself after completing a task.
- I smoke in the morning with my coffee.
- I smoke after meals.
- I smoke when I am stressed.
- _____
- _____

I should consider:

- A day when I can spend time with family and friends.
- A day when I can be alone.
- A busy day.
- Planning a fun activity like going to the beach or working on a project.
- Planning a different morning routine.
- Getting a massage.
- Going for a bike ride or a hike.
- _____
- _____

My Stop Date: _____



A Break-up Letter

Stopping smoking, vaping, or chewing can feel like ending a relationship. Writing a letter to your cigarettes, vapes, or chew can help clarify what you are leaving behind and what you are moving towards.

Dear Cigarettes,

We have been together for many years. When I was a teenager, you helped me to feel grown up. As I got older, you kept me company when I was lonely and filled the time when I was bored. When I felt anxious or angry, you helped me manage these difficult emotions.

Now it is time for a change. I am afraid of what you are doing to me. I am scared of cancer. I get winded walking up hills. I wake up in the morning with a cough. My fingers, hair, and clothing stink. My gums are bleeding, and I may lose my teeth.

You are a drug dealer who got me addicted. You robbed me of my cash and my health. Part of me is embarrassed at being duped by the marketing of the tobacco companies. I bought into their advertising ploys. They knew all along you were not good for me. It was all about money. I've tried to quit many times. I always thought I would have quit long before now. This time I am getting help to beat this addiction.

It feels scary to go into my future without you, but I believe the future will be better and longer if I leave you behind. I look forward to growing into my authentic, true self without you.

Good riddance. We are done!

No longer yours,

Smokefree, fearless, and proud



Write Your Break-up Letter

Write your break-up letter. Think about what role smoking, vaping, or chewing has played in your life. Imagine what you would like about a life free from that dependency. Be kind to yourself. Allow yourself to let go of an old friend. Embrace the excitement of building a new relationship with yourself.



Practice and Exercises Week 1

Read

- Breathing, Smoking and the Stress Response, page 112.
- Read Clarence Brown’s story on page 101.
- Read Preparing for Your Journey on page 98.

Write

- Write in your Smoking Awareness Journal each day, page 30.
- Review and check your “Want to” Motivation, page 19.
- Set your stop date, page 26.

Do

- Build an awareness of why you are smoking, pages 23-25.
- Listen to how you talk to yourself in your mind. Note it in the Smoking Awareness Journal. Is this how you would talk to your friend about stopping smoking?
- Switch to a different brand of cigarettes (this will bring you greater awareness of when you are smoking and decreased pleasure).
- Practice taking five deep abdominal breaths three or more times a day to delay or eliminate cigarettes. This will also provide you with a powerful stress management tool.
- Page 114 explains three easy breathing exercises.
- Increase the amount of water you drink each day. This may help with the elimination of toxins and help to prevent constipation from nicotine withdrawal.
- Bring your workbook to class every week.



Smoking, Vaping, and Chewing Awareness Journal

Keeping track of your pattern can show you what is working and what might need troubleshooting. Also, patterns you are not aware of may emerge. Write in the journal daily to track your progress.

| Date | # of cigarettes/ Amount of Vape/ Chew | How have you modified your behavior? | What makes you want to smoke/vape/chew? Describe your feelings and thoughts. |
|----------------------------------|---|--|---|
| Day 1 7/6/22 Thurs. | 20 | <i>I tried to skip cigarettes after meals. It was too hard.</i> | <i>When I'm anxious, I want to smoke. When I think about quitting, I want to smoke!</i> |
| Day 2 7/7/22 Fri. | 17 | <i>I didn't smoke while waiting for the bus – this helped cut down 3 cigarettes today!</i> | <i>Doing something to take care of myself makes the anxiety easier to deal with.</i> |

Be as specific as you can about how much vape or chew you are using:

| | | | |
|----------------------------------|-------------------------------------|--|---|
| Day 1 7/6/22 Thurs. | <i>Started a new pod. 60 puffs.</i> | <i>Taking more breaks during the day at work to stretch and practice deep breathing.</i> | <i>Happy to finish a report. Felt bored at home in the evening.</i> |
| Day 1 7/6/22 Thurs. | <i>1/4 can 10 times today</i> | <i>I didn't do anything.</i> | <i>Feeling discouraged.</i> |

| Date | # of cigarettes/ Amount of Vape/ Chew | How have you modified your behavior? | What makes you want to smoke/vape/chew? Describe your feelings and thoughts. |
|-------|---|---|--|
| Day 1 | | | |
| Day 2 | | | |
| Day 3 | | | |
| Day 4 | | | |
| Day 5 | | | |
| Day 6 | | | |
| Day 7 | | | |



Chapter Two

Medical

- Stop-smoking medications

Motivation

- The Journey of Change

Planning

- Medication choices



Journey of Change

On a journey into the unknown, such as learning how to stop smoking, it can be comforting to have a map. On page 35 there is a map to which you can refer over the next months to reassure yourself that you are moving in a positive direction.

As you move through learning how to stop smoking, try to remember that being uncomfortable doesn't mean something is wrong. In fact, some of the discomfort is a sign that your body is healing.

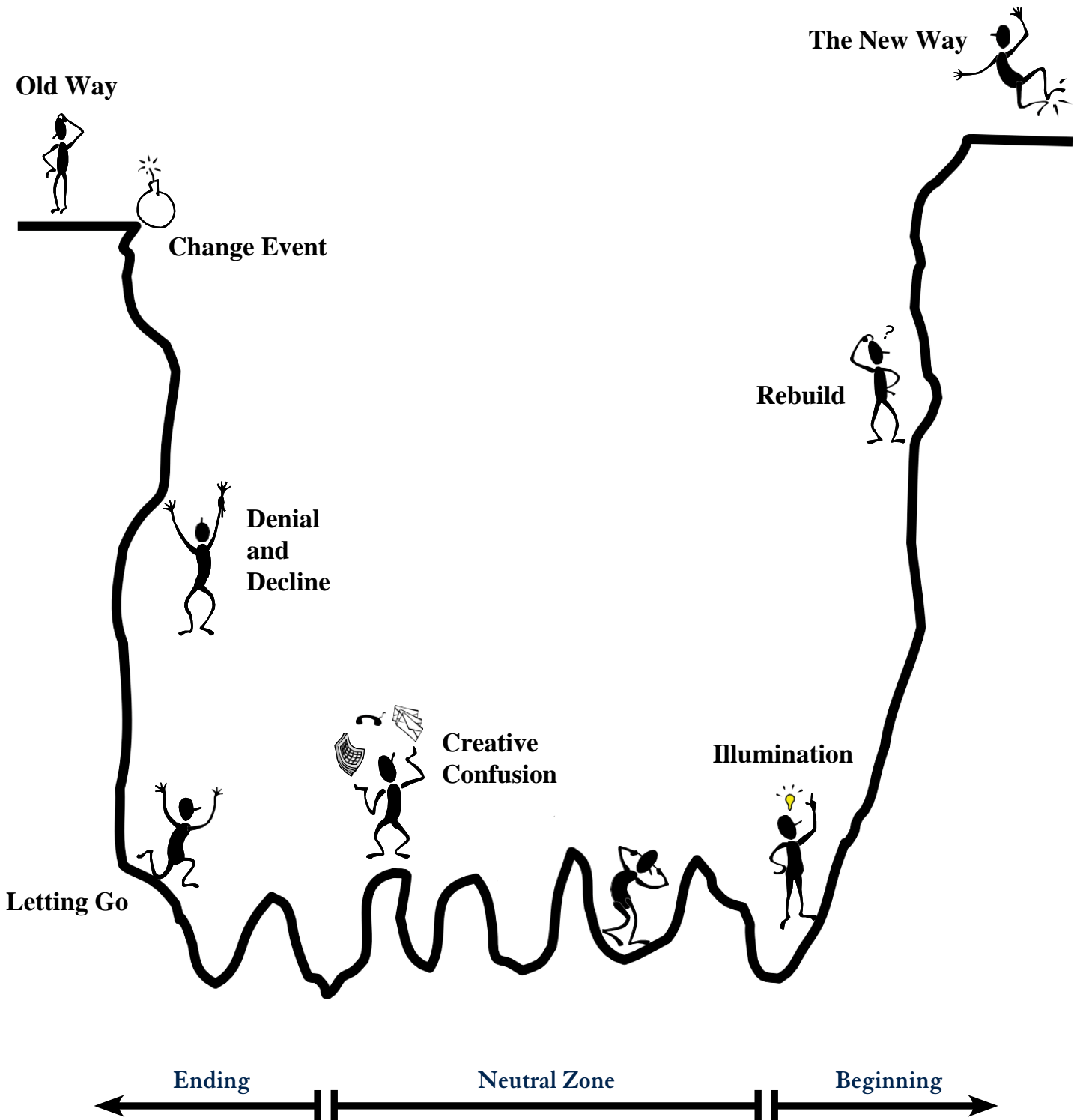
- **The Old Way** – A Journey of Change begins with the ending of an old way, in this case the ending of smoking.
- **Change Event** – Sometimes something happens to push you into making a change. For example, a medical event such as a new diagnosis or hospitalization.
- **Denial and Decline** – Starting out, you may feel like you're slipping off the edge; you want something to grab. For example, you may be thinking "I can just cut down." Much of your energy goes to resisting change and trying to bargain your way back

to the Old Way ("I can smoke once in a while," "I can switch to organic cigarettes," etc.). It is helpful to identify your denial stories (see page 17). Being in denial and decline can keep you stuck for years.

- **Letting Go** – Eventually you stop bargaining and commit to working toward the New Way of smokefree living.
- **Creative Confusion** – You face many challenges, don't feel like yourself, things are going up and down, and you problem-solve as best you can. This is a time you may find it helpful to adjust your coping methods and smoking cessation medications.
- **Illumination** – The light of awareness turns on: "I'm doing this! I'm not there yet, but I can see now how this works, one step at a time."
- **Rebuild** – You are ready to reintroduce things you temporarily let go to protect your smokefree status. "I think I'm ready to have a cup of coffee without a cigarette." "I can go out with my buddies without smoking," etc.

- **The New Way** – You arrive at the New Way of being someone who does not smoke. You probably are not even thinking about

smoking. Being without cigarettes feels as natural as smoking used to feel. It takes most people about a year to arrive here.





Seven Medications for Tobacco Cessation

Medications can improve success rates and reduce physical nicotine withdrawal symptoms allowing you to focus on changing habits and routines linked to your smoking.

There are two types of medications for smoking cessation that are approved by the Food and Drug Administration:

1. Nicotine replacement therapy (NRT)
 - Nicotine patch
 - Nicotine gum
 - Nicotine lozenge
 - Nicotine inhaler
 - Nicotine nasal spray
2. Non-nicotine replacement therapy (N-NRT)
 - Varenicline (Chantix)
 - Bupropion SR (formerly available as Zyban)

The information on this sheet does not cover all possible side effects; others may occur.

Please report any problems to your provider.

Why do we recommend nicotine replacement medications?

You might be wondering if it is safe to use nicotine replacement products when trying to stop your dependency on nicotine found in cigarettes, vapes, and chew.

- Nicotine replacement products are safe to use and do not have the strong addictive potential of cigarettes, vapes, or chew.
- The harmful effects of smoking and vaping, such as cancer, heart disease, and lung disease are not caused by nicotine, but by chemicals present in tobacco smoke and possibly in vaping aerosols
- There is a big difference between NRT and nicotine in tobacco and vape products. NRT contains pure, clean nicotine without the thousands of dangerous chemicals present in tobacco smoke. While evidence suggests that vape aerosols have lower levels of harmful chemicals than tobacco smoke, they are not considered safe.
- Another difference is that nicotine is replaced at a low level, much lower than

what you get from smoking or vaping (see page 52).

- Nicotine replacement makes you more comfortable while you are quitting because it reduces the cravings and withdrawal that you feel when you stop smoking.
- Nicotine replacement products are tapered to ease your process of withdrawal.

How long should you use medications?

- Stopping smoking is not a sprint. It is a marathon. It may take months before your brain chemistry and your skill set are solidly in the no smoking zone.
- One mistake is to stop too early. You may feel eager to stop taking medications, but give yourself time to manage nicotine withdrawal symptoms and firmly establish new habits.
- If you taper down and feel at risk of smoking, vaping, or chewing, go back up on your dose of NRT.
- If you stop your bupropion SR or varenicline, and feel at risk of smoking,

vaping, or chewing, restart your medication.

- Here are the general recommended amounts of time for each of the medications. You may need to take these medications for longer than the times noted below.

| Stop-smoking Medications | Recommended Duration of Therapy |
|---|---------------------------------|
| Nicotine patch | 8 to 10 weeks |
| Nicotine gum | 12 weeks |
| Nicotine lozenge | 12 weeks |
| Nicotine nasal spray | 12 weeks |
| Nicotine inhaler | 12 weeks |
| Varenicline (Chantix) | 12 weeks |
| Bupropion SR (formerly available as Zyban) | 7 to 12 weeks |

The following pages describe medication for smoking cessation. They are adapted from the *RX for Change* patient handouts. <https://rxforchange.ucsf.edu/>

Nicotine Patch

Also known as Habitrol®, NicoDerm CQ® (generics available)

Why choose the nicotine patch?

- The nicotine patch is used to help you stop smoking, vaping, and chewing by “replacing” the nicotine that you would normally get from tobacco and vape products, but without the harmful chemicals, and at a lower amount.
- It makes you more comfortable while you are quitting because it reduces the cravings and withdrawal that you feel when you stop smoking, vaping, or chewing.
- It’s easy to use—you apply the patch once a day. It can be used with other nicotine medications (nicotine gum, nicotine lozenge, nasal spray, or inhaler). Studies have shown that this works better than using only the patch when quitting.
- It is inexpensive compared to some of the other medications for stopping smoking/vaping/chewing.
- You do not need a prescription for this medication. However, you will need a prescription for your insurance to cover it.

How do I use the nicotine patch?

- Apply the patch to your skin, on an area between your neck and waist or on your

upper arm. Try to apply to an area with as little hair as possible to help it stay adhered to your skin.

- Every 24 hours, remove the patch and apply a new patch to a different area of your body—don’t use the same skin site for at least 1 week. This helps to reduce the chances for skin irritation.
- The patch can take 2-4 hours to get to its most effective level. It also takes about the same time to completely stop working once it is removed.

The patch strength depends on how much you smoke:

If you smoke more than 10 cigarettes a day

21 mg patch 1 patch every day for 4 to 6 weeks, *then*

14 mg patch 1 patch every day for 2 weeks, *then*

7 mg patch 1 patch every day for 2 weeks.

If you smoke 10 or fewer cigarettes a day

14 mg patch 1 patch every day for 6 weeks, *then*

7 mg patch 1 patch every day for 2 weeks.

How long is the treatment?

- It is recommended that you use this medication for at least 8 to 10 weeks but many people need to use medications longer than recommended.
- One mistake is to stop too early. You may feel eager to stop taking medication but give yourself time to firmly establish new habits.

What are the side effects of the nicotine patch?

- Skin irritation, such as redness, swelling, and itching. This is likely caused by the adhesive on the patch. You can apply 1% hydrocortisone cream to the area. If it does not improve within a few days, call your provider.
- Difficulty sleeping or unusual dreams. This is because you are getting nicotine (which is stimulating) from the patch while you sleep.
 - Tobacco smoke causes caffeine to be used up by your body more quickly. Be sure to reduce your caffeine (e.g., coffee, tea, soda) intake by half when you quit smoking. Try to avoid beverages with caffeine after lunchtime so you can sleep well at night.

- If sleeping is still a problem, you can remove the nicotine patch before bedtime and put on a new one as soon as you wake up. If you have strong morning cravings for tobacco, you can use a piece of nicotine gum or nicotine lozenge first thing in the morning to hold you over until the patch takes full effect (about 2-4 hours).

What else do I need to know?

- Let your provider know if you are pregnant or breastfeeding, had a heart attack within the past 2 weeks, or have irregular heartbeats or angina (e.g., chest pain).
- If you have eczema, sensitive skin (i.e., if your skin reacts to adhesive bandages or bandaids) or other skin conditions, the patch might not be a good choice for you.
- Be sure to read all of the information on the box of patches. Call your provider if you have questions.
- If you plan to use the patch AND a short-acting nicotine medication (nicotine gum, nicotine lozenge, nasal spray, inhaler), you can take the short-acting nicotine replacement medication as needed (up to every 1-2 hours) for breakthrough urges.

Nicotine Gum

Also known as Nicorette® (generics available)

Why choose the nicotine gum?

The nicotine gum is used to help you stop smoking/vaping/chewing by “replacing” the nicotine that you would normally get from medication.

- It makes you more comfortable while you are quitting because it reduces the cravings and withdrawal that you feel when you stop smoking, vaping, or chewing.
- It can be used with the nicotine patch. Studies have shown that this works better than using only one nicotine replacement medication.
- It is inexpensive compared to some of the other medications for quitting smoking.
- You do not need a prescription for this medication. However, you will need a prescription for your insurance to cover it.
- Chew 1 piece of nicotine gum slowly until it feels tingly or peppery (after about 15 to 30 chews). This tingle is caused by the nicotine being released from the nicotine gum—then “park” it between your cheek and gum.
- Keep the nicotine gum parked until the tingle fades, then chew it again slowly until you feel the tingling again. Park the nicotine gum again in a different place in your mouth.
- Repeat the “chew-and-park” process for about 30 minutes, or until you no longer feel the tingling when you chew the nicotine gum—this means that there is no more nicotine left and you can discard the nicotine gum safely, away from children and pets.
- Do not chew too quickly or swallow the nicotine gum because the medication might be less effective, and it can upset your stomach and cause hiccups.

How do I use the nicotine gum?

- Do not eat or drink for 15 minutes before or while you have the nicotine gum in your mouth (drinking water before using the nicotine gum is OK).
- **If the nicotine gum is the only medication that you are using to stop smoking, vaping, or chewing, be sure to use at least 9 pieces every day for the first 6 weeks.**
If you plan to use the nicotine gum AND the patch, you can take it as needed for break through urges.

What strength you use depends on when you smoke your first cigarette of the day:

| If you smoke your first cigarette of the day | Use the |
|--|-------------------|
| Within 30 minutes of waking | 4 mg nicotine gum |
| More than 30 minutes after waking | 2 mg nicotine gum |

Dosing schedule* (for use while you are awake):

| | |
|----------------------|----------------------------|
| Weeks 1 – 6 | 1 piece every 1 to 2 hours |
| Weeks 7 – 9 | 1 piece every 2 to 4 hours |
| Weeks 10 – 12 | 1 piece every 4 to 8 hours |

* Do not use more than 24 pieces of nicotine gum a day.

How long is the treatment?

- It is recommended that you take this medication for 12 weeks.
- Each medication has a recommended timeline, but some people need to use medications longer than recommended.
- One mistake is to stop too early. You may feel eager to stop taking medication but give yourself time to firmly establish new habits.

What are the side effects of the nicotine gum?

- Hiccups or upset stomach (more common when chewed too quickly).
- Sore jaw from chewing (nicotine gum is harder to chew than regular chewing gum).

- Mouth or throat irritation (be sure to “park” the nicotine gum in different areas of your mouth).
- May stick to dental work.
- Caffeine interacts with tobacco smoke. Be sure to reduce your caffeine (e.g., coffee, tea, soda, energy drinks) intake by half when you quit smoking, and do not drink anything with caffeine after lunchtime so you are able to sleep well at night.

What else do I need to know?

- If you have TMJ (temporomandibular joint disease; pain or general aching of the jaw) or significant dental work (e.g., crowns, dentures, braces), the nicotine gum is not a good choice for you.
- Let your provider know if you are pregnant, or breastfeeding, had a heart attack within the past 2 weeks, or have irregular heart beats or angina.
- Be sure to read all the information on the box of nicotine gum. Call your provider if you have questions.
- Be sure to use nicotine gum according to a regular schedule to prevent withdrawal.
- If you are using nicotine gum for breakthrough cravings, do not wait until you are craving a cigarette to take a dose. Nicotine gum does not work as quickly as nicotine from cigarettes or vapes. For example, if you smoke in your car, plan to take a nicotine gum 30 minutes before driving.

Nicotine Lozenge

Also known as *Nicorette*[®] Nicotine lozenge, *Nicorette Mini*[®] (generics available)

Why choose the nicotine lozenge?

- The nicotine lozenge is used to help you stop smoking/vaping/chewing by “replacing” the nicotine that you would normally get from tobacco and vape products, but without the harmful chemicals, and at a lower amount.
 - It makes you more comfortable while you are quitting because it reduces the cravings and withdrawal that you feel when you stop smoking, vaping, or chewing.
 - It can be used with the nicotine patch. Studies have shown that this works better than using only one nicotine replacement medication.
 - It is inexpensive compared to some of the other medications for stopping smoking/vaping/chewing.
 - You do not need a prescription for this medication. However, you will need a prescription for your insurance to cover it.
- Place it in your mouth, between your cheek and gum, and let it dissolve slowly over 20 to 30 minutes.
 - You will have a spicy, minty, or tingling feeling in your mouth as the nicotine lozenge dissolves (this is the nicotine working).
 - Move the nicotine lozenge from one side of your mouth to the other every few minutes.
 - Do not chew or swallow the nicotine lozenge because the medicine will not work, and it will upset your stomach.
 - **If the nicotine lozenge is the only medication that you are using to stop smoking, vaping, or chewing, be sure to use at least 9 nicotine lozenges every day for the first 6 weeks.** If you are using it with the nicotine patch, you can take it as needed for breakthrough urges.

How do I use the nicotine lozenge?

- Do not eat or drink for 15 minutes before or while you have the nicotine lozenge in your mouth (drinking water before using the nicotine lozenge is OK).

What strength you use depends on when you smoke your first cigarette of the day:

| If you smoke your first cigarette of the day | Use the |
|--|-----------------------|
| Within 30 minutes of waking | 4 mg nicotine lozenge |
| More than 30 minutes after waking | 2 mg nicotine lozenge |

Dosing schedule* (for use while you are awake):

| | |
|----------------------|---------------------------------------|
| Weeks 1 – 6 | 1 nicotine lozenge every 1 to 2 hours |
| Weeks 7 – 9 | 1 nicotine lozenge every 2 to 4 hours |
| Weeks 10 – 12 | 1 nicotine lozenge every 4 to 8 hours |

* Do not use more than 5 nicotine lozenges in 6 hours or more than 20 nicotine lozenges a day.

How long is the treatment?

- It is recommended that you take this medication for 12 weeks.
- Each medication has a recommended timeline, but many people need to use medications longer than recommended.
- One mistake is to stop too early. You may feel eager to stop taking medication but give yourself time to firmly establish new habits.

What are the side effects of the nicotine lozenge?

- Mouth and throat irritation (be sure to move the nicotine lozenge from side to side in your mouth while it's dissolving).
- Hiccups or upset stomach (be sure not to chew or swallow the nicotine lozenge).

- Caffeine interacts with tobacco smoke. Be sure to reduce your caffeine (e.g., coffee, tea, soda, energy drinks) intake by half when you quit smoking, and do not drink anything with caffeine after lunchtime so you are able to sleep well at night.

What else do I need to know?

- Let your provider know if you are pregnant or breastfeeding, had a heart attack within the past 2 weeks, or have irregular heartbeats or angina (chest pain).
- Be sure to read all the information on the box of nicotine lozenges. Call your provider if you have questions.
- Be sure to take nicotine lozenges according to a regular schedule to prevent withdrawal.
- If you are using nicotine lozenges for breakthrough cravings, do not wait until you are craving a cigarette to take a dose. Nicotine lozenges do not work as quickly as nicotine from cigarettes. For example, if you smoke in your car, plan to take a nicotine lozenge 30 minutes before driving.

Nicotine Inhaler

Also known as Nicotrol Inhaler[®] (no generic)

Why choose the nicotine inhaler?

- The nicotine inhaler is used to help you stop smoking, vaping, or chewing by “replacing” the nicotine that you would normally get from tobacco and vape products, but without the harmful chemicals, and at a lower amount.
- It makes you more comfortable while you are quitting because it reduces the cravings and withdrawal that you feel when you stop smoking, vaping, or chewing.
- It can satisfy your urges to have something in your hand that you bring to your mouth.
- It can be used with the nicotine patch. Studies have shown that this works better than using only one nicotine replacement medication.
- You must have a prescription for this medication.
- It is covered by some insurance plans.
- While the best results are often seen with continuous puffing over 20 minutes, many people use the inhaler for just a few minutes, put it down and use it again later for a total of 20 minutes of active puffing per cartridge. Over time, you will find what works best for you.
- The cartridge is completely used when the menthol flavoring is gone.
- The nicotine is absorbed across the lining of your mouth and back of your throat.
- Initially, use 1 cartridge every 1 to 2 hours while awake.
- Do not eat or drink for 15 minutes before or while you are using the inhaler (drinking water before using the inhaler is OK).
- To use a cartridge, inhale gently into the back of the throat or puff in short breaths—do not inhale into your lungs (as you would with a cigarette).
- Replace the cartridge after about 20 minutes of puffing.

How do I use the nicotine inhaler?

- The nicotine inhaler mimics the hand-to-mouth motion that many people miss when they quit smoking.
- When you open a cartridge, it will be good for 24 hours; in hot weather, the nicotine will evaporate more quickly.

- If the nicotine inhaler is the only medication that you are using to stop smoking, vaping, or chewing, be sure to use at least 6 cartridges every day for the first 3 to 6 weeks, then reduce use after time. If you plan to use the inhaler AND the patch, you can take it as needed for breakthrough urges. Do not use more than 16 cartridges in 24 hours.

How long is the treatment?

- It is recommended that you use this medication for at least 3 to 6 months.

What are the side effects of the nicotine inhaler?

- Mouth and throat irritation
- Cough
- Hiccups
- Upset stomach or nausea
- Caffeine interacts with tobacco smoke. Be sure to reduce your caffeine (e.g., coffee, tea, soda) intake by half when you quit smoking, and do not drink anything with caffeine after lunchtime so you are able to sleep well at night.

What else do I need to know?

- The nicotine inhaler might be less effective in cold environments (temperatures under 60°F).
- Let your provider know if you are less than 18 years old, pregnant or breastfeeding, had a heart attack within the past 2 weeks, or have irregular heartbeats or angina (chest pain).
- Be sure to read all of the information that the pharmacy provides to you when you fill your prescription. Call your provider if you have questions.
- Be sure to take this medication according to a regular schedule to prevent withdrawal. Do not wait until you are craving a cigarette to take a dose, because it does not work as quickly as nicotine from cigarettes.

Nicotine Nasal Spray

Also known as Nicotrol NS[®] (no generic)

Why choose the nicotine nasal spray?

- The nicotine nasal spray is used to help you stop smoking, vaping, or chewing by “replacing” the nicotine that you would normally get from tobacco and vape products, but without the harmful chemicals, and at a lower amount.
- It makes you more comfortable while you are quitting because it reduces the cravings and withdrawal that you feel when you stop smoking, vaping, or chewing.
- It works more quickly than the nicotine patch, nicotine gum, nicotine lozenge, and inhaler.
- It can be used with the nicotine patch. Studies have shown that this works better than using only one nicotine replacement medication.
- You must have a prescription for this medication.
- It is covered by some insurance plans.

How do I use the nicotine nasal spray?

This medication is sprayed into your nose.

Follow these steps:

1. Blow your nose (if it is not clear).
 2. Tilt your head back slightly.
 3. Insert the tip of the bottle into the nostril as far as it is comfortable.
 4. Breathe through the mouth while you push the bottom of the bottle upward with your thumb to give yourself 1 spray into each nostril.
 5. In case of a runny nose, sniffing gently will keep the spray inside of your nose.
 6. Do not inhale deeply or swallow the spray.
- Use 1 dose every 1 to 2 hours while you are awake (1 dose = 2 sprays; 1 spray in each nostril).
 - If the nasal spray is the only medication that you are using to stop smoking, vaping, or chewing, be sure to use at least 8 doses every day for the first 6 to 8 weeks, then reduce gradually during the next 4 to 6 weeks of treatment. If you plan to use the nasal spray AND the patch, you can take it as needed for breakthrough urges.

- Do not use more than 5 doses in an hour or 40 doses a day.

How long is the treatment?

- It is recommended that you use this medication for 12 weeks.
- Each medication has a recommended timeline, but some people need to use medications longer than recommended.
- One mistake is to stop too early. You may feel eager to stop taking medication but give yourself time to firmly establish new habits.

What are the side effects of nicotine nasal spray?

- Nose and throat irritation, such as runny nose or stinging/burning (nicotine is irritating)
- Watery eyes
- Sneezing
- Coughing
- Caffeine interacts with tobacco smoke. Be sure to reduce your caffeine (e.g., coffee, tea, soda, energy drinks) intake by half when you quit smoking, and do not drink anything with caffeine after lunchtime so you are able to sleep well at night.

What else do I need to know?

- If you have asthma, chronic allergies, frequent sinus infections, or nasal polyps, the nicotine nasal spray is not a good choice for you.
- Let your provider know if you are pregnant or breastfeeding, had a heart attack within the past 2 weeks, or have irregular heartbeats or angina (chest pain).
- Be sure to read all of the information that the pharmacy provides to you when you fill your prescription. Call your provider if you have questions.
- Be sure to take this medication according to a regular schedule to prevent withdrawal. Do not wait until you are craving a cigarette to take a dose, because it does not work as quickly as nicotine from cigarettes.

Varenicline

Also known as Chantix®

Why choose varenicline?

- Varenicline is a pill used to help you stop smoking, vaping, or chewing.
- It makes you more comfortable while you are quitting because it reduces the cravings and withdrawal that you feel when you stop smoking, vaping, or chewing.
- Research studies show that varenicline is the most effective medication when you stop smoking, vaping, or chewing.
- You must have a prescription for this medication.
- It is covered by some insurance plans.

How do I use varenicline?

- Most people begin taking varenicline at least one week before their stop date because it takes some time for the medication to take effect.
- You will start at a lower dose and then increase to the full dosage.
- Take the pill with a full glass of water after you eat a meal.
- If you miss a dose, take it as soon as you remember. If it is less than eight hours to your next dose, wait until your next scheduled dose. Then return to your normal schedule.

Usual dosing schedule:

| Treatment Day | Dose |
|---------------------------|--|
| Days 1 – 3 | Take 1 white (0.5 mg) pill each day. |
| Days 4 – 7 | Take 1 white (0.5 mg) pill in the morning and 1 in the evening each day. |
| Days 8 – end of treatment | Take 1 blue (1 mg) pill in the morning and 1 in the evening each day. |

How long is the treatment?

It is recommended that you take this medication for 12 weeks.

What are the side effects of varenicline?

Most common:

- Nausea (taking with food and water will help to prevent this side effect)
- Problems with sleeping (insomnia, vivid dreams)

Less common:

- Headache
- Constipation and flatulence (gas)
- Changes in taste
- Changes in mood or behavior

What else do I need to know about varenicline?

- This medication may cause changes in your mood or behavior. If you or a family member notice any changes that are not normal for you, stop taking varenicline and contact your provider right away.
- A large study compared varenicline, bupropion SR, nicotine replacement therapy, and placebo. The study did not show an increase in neuro psychiatric problems from varenicline or bupropion compared to the nicotine patch or placebo.
- Let your provider know if you are pregnant, or breastfeeding, or have kidney disease.
- Caffeine interacts with tobacco smoke. Be sure to reduce your caffeine (e.g., coffee, tea, soda, energy drinks) intake by half when you quit smoking, and do not drink anything with caffeine after lunchtime so you are able to sleep well at night.
- Be sure to read all the information that the pharmacy provides to you when you fill your prescription. Call your provider if you have questions.

Bupropion SR

Generic; formerly available as Zyban[®], and Wellbutrin

Why choose bupropion SR?

- Bupropion SR is a pill used to help you stop smoking, vaping, and chewing.
- It makes you more comfortable while you are quitting because it reduces the cravings and withdrawal that you feel when you stop smoking, vaping, or chewing.
- It can be used together with a nicotine replacement medication, such as the nicotine patch, to further reduce your withdrawal symptoms.
- It is inexpensive compared to some of the other medications for stopping smoking, vaping, or chewing.
- You must have a prescription for this medication.
- It is covered by some insurance plans.

How do I use bupropion SR?

- Start taking bupropion SR 1-2 weeks before your stop date because it takes some time for the medication to take effect.
- The dose you will take is lower during the first 3 days of treatment, then it is increased to the full dosage.

Dosing schedule:

| Treatment Day | Dose |
|-----------------------------|--|
| Days 1 – 3 | Take 1 (150 mg) pill each day. |
| Day 4 – end of treatment | Take 1 (150 mg) pill in the morning and 1 in the evening. Take the pills at least 8 hours apart. Do not take more than 2 pills in one day. |

How long is the treatment?

- It is recommended that you take this medication for 7 to 12 weeks.
- If you feel that you need to be on the medication longer, talk with your provider.
- Each medication has a recommended timeline, but many people need to use medications longer than recommended.
- One mistake is to stop too early. You may feel eager to stop taking medication but give yourself time to firmly establish new habits.

What are the side effects of bupropion SR?

More common:

- Difficulty sleeping (insomnia)
- Dry mouth

Less common:

- Nausea
- Difficulty concentrating
- Constipation
- Changes in mood and behavior

What else do I need to know?

- This medication may cause changes in your mood or behavior. If you or a family member notice any changes that are not normal for you, stop taking bupropion SR and call your provider right away. A large study compared varenicline, bupropion, nicotine replacement therapy, and placebo. The study did not show an increase in neuropsychiatric problems from varenicline or bupropion compared to the nicotine patch or placebo.
- Let your provider know if you are pregnant or breastfeeding, have liver disease, or are taking any form of bupropion or Wellbutrin® or an MAO inhibitor (not common) for depression.

- If you are already taking bupropion, you do not take extra for the purpose of helping you stop smoking.
- Do not use if you:
 - are at risk for seizures, or if you have a seizure disease (e.g., epilepsy), because taking bupropion increases the risk of having a seizure.
 - have an eating disorder (e.g., bulimia or anorexia).
 - are abruptly stopping use of alcohol or medications for anxiety (such as Ativan®, Valium®, or Xanax®).
- Caffeine interacts with tobacco smoke. Be sure to reduce your caffeine (e.g., coffee, tea, soda, energy drinks) intake by half when you quit smoking, and do not drink anything with caffeine after lunchtime so you are able to sleep well at night.
- Be sure to read all the information that the pharmacy provides to you when you fill your prescription. Call your provider if you have questions.

The information on this sheet does not cover all possible side effects; others may occur.

Please report any problems to your provider.



Nicotine Levels in the Blood

Tobacco and nicotine products supply different amounts of nicotine to the brain.

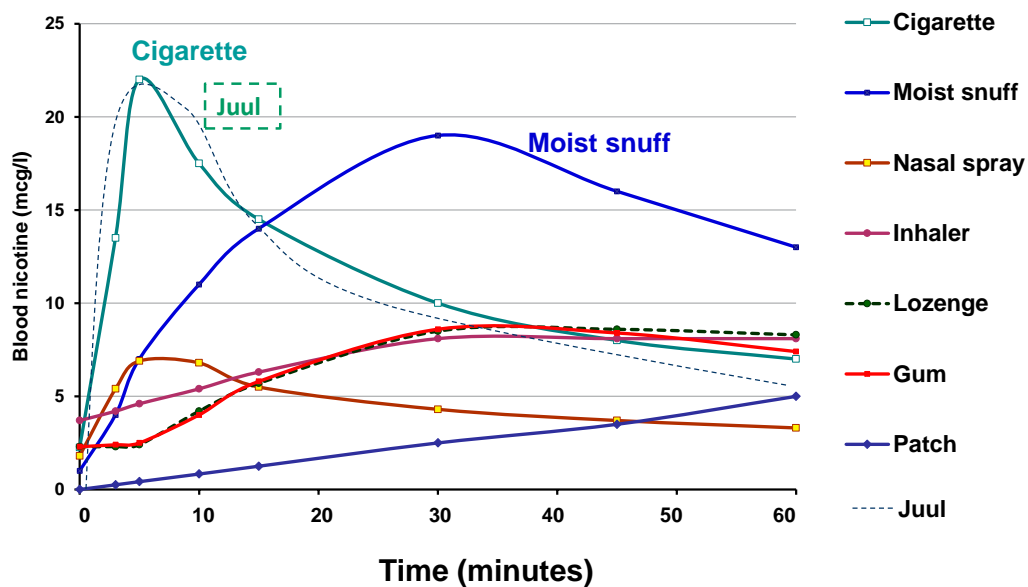
Once inhaled, high amounts of nicotine from cigarettes and vape devices reach the brain very quickly. The speed by which nicotine reaches the brain promotes addiction.

Because nicotine replacement products, such as the nicotine patch, deliver lower amounts of nicotine slowly, they do not promote addiction the same way as cigarettes, vapes, and chew.

How much nicotine are you getting?



BLOOD LEVELS OF NICOTINE ACHIEVED with TOBACCO and NRT





Self-Talk About Using Medications

Two qualities that will make your journey of change continue smoothly are curiosity and flexibility. Not everyone uses medications, but they might be right for you. It matters less which medication you use, and more that you be comfortable enough to really give it a fair try.

Choose a medication and observe your experience with curiosity:

- “I am taking this medication and will discover how it works for me.”
- Depending on what you discover, be flexible.
- Perhaps you need a higher dose?
- Maybe you want to try a different medication?

- Recognize that using medications is not a “crutch” or a form of “cheating.” These medications can make you physically more comfortable, but you still have to put in the effort to become free of smoke, vape, and chew.

Find your path as you go and adapt to your discoveries.



Practice and Review Week 2

Read

- Review workbook pages on nicotine replacement and medications, page 36-50.
- Read “Ernie Ring,” page 108.

Write

- Continue writing in your Smoking, Vaping, Chewing Awareness Journal, page 55.

Do

- Pick only **one place** in your home or work to smoke, vape, or chew.
 - Do not do anything else in this spot.
 - For example, don’t combine smoking with other activities such as talking on the phone, enjoying a few minutes of fresh air, drinking coffee, scrolling through your phone, reading, etc.
 - Do not get comfortable here – no sitting!
 - Smoke, vape, or chew, and then immediately leave the area.

- Move all smoking, vaping, and chewing paraphernalia to your designated spot.
- Continue deep breathing exercises to delay or eliminate cigarettes you would otherwise smoke. Take five deep breaths, three or more times a day.
- Continue to drink water and perhaps increase the amount consumed each day.
- **Set a stop date between week 3 and 4.**
- Complete your Stop Plan on page 78.
- Get your stop-smoking medications either by prescription or over the counter.
- For over the counter products, make sure you purchase the correct strength of medicine.
- If you need more information, call the FTTC for information.

Smoking, Vaping, Chewing Awareness Journal

| Date | # of cigarettes/ Amount of Vape/ Chew | How have you modified your behavior? | What makes you want to smoke/vape/chew? Describe your feelings and thoughts. |
|-------|---|---|--|
| Day 1 | | | |
| Day 2 | | | |
| Day 3 | | | |
| Day 4 | | | |
| Day 5 | | | |
| Day 6 | | | |
| Day 7 | | | |



Chapter Three

Medical

- Understanding nicotine effects, dependence, and withdrawal

Motivation

- Using language
- Committing to quit
- The habit loop

Planning

- Stop date tips
- Dealing with urges
- Rewards and celebrations
- My stop plan



Nicotine Dependence

Nicotine has many effects on the body. However, nicotine's most important effects are on the brain. The effect that nicotine has on the brain is dramatic.

- Once inhaled into the lungs, nicotine moves quickly into the bloodstream.
- The initial “hit” reaches the brain within ten seconds or five heartbeats, which is much faster than other modes of delivery, even faster than an injection with a needle.
- This massive and rapid upswing of nicotine is part of the reason that it is so addictive.

Nicotine binds to millions of receptors and causes a wide variety of effects:

- Pleasure
- Arousal
- Tension reduction
- Appetite suppression
- Cognitive enhancement
- Memory improvement
- Anxiety reduction
- Mood modulation

At the same time that nicotine creates these effects, it is also making some serious changes to the brain's chemistry. In short, the brain develops a dependence upon nicotine. The absence of nicotine leads to withdrawal symptoms. The discomfort of these symptoms causes the person to crave nicotine to feel comfortable again. The ultimate result is that the person's focus becomes keeping a constant nicotine level during waking hours. You need to smoke to get rid of the withdrawal symptoms to feel normal. This is a classic response to any addictive drug.



Habit Loop for Smoke, Vape, and Chew

Smoking is an addiction. It is also a habit. Thinking about how habits get stronger can help you interrupt the habit loop and change your behavior. A habit loop has four components:

1. **Trigger** – this could be anything – a time of day, a place, an emotion, the sight or smell of someone smoking/vaping/chewing, or even boredom.
2. **Urge** –the desire to smoke, vape, or chew. This can feel overwhelmingly strong. Many people describe it as a compulsion, like an “itch that has to be scratched.”
3. **Behavior** –smoking, vaping, or chewing. The thing you must do. It can be automatic. Sometimes people say, “before I knew it, I was lighting up.”
4. **Reward** –the “pay off.” Smoking, vaping, chewing causes a dopamine surge. The reward reinforces the behavior and keeps you stuck in the loop.

Break your habit loop

Habit loops can be strong after years of repetition.

- On average, if you have smoked a pack a day (20 cigarettes) every day for 20 years, you have smoked about 146,000 cigarettes. You have reinforced that habit loop many, many times over the years.
- This habit loop can change but it requires your commitment and patience.

Rewiring your brain to break the cycle of a habit loop requires attention to triggers and how you react to the triggers.

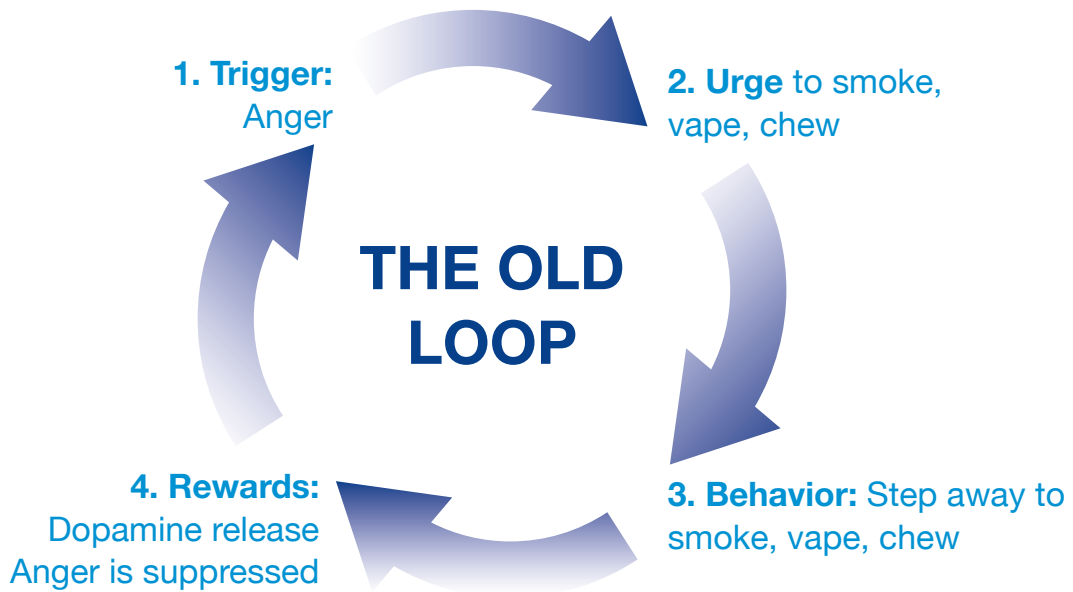
- Preparing for triggers and urges can help you have options other than smoking, vaping or chewing.
- When you have an urge to smoke, take a breath and acknowledge that a trigger and urge are present, and a better behavior is available.
- Using short acting nicotine gum or nicotine lozenge can satisfy the nicotine receptors.

- Be aware of the other rewards you get from smoking. For example, it keeps you from eating, gives you something to do with your hands, gives you an easy escape from uncomfortable situations.
- You are building a new habit loop. The

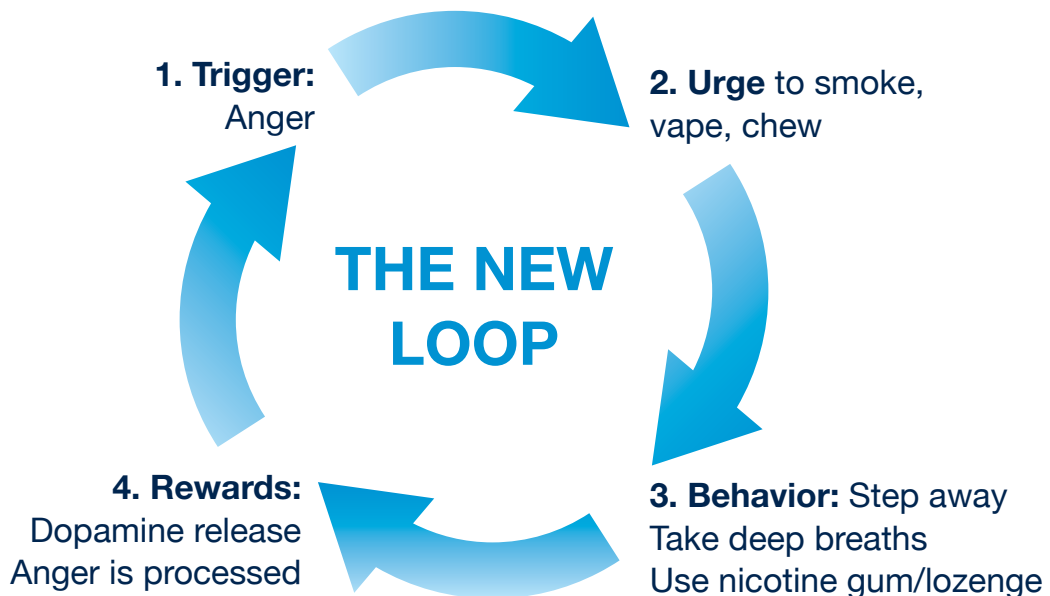
new loop will be reinforced each time you use it. It will feel natural after a period of time.

- When you see this loop happening and use a new behavior for your reward, pat yourself on the back literally or in your mind.

The Old Habit keeps you smoking, vaping, and chewing:



Learning new ways to cope frees you from the cycle:





Withdrawal Symptoms

Quitting smoking, vaping, or chewing brings about a variety of physical and psychological withdrawal symptoms. For some people, coping with withdrawal symptoms is like riding a roller coaster. There can be sharp turns, slow climbs, and unexpected plunges.

Most symptoms begin within the first 1 to 2 days, peak within the first week, and subside within 2 to 4 weeks. Report new symptoms to

your health-care provider, especially if severe. Remember, symptoms are temporary and will improve with time.

- **Circle** the symptoms you have experienced or are concerned about.
- **Select** the tools that you think may relieve your symptoms.
- **Write** in other tools that may help you cope better.

| Symptom | Cause and Duration | Tools for Relief |
|---------------------------------|---|---|
| Chest tightness | Your lungs are undergoing changes, and your body is tense because it is craving nicotine. It also might be caused by sore muscles from coughing. Can last several weeks. | <ul style="list-style-type: none"> • Use relaxation techniques. • Try deep breathing. • Use one or more of the stop-smoking medications. • _____ • _____ |
| Constipation, stomach pain, gas | Intestinal movement decreases. Can last several weeks. | <ul style="list-style-type: none"> • Drink plenty of fluids. • Eat more fruits, vegetables, and whole-grain cereals. • Exercise more. • _____ • _____ |

| Symptom | Cause and Duration | Tools for Relief |
|--|--|--|
| <p>Cough, sore throat</p> | <p>The body is getting rid of accumulated mucus in the airways.</p> <p>Duration varies.</p> | <ul style="list-style-type: none"> • Drink plenty of fluids. • _____ • _____ |
| <p>Craving a cigarette</p> | <p>Nicotine is a strongly addictive drug, and withdrawal causes cravings.</p> <p>Frequent for the first 2-3 days; can occur for months.</p> | <ul style="list-style-type: none"> • Wait out the urge, which lasts only a few minutes. • Exercise (take walks). • Use one or more of the stop-smoking medications. • _____ • _____ |
| <p>Depressed mood</p> | <p>It is common to feel sad for a period of time after you first quit smoking. It takes time for the brain to adjust to being without nicotine. Many people have a strong urge to smoke when they feel depressed.</p> <p>Duration varies; could last months.</p> | <ul style="list-style-type: none"> • Increase pleasurable activities. • Talk with your clinician about changes in your mood when quitting. • Get extra support from friends and family. • See a therapist. • Use one or more of the stop-smoking medications. • _____ • _____ |
| <p>Difficulty concentrating</p> | <p>The body needs time to adjust to the lack of stimulation from nicotine.</p> <p>Can last several weeks.</p> | <ul style="list-style-type: none"> • Plan workload accordingly. • Take frequent breaks. • Use one or more of the stop-smoking medications. • _____ • _____ |

| Symptom | Cause and Duration | Tools for Relief |
|---------------------------------------|---|---|
| <p>Dizziness</p> | <p>The body is getting extra oxygen.</p> <p>Typically improves within a couple of weeks.</p> | <ul style="list-style-type: none"> • Use extra caution. • Change positions slowly. • Stay hydrated. • _____ • _____ |
| <p>Hand and mouth cravings</p> | <p>Missing the experience of handling or tasting cigarettes/vapes/chew can result in wanting something to put in your hands and mouth.</p> <p>Can last weeks to months.</p> | <ul style="list-style-type: none"> • Drink sips of water. • Prepare low-calorie snacks. • Play with fidget toys. • Use straws, chewing gum, mints, and flavored toothpicks. • _____ • _____ |
| <p>Insomnia</p> | <p>Nicotine affects brain wave function and influences sleep patterns. Coughing and dreams about smoking are common.</p> <p>Can last weeks to months.</p> | <ul style="list-style-type: none"> • Reduce caffeine intake by about half (and none after lunchtime) because you will be more sensitive to caffeine while stopping smoking. • Use relaxation techniques. • Stick to a bedtime routine. • _____ • _____ |
| <p>Irritability</p> | <p>The body's craving for nicotine can produce irritability.</p> <p>Can last several weeks but usually ends within 4 weeks.</p> | <ul style="list-style-type: none"> • Take walks. • Decrease caffeine use. • Use relaxation techniques. • Use one or more of the stop-smoking medications. • Be kind to yourself. • _____ • _____ |

Adapted from materials from the National Cancer Institute and Rx for Change



Using Language

Language is a powerful tool that when used correctly can help you successfully change behavior. What you tell yourself will directly impact what you do.

Our beliefs about ourselves and the situation at hand lead to the thoughts we have, which in turn lead to the language we use. The words we choose set our options for action. Only by

taking the right actions can we ever realize the results we want. The good news is...

By using clear, goal-focused language we can override unhelpful beliefs and thoughts that do not line up with results we desire.

Here, two different perspectives create very different results.

PERSPECTIVE 1:

“I hate this.”

Leads back to smoking/vaping/chewing.

Deprivation:

- I am being denied something I love.
- I am being forced to do something.
- Something I want/need is being taken away from me.

Weakness:

- This is too hard.
- It's harder for me than most people.

PERSPECTIVE 2:

“I can do this.”

Leads to a positive vision of being smoke/vape/chew free.

Opportunity:

- This is my chance to change a habit I no longer want.
- I am in charge of my choices.
- I am learning to deal with life without harming myself.

Strength:

- This is an important challenge.
- I am more powerful than cigarettes/vapes/chew.

| | |
|--|---|
| <p>PERSPECTIVE 1: “I hate this.” Leads back to smoking/vaping/chewing.</p> | <p>PERSPECTIVE 2: “I can do this.” Leads to a positive vision of being smoke/vape/chew free.</p> |
| <p>Entitlement:</p> <ul style="list-style-type: none"> • Why can't I just smoke/vape/chew once in a while? • I deserve at least one vice. | <p>Empowerment:</p> <ul style="list-style-type: none"> • I can beat this habit. • I deserve to take care of myself. |
| <p>Lack of commitment:</p> <ul style="list-style-type: none"> • It's not a good time. • I'm waiting to <i>want</i> to stop. | <p>Strength:</p> <ul style="list-style-type: none"> • I am _____-free. • I am no longer looking for the chance to smoke/vape/chew. |

Start using positive language that declares “I am smoke/vape/chew free” even if it sounds odd, fake, or like a lie at first. Without a doubt, the most powerful words you can say to yourself (even if it isn't quite true yet) are **“I am smoke/vape/chew free.”**

What message could you give yourself that would lead to the results you want? Write it here.

WARNING

**SMOKE
FREE**

TRY

TRY

TRY

TRY

Using the word
TRY
is an easy
way to divert
yourself from your
DESTINATION

**(You are allowing yourself lots of options for failure
while remaining a “good” person for the effort)**



Entitlement: Another Language Trap

Entitlement is the belief that one deserves something, that they have earned the right to something. Do you feel entitled to smoke? Here are some examples that may help you recognize if feelings of entitlement are playing a part in keeping you from stopping smoking, vaping, or chewing.

- If it is in my house (or my purse, or my car), I am entitled to it; The decision is already made. I get to have it.
- No more cigarettes after midnight...but right now I can smoke.
- I will finish the pack and then quit.
- I paid a lot for my vape pen; I can't waste so much money.
- I don't have any other vices; I deserve to keep smoking.
- I've already had to give up so much; I shouldn't have to give up using chew.
- I should be given this surgery even if I am smoking.
- I only smoke occasionally; I should be allowed to continue.

How do you feel entitled to smoke?

Write your response here:



Commit to Quit

Many people report that a weight is lifted once they truly decide to stop smoking.

Their mindset becomes:

- Smoking/vaping/chewing is not an option.
- Life no longer revolves around little moments of sneaking in a cigarette/vape/chew.
- I am relieved of the constant struggle to resist smoking/vaping/chewing.
- I am a non-smoker/vaper/chewer and ready to “move on.”
- I live with fewer daily “regrets.”

Commit to Quit Agreement

On _____, I will stop using _____

(Cigarettes, vapes, chew, etc.)

I choose to see this as a serious and important shift in my life. With this commitment, I am demonstrating:

- A sincere desire to stop
- The motivation to make the necessary changes, and
- The willingness to experience discomfort as I heal from nicotine dependence.

I understand there will be challenging times, and I agree to do my best to meet them. I will work to be kind to myself during this process and seek support when I need it.

By choosing to quit, I am taking a stand for my health, for the health of those around me, for the people who care for me, and most importantly, for myself.

Signature

Date



Self-talk to Support Your Decision

Positive self-talk can reinforce the decision to quit. Replacing thoughts such as “I can’t do this,” or “this is too hard,” with more realistic thoughts can calm overwhelming emotions.

Here are some practical suggestions for self-talk:

- “This is temporary.”
- “Take it one moment/day at a time.”
- “This will get easier as time goes by.”
- “This cigarette is not going to fix my problem.”
- “I don’t need it.”
- “I’m glad I don’t have to do that anymore.”
- “The craving will go away whether or not I smoke.”
- “Smoking won’t make me feel better.”
- “Withdrawal symptoms are my body healing from nicotine.”



Strategies to Manage Triggers and Urges

Becoming successful at learning how to stop smoking, vaping, and chewing requires planning and learning new skills. Don't tell yourself that you can't stop because you don't have willpower. It is not about willpower alone. The pages below will show you the steps to success.

Urges and cravings are normal. By smoking, your brain and your body have been trained to expect the regular doses of smoke and nicotine. Your body and brain feel like something is wrong. It is going to take time to adjust to your new lifestyle.

Many people who have stopped smoking, vaping, or chewing report that quitting was not nearly as hard as they had feared. Hold on to that thought. This might be your story, too!

Planning for urges and cravings is key

Triggers can cause strong urges. Be ready with a response. It is important to remember that urges may last 5 to 10 minutes and then fade. They don't last forever!

Common triggers

Below are some common triggers. Mark the ones that are strong for you. Add your own triggers that are not listed here.

I want to smoke, vape, or chew when:

- I wake up.
- I have my morning coffee.
- I have had a stressful conversation.
- I see someone smoking.
- I smell a cigarette.
- I'm celebrating.
- I'm watching TV.
- I'm taking a break.
- I've finished a task.
- I've worked out at the gym.
- I've finished a meal.
- I need to concentrate.
- I need more energy.
- I'm bored.

- I get home from work.
- I'm driving.
- I'm waiting for the bus.
- I want a snack, but I don't want to gain weight.
- I have pain.
- I'm sad.
- I'm lonely.
- I've had sex.
- I want to be by myself and think.
- I'm afraid.
- _____
- _____

Vulnerable situations

The four conditions below (**HALT**) can make you very vulnerable to smoking. Do what you can to avoid feeling:

- **Hungry** – Eat regular meals.
- **Angry/Anxious** – Find outlets like exercise for difficult emotions. Consider counseling or anger management classes.
- **Lonely** – Take a walk in the park where there are people. Ask someone if you can pet their dog. Make someone smile. Attend the weekly Fontana support group.
- **Tired** – Get regular sleep and rest.

High-risk situations

- **Drinking alcohol.** Alcohol can derail your efforts. Consider not drinking alcohol at least during the first weeks of your quit journey. Rehearse what you will say if you are offered alcohol.
- **Being around people who are smoking.** In the beginning of your quit journey, avoid family and friends who will smoke around you. Rehearse what you will say if offered something to smoke.

Tools to deal with urges

There are many activities you can use to address strong urges. Plan ahead and be ready to respond to an urge. Don't wait for an urge to happen and then try to figure out what to do.

The Five Ds

- Drink water.
- Delay the craving.
- Do something else.
- Deep breathe.
- Discuss with a friend.

Nicotine Replacement Therapy

For known stressful events, use nicotine gum or lozenge starting 30 minutes before or nicotine inhaler or nasal spray 5-10 minutes before. For example, if you always smoke when you are talking on the phone with your sister after work, plan to use your nicotine gum or nicotine lozenge 30 minutes ahead of your daily call.

Make sure your short acting nicotine replacement is with you. If you are out and about and have a strong urge and your nicotine gum is at home, it will not do you any good. Have these medications close to you. Keep them in your backpack, desk, vehicle, purse, kitchen, and bedside table.

Urge Surfing

There are many strategies for meeting and dealing with urges. One powerful option is known as urge surfing, a mindfulness technique.

- You start by imagining a wave.
- You ride out an urge like a surfer riding a wave.
- Like a wave, an urge slowly builds to a peak, and then fades away.
- While the urge is growing, it can feel like it will never go away. Use deeper breaths to help carry you up and over the peak of the urge.
- As you surf the urge, notice and name what is happening, including what thoughts, feelings, and body sensations you are having.
- Remind yourself, these are feelings, and like the urge, they are temporary. They will peak and disappear even if all you are doing is paying attention to what is happening.

- Urge surfing is a practice to accept whatever you are experiencing rather than trying to get rid of it or push it away. Surfing the urge mindfully and with your breath allows it to unfold naturally and as quickly as possible.

The Emergency Exit

When building your quit plan, always look ahead to possible challenges and plan how to overcome them.

If your original plan is not working you always have an emergency exit. For example, if you have been tobacco free for some time, you may feel ready to go to a party where there may be smoking. What will you do if your coping plan is not working?

Plan ahead to just leave. No need to explain a reason to anyone. This is an emergency exit to save your health and keep you on the path of your smokefree living.

Check the strategies you could use when an urge occurs. Add your own ideas to the list.

- Repeat your mantra again and again.
- Remind yourself of your reasons to quit.
- Deep breathe. (page 114).
- Look at pictures of loved ones.
- Use short-acting NRT.
- Use a toothpick, straw, cinnamon gum or strong mints.
- Look at funny videos on your phone.
- Go outside and see the delights in nature.
- Listen to music or a podcast.
- Read a book or magazine.
- Blow bubbles.
- Call a friend or family member.
- Clean your house or car.
- Go for a walk or jog.
- Drink a glass of water with a bit of orange, lemon, or lime.
- Have a small snack. (Fresh fruit, raw carrots, celery, frozen grapes, sunflower seeds.)
- Brush your teeth.
- Play a game or puzzle.
- Work on an art project.
- Hold something in your hand. (Pen, coin, fidget spinner, or paper clip.)
- Keep your hands busy. (e.g., knitting, needlework, woodworking, drawing, coloring, doodling, sketching.)
- Do the dishes or laundry.
- Take a warm shower or bath.
- Garden.
- Pet your dog or cat.
- Take your dog for a walk.
- Set a timer for 10 minutes and complete a task.
- Pray.
- Meditate.
- Dance.
- Sing.
- March in place.
- Stretch.
- Keep a gratitude journal.
- Leave.
- Surf the urge.
- Jump rope.
- _____
- _____
- _____
- _____

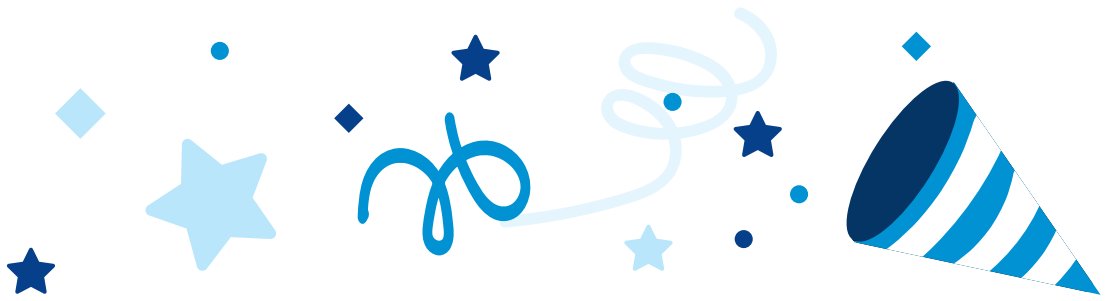
| Sample Trigger | Sample Strategy |
|--|---|
| Waking up in the morning | <ul style="list-style-type: none"> • Keep nicotine lozenges on my bedside table to use before getting out of bed |
| Drinking coffee | <ul style="list-style-type: none"> • Change up my routine • Switch to tea • Have my coffee in a different room or on the porch |
| Talking on the phone | <ul style="list-style-type: none"> • Have a doodle pad with colored pens available • Sip ice water with a bit of orange |
| Driving by the gas station where I usually buy cigarettes | <ul style="list-style-type: none"> • Get gas at another station • Don't drive by until I'm confident that I won't turn in to the usual station |
| Not knowing what to do with my hands | <ul style="list-style-type: none"> • Hold a paper clip, coin, pen, fidget spinner, stress ball, knit |
| Needing to chew or have something in my mouth | <ul style="list-style-type: none"> • Chew on carrots, gum, strong mints, or cinnamon sticks • Drink water from a straw or keep a straw in my mouth • Eat sunflower seeds one at a time |
| Being at a party where people are smoking | <ul style="list-style-type: none"> • Leave |

Explore strategies for your triggers

Finding your best strategies will take some experimenting. If one strategy doesn't work for you, try another, or try combining a couple. This experimenting takes patience and curiosity.

Think about your most frequent triggers and list them below. Add some strategies to tackle each one.

| My Trigger | My Strategy |
|------------|-------------|
| | |
| | |
| | |
| | |
| | |



Rewards and Celebrations



Fact 1

Learning to stop smoking or vaping is one of the most difficult challenges a human being can ever undertake.

Fact 2

Nonsmokers do not understand Fact 1.

Fact 3

Ex-smokers often forget Fact 1.

- An important part of staying smokefree is being able to remember and acknowledge all of the work it has taken to get this far.
- If you are unwilling to give deep appreciation to your accomplishment or if you begin to think it was “no big deal,” you are cheating yourself of the power of this extraordinary experience.
- Each cigarette not smoked is a victory to be celebrated. You finished a meal without a cigarette. Pat yourself on the back physically and mentally. Rewarding each victory supports new habits and strengthens your commitment.
- Being smokefree deserves and needs to be a significant and ongoing source of pride, strength, and confidence.
- For many people, feeling proud and confident is an odd and uncomfortable experience. Celebrating and rewarding both large and small victories will lead to greater comfort with feeling proud and confident.
- Choosing rewards that are good for you helps to move you away from using cigarettes as rewards. You get to reclaim the reward experience in honor of your good health!

| When you | You could |
|--|--|
| Delay a craving | Buy fresh flowers |
| Choose not to smoke after an argument | Chat with a friend |
| Decide not to bum a cigarette from a coworker | Buy new shoes |
| Avoid a situation where you know you would want to smoke | Have a one-minute parade in your own honor with confetti and noisemakers |
| Say, "No, thank you" when offered a cigarette | Eat chocolate |
| Recommit after a lapse | Plant a tree |
| Wait for an urge to subside on its own | Get a massage |
| Have a glass of wine without smoking | Listen to your favorite song |
| Buy a box of toothpicks instead of cigarettes | Take a candlelit bath |
| See a cigarette somewhere and do not pick it up | Declare your quit date a monthly holiday |
| Visit your in-laws without taking a smoke break | Put a gold star on your bathroom mirror |
| Leave a party early because you might smoke | Play with a puppy |
| Really want one...but don't do it | Visit a museum |



My Stop Plan

These three planning sections will help you organize your efforts for success:

1. Getting Ready
2. My Stop Day
3. Staying the Course

Plan what steps you will take to respond to urges and challenging situations. Rehearsing what you will do gives you confidence that you can follow your plan.

| Getting Ready to Stop: Steps to Take | My Notes |
|--|----------|
| <ul style="list-style-type: none"><input type="checkbox"/> Make the commitment to be free from smoke, vape, and chew. Sign My Commitment Letter on page 68.<input type="checkbox"/> Get my medications. If using varenicline or bupropion, begin taking at least a week before my quit day. It's also okay to start nicotine replacement therapy before my quit day.<ul style="list-style-type: none"><input type="checkbox"/> Nicotine patch<input type="checkbox"/> Nicotine gum<input type="checkbox"/> Nicotine lozenge<input type="checkbox"/> Nicotine nasal spray<input type="checkbox"/> Nicotine inhaler<input type="checkbox"/> Varenicline<input type="checkbox"/> Bupropion | |

- Have my short acting nicotine replacement in numerous places such as my car, pockets, purse, backpack, night table, and desk.
- Address my plan for alcohol use and depression, etc. such as therapy or joining an AA meeting.
- Taper caffeine drinks or mix decaf with caffeinated coffee to ward off caffeine jitters.
- Have my “Want to” motivation list (page 19) in several locations to review frequently, such as on my phone, on post-it notes on the fridge, in my car, on my computer screen, in my wallet.
- Review my triggers & strategies on page 75.
- Review how to address withdrawal symptoms on page 61.
- Get a water bottle.
- Stock up on strong mints, toothpicks, straws, cinnamon sticks or gum, carrot sticks, celery.
- Decide on something to hold in my hand such as a pen, fidget spinner, stress ball, or straws.
- Plan what to do instead of smoking, vaping, or chewing, such as walking, puzzling, reading, exercising, cooking.
- Get bubble mix for blowing bubbles.
- Clean my living space and get rid of all smoking items (ashtrays, cigarettes, vape pens, chew, lighters).
- Remove cigarettes and lighters from my car.
- Wash my car/have it detailed.

- Practice my mantra.

- Practice deep breathing.
- Choose celebrations for each victory, large and small.
- Build a support system. Tell supportive family and friends.
- Take a vacation from alcohol.
- Plan to avoid places and people who may trigger me to smoke.
- Rehearse what I will say if offered a cigarette.
- “Play out” the story: I am with a friend. She offers me a cigarette. I accept. What happens immediately, in 5 minutes, in a few hours, tomorrow...
- Speak to myself as I would a friend who is stopping smoking. Positive self-talk helps me support myself on the journey. “I’m smoke free! I’ve got this! I can do it!”

My Stop Day: Steps to Take

My Notes

- Review my “Want to” list on page 19.
- Take my medications.
- Don’t wait for an urge to overwhelm me. Use my short acting nicotine before I have urges.
- Change up my routine.
- Drink less caffeine.
- Drink more water.
- Have my morning coffee or tea in a different chair with a different mug.
- Plan my response to urges.
- Remind myself that the urges will pass in less than 5-10 minutes.
- Practice my deep breathing.
- Use strong mints, toothpicks, straws, cinnamon sticks or gum, carrot sticks, and celery.
- Keep my hands busy by holding a pen, fidget spinner, stress ball, straw, rubber band.
- Keep busy.
- Meditate. Pray. Dance. Sing. Blow bubbles. Take a walk. Paint. Read. Journal.
- Congratulate and celebrate.

- Check if my strategies need adjusting.
- Attend the UCSF FTTC support group for new ideas, support, and to help others.
- Use my support systems to stay on course.
- Remind myself of the “emergency exit” strategy.
If I am in danger of smoking: Leave!
- Continue to be vigilant of triggers.
- Be wary of overconfidence. Take my medication for at least the recommended time.
- Remember, Not One Puff Ever (NOPE).
- Remember, HALT (page 71).
- Remember, the 5 D’s (page 71).
- Tally how much money I am saving by not smoking (page 93).
- Celebrate every victory, big and small!
- Practice deep breathing frequently.
- If I have a lapse or relapse:
 - Don’t use my lapse as permission to keep smoking.
 - Use my lapse as a learning experience. Note and address obstacles I uncover.
 - Think about what worked in the past to help me stop. For example, if I took varenicline and was able to quit, I could start taking varenicline again.
 - Review this Stop Smoking Workbook. Use the tips to get back on track.
 - Use my mantra frequently.
 - Attend the UCSF FTTC Support Group for help getting back on track.
 - Review the Relapse section on page 89 for more suggestions.



Practice and Exercises Week 3

Read

- Barbara Vos's story, page 103.

Write

- Sign the Commit to Quit Agreement, page 68.
- Create your Stop Plan, page 78.
- Track your progress and success in your Smoking Awareness Journal, page 84.

Do

- Stop smoking this week, if you haven't already.
- Add exercise to your daily routine.
- Use your Stop Plan to help with urge responses.
- Keep deep breathing and drinking water.
- Remember to celebrate and reward yourself.

Smoking, Vaping, Chewing Awareness Journal

| Date | # of cigarettes/ Amount of Vape/ Chew | How have you modified your behavior? | What makes you want to smoke/vape/chew? Describe your feelings and thoughts. |
|-------|---|---|--|
| Day 1 | | | |
| Day 2 | | | |
| Day 3 | | | |
| Day 4 | | | |
| Day 5 | | | |
| Day 6 | | | |
| Day 7 | | | |



Chapter Four

Medical

- Benefits of stopping smoking, vaping, and chewing

Motivation

- Preventing relapse
- Quit bonus calculator

Planning

- Attend FTTC Freedom from Smoking/Vaping/Chewing Support Group



Benefits of Stopping

Stopping smoking will improve your health including better blood pressure and blood sugar control. You may be pleasantly surprised that you need a lower dose of some medications. Let your doctor know that you are stopping smoking.

Within the first day of stopping smoking:

- You stop polluting the air with dangerous second-hand smoke.
- Blood pressure and pulse rate improve.
- Temperature of hands and feet returns to normal.

24 hours:

- Chance of heart attack decreases.

48 hours:

- Carbon monoxide level in blood back to normal.
- Oxygen level in blood increases to normal.
- Ability to smell and taste things is enhanced.

72 hours:

- Bronchial tubes relax, making breathing easier.

2 weeks to 3 months:

- Circulation improves.
- Walking becomes easier.
- Lung function increases up to 30%

1 to 9 months:

- Coughing, sinus congestion, fatigue, and shortness of breath all decrease.
- Cilia regrow in lungs, increasing ability to clean the lungs and reduce infection.
- Body's overall energy level increases.

1 year:

- Heart disease death rate is halfway back to that of a nonsmoker.

5 years:

- Heart disease death rate drops to the rate for nonsmokers.
- Lung cancer death rate decreases halfway back to that of nonsmokers.

10 years:

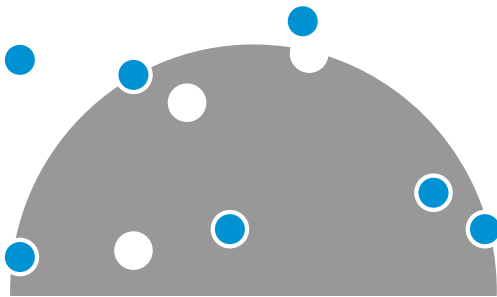
- Lung cancer death rate drops almost to the rate for nonsmokers.
- Incidence of other cancers decreases—mouth, voicebox, esophagus, bladder, kidney, pancreas, etc.



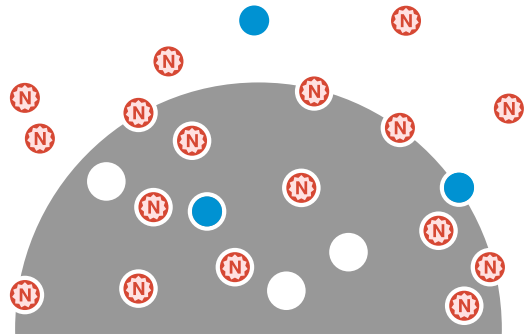
How Nicotine Changes the Brain

Neurotransmitters are chemical messengers that carry information from neuron to neuron or neurons to muscles. Receptors are structures in the brain that receive specific neurotransmitters. One neurotransmitter, acetylcholine, is shaped similar to nicotine. This allows nicotine to connect to the receptors where acetylcholine usually connects. When you smoke, these nicotinic-acetylcholine receptors increase in number to receive more and more nicotine. The images below are explained in detail on page 88.

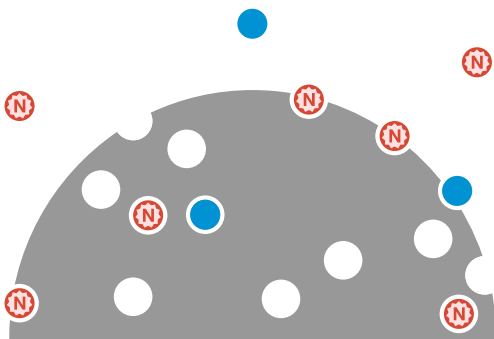
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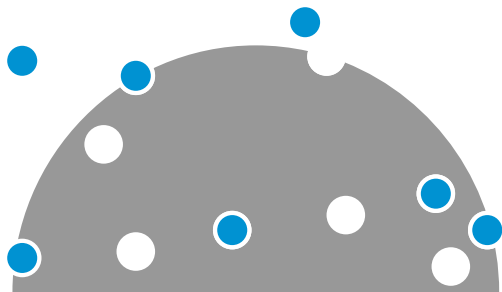
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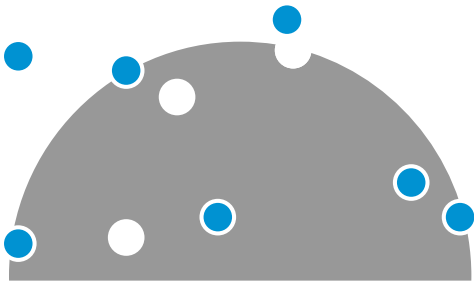


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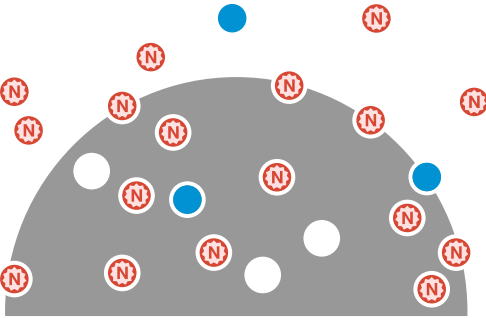


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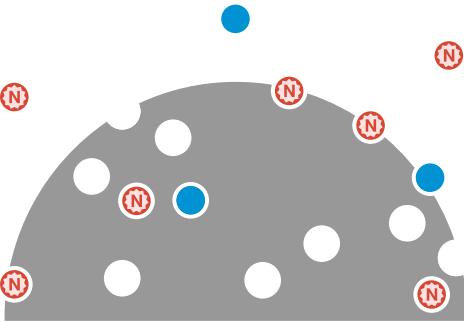




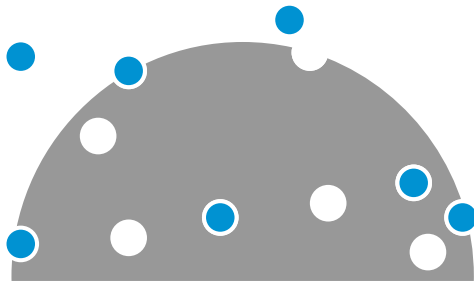
1. A brain with no history of exposure to nicotine has normal number of nicotinic-acetylcholine receptors.



2. Exposure to nicotine stimulates the brain to produce more nicotinic-acetylcholine receptors.



3. When these receptors are not filled with nicotine, there is a strong urge to smoke. Similarly, a person in the early stages of stopping smoking has many unfilled receptors, leading to symptoms of withdrawal.



4. After months of not smoking or vaping, the receptors return to normal levels. The brain has grown accustomed to normal function without needing nicotine. However, important to note that once exposed to nicotine, the receptors retain a memory of the pleasure experienced so that even a puff can set you up for regular smoking once again. Also, any addiction generates new neural circuits in the brain similar to other types of learning. For example, once you learn to ride a bicycle, those circuits persist for many years, so that even after not riding for decades one still remembers how to ride. Addiction is similar. Addiction-related brain circuits persist for many years and in some people for a lifetime.



Preventing Relapse

On the road to becoming truly smokefree, you might encounter bumps, roadblocks, and detours. If this happens, your job is to get back on the right road as soon as you can. Not all detours are the same, and it can be helpful to know the differences.

A Lapse: “Oops!”

You decide to smoke one or maybe a few cigarettes, but within a very short period of time, you return to being smokefree. A lapse can last as little as a few minutes or up to a day or two.

A Relapse: “Return to square one.”

You decide to smoke, and within a short period of time you are back to smoking at the same level as before you started the quitting process. There is a sense that you need to recommit and start over.

A Collapse: “I can’t do this!”

In addition to deciding to smoke and quickly returning to your pre-quit level, you lose faith in yourself and your ability to quit. You see the bump in the road as proof that you can’t and might not ever be able to become smokefree. You are worse off than before you attempted to quit.

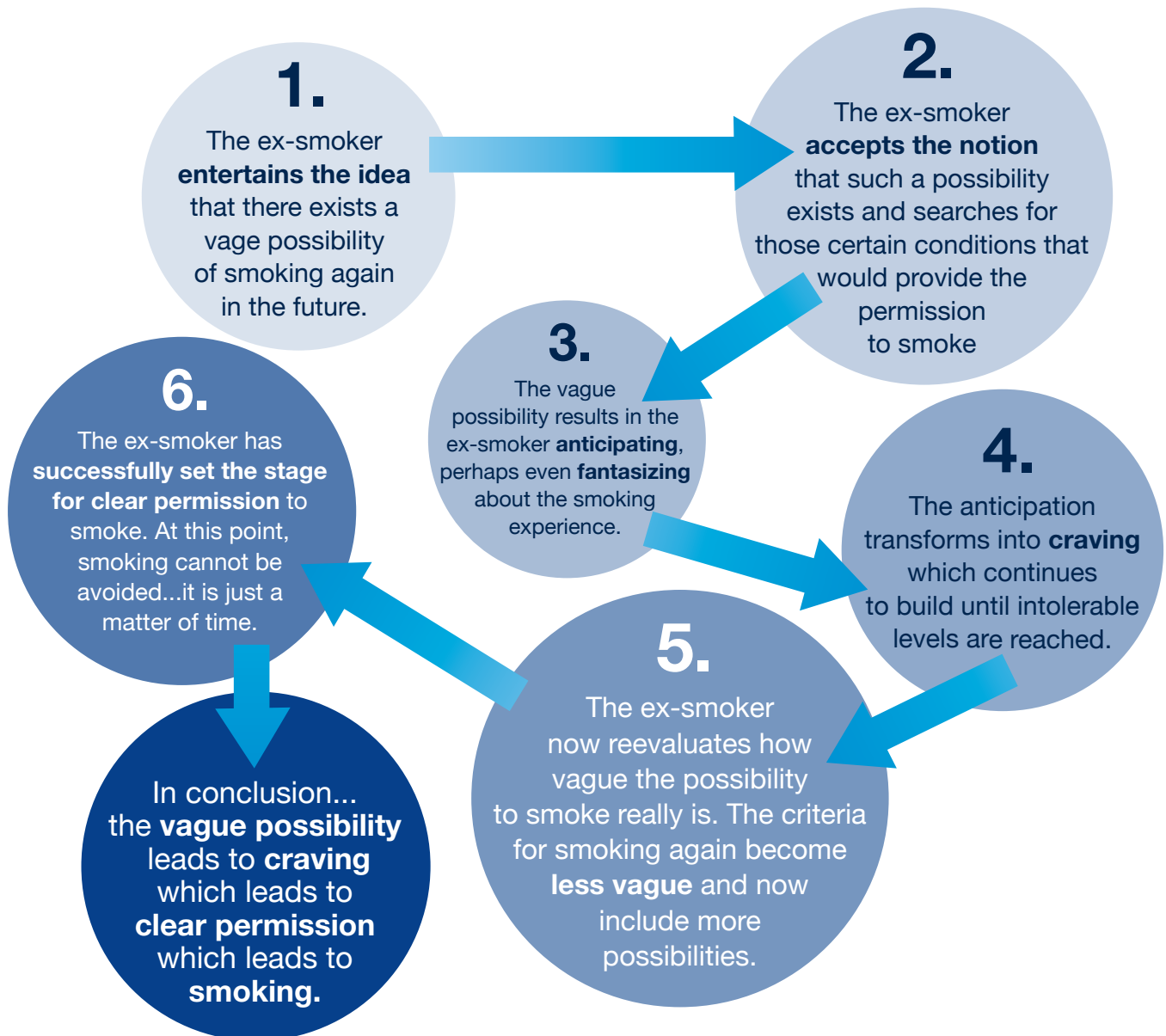
*Remember, a relapse is not
a failure.*

*You have learned a lot that
you can now apply to your next
quit attempt.*



The Road Back to Smoking

Your mind is setting you up. It starts with a whisper, which if not disrupted, grows louder. Be listening and be aware. Monitor your thoughts. “Maybe” means “yes.”





Steps to Take After a Relapse

Get Support

- Attend the UCSF FTTC Freedom from Smoking/Vaping/Chewing Support Group to get ideas and support.
- Use my support system to get back on course.

Be curious, not critical

Use my lapse as a learning experience.

- What triggers led me off track?
What could I have done differently?
- What did I get out of smoking?
- What worked well?
- Did I stop taking my stop-smoking medications too early? Did I use the right dosage?
- Did I use my tools and strategies frequently and consistently?
- Was I overconfident or did I take my new smokefree status for granted?

Recommit immediately

- Do not use my lapse as permission to keep smoking.
- **New Stop Date:** _____
- Estimate how many cigarettes I didn't smoke while I was smokefree. Each one counts as an improvement in my health.
- Tally how much money I saved while not smoking (pg. 93).
- Review key sections of the workbook:
 - My "Want to" motivation list (pg. 19)
 - My Triggers, Urges and Strategies (pg. 70)
 - My Stop Plan (pg. 78)

Stay vigilant

- N.O.P.E: Not One Puff Ever.
- Use my emergency exit when at risk for smoking or vaping: Leave.
- Monitor my thoughts. Be wary of overconfidence.
- Celebrate victories and reward myself.
- Use my mantra frequently.
- Practice my deep breathing exercises several times a day.



Relapse During Intense Life Events

Stay Vigilant when Life gets Really Bad or Really Good

Life brings intense experiences, both joyful and sad. Even if you have been smoke/vape/chew-free for years, these kinds of experiences can catch you unaware. It's not unusual to hear of relapses related to the period of grief that comes with the death of a loved one, a divorce, or an ending of a significant relationship. Deep loss can temporarily bring feelings of hopelessness and an inability to care about one's personal goals. Do not add to your suffering by allowing smoking/vaping/chewing to creep back into your life. Reach out for support and give yourself extra care and compassion.

Likewise, getting caught up in celebrations such as a wedding or graduation, you can become vulnerable to relapse. When in the "bubble" of what may be "once in a lifetime" events, you may be tempted to indulge in smoking/vaping/chewing. You may be thinking that this is an isolated event, but the reality is that for most, this leads back to addiction.

Protect yourself from a lapse or relapse during periods of intensity.

- Be aware of your feelings and thoughts, especially thoughts that give you "permission" to smoke/vape/chew.
- Explore possible strategies for managing feelings and thoughts.
- Join a support group if you are grieving the loss of a loved one or relationship.
- Consider limiting alcohol, or even going alcohol free while celebrating.
- End the celebration on a high note.
- Attend the UCSF FTTC Freedom from Smoking/Vaping/Chewing Support Group.
- Review your mantra or update it to reflect the valuable investment you've made in your health.



Quit Bonus Calculator

Stopping smoking puts more money in your pocket. Consider it your quit bonus! How much will you get?

This link to the Smokefree.gov website will calculate how much money you save by not smoking:

<https://smokefree.gov/quit-smoking/why-you-should-quit/how-much-will-you-save>

1. Enter how many cigarettes you smoke a day.
2. Enter how much you pay per pack.

If the link doesn't work, google "smokefree.gov + save money."

Example from the Smokefree.gov website:

How many cigarettes do you smoke per day?*

How much do you pay per pack?

* Required Fields

CALCULATE

Results

| After... | You'll Save |
|-----------|-------------|
| 1 Day | — |
| 1 Week | — |
| 1 Month | — |
| 1 Year | — |
| 10 Years* | — |
| 20 Years* | — |

* Based on price of cigarettes increasing 6% annually.

Quit Bonus Amount: \$

I plan to use my quit bonus for...



Practice and Exercises Week 4

Read

- Review the workbook and your notes from time to time.
- “Joyce Lavey” on page 105.

Write

- Set goals to support staying smokefree.
- Continue to document your progress and feelings.

Do

- Practice deep breathing.
- Remember: be kind to yourself!
- Check in with yourself about preparing for challenges today.
- What are you going to do this week to stay smoke/vape/chew free?
- Keep exercising and drinking water.
- Use your Stop Plan to help with urge control.
- Celebrate and reward yourself.

- **Join the FTTC Freedom from Smoking/Vaping/Chewing Support Group:**

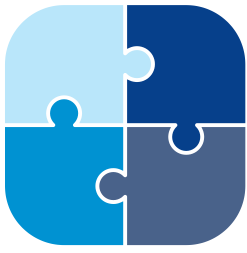
1. Be part of a community.
2. Prevent relapse.
3. Learn or practice coping skills.
4. Share success.
5. Get support and support others.

Smoking, Vaping, Chewing Awareness Journal

| Date | # of cigarettes/ Amount of Vape/ Chew | How have you modified your behavior? | What makes you want to smoke/vape/chew? Describe your feelings and thoughts. |
|-------|---|---|--|
| Day 1 | | | |
| Day 2 | | | |
| Day 3 | | | |
| Day 4 | | | |
| Day 5 | | | |
| Day 6 | | | |
| Day 7 | | | |



Appendix



Preparing for Your Journey

Getting ready to quit smoking sets the foundation for your success. Having an open and curious mind can help you figure out what has tripped you up in the past and how you can address issues now. For example, trying different ways to address triggers can help you identify which strategies work best for you. Experiment!

Unhelpful thinking styles

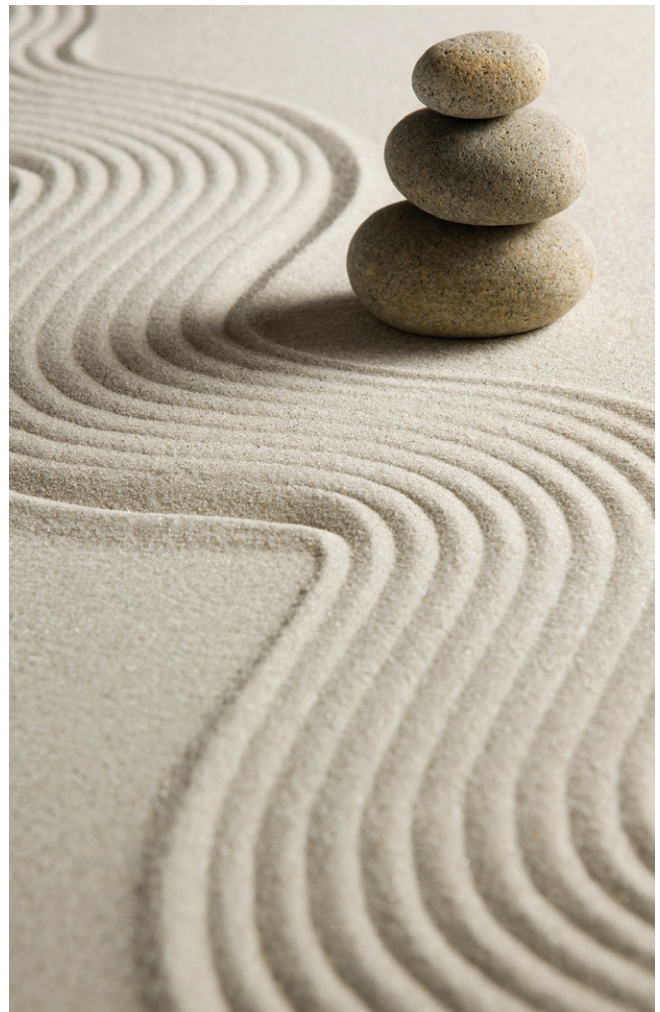
Your mind is powerful. The way you talk to yourself can have a big impact on how you feel and what you do. We would never talk to other people the way that we talk to ourselves.

Below are some examples of unhelpful ways to talk to yourself. Circle the ones that you have experienced.

Keep in mind that thoughts are just thoughts. They are not necessarily true. When you have an unhelpful thought:

- Look at the evidence. Is this a helpful thought?
- What evidence is there that it is not completely true?

- What is the most realistic outcome?
- How would you talk to a friend or close family member who was in this situation and had this thought?



| Unhelpful Thought | How It Works | Example |
|----------------------------|---|--|
| All or nothing thinking | You view a situation only in two categories instead of on a continuum. | “If I’m not a total success, I’m a failure.” |
| Catastrophizing | You predict the future negatively without considering other, more likely outcomes. | “I’ll be so upset; I won’t be able to function at all.” |
| Disqualifying the positive | You unreasonably tell yourself that positive experiences, deeds, or qualities do not count. | “I did that project well, but that doesn’t mean I’m competent, I just got lucky.” |
| Emotional reasoning | You think something must be true because you “feel” (actually believe) it so strongly, ignoring or discounting evidence to the contrary. | “I know I do a lot of things okay at work, but I still feel like I’m a failure.” |
| Labeling | You put a fixed, global label on yourself or others without considering that the evidence might more reasonably lead to a less disastrous conclusion. | “He’s a loser. He’s no good.” |
| Magnification/minimization | When you evaluate yourself, another person or a situation, you unreasonably magnify the negative and/or minimize the positive. | “Getting a mediocre evaluation proves how inadequate I am.” “Getting high marks doesn’t mean I’m smart.” |
| Mental filter | You pay attention to one negative detail instead of seeing the whole picture. | “Because I got one low rating on my evaluation (which also contained several high ratings), it means I’m doing a lousy job.” |

| Unhelpful Thought | How It Works | Example |
|--------------------------------|--|--|
| Mind reading | You believe you know what others are thinking, failing to consider other more likely possibilities. | “He’s thinking that I don’t know the first thing about this project.” |
| Overgeneralization | You make a sweeping negative conclusion that goes far beyond the current situation. | “Because I felt uncomfortable at the meeting, I don’t have what it takes to make friends.” |
| Personalization | You believe others are behaving negatively because of you, without considering one plausible explanations for their behavior. | “The repairman was curt to me because I did something wrong.” |
| “Should” and “must” statements | You have a precise, fixed idea of how you or others should behave, and you overestimate how bad it is that these expectations are not met. | “It’s terrible that I made a mistake. I should always do my best.” |
| Tunnel vision | You only see the negative aspects of a situation. | “My son’s teacher can’t do anything right. He’s critical and insensitive and lousy at teaching.” |



Clarence Brown

Hello, my name is Clarence. I was a smoker for 33 years. I had my first cigarette when I was 11 years old. It made me sick and I thought I was going to die. I smoked again when I was 18 years old. When I started smoking it was the cool thing to do and I smoked to be part of the group. As I became older, smoking became a way of life. I had a cigarette when I was thinking things over, when I needed to relax, with coffee, and with

meals. I felt that smoking made me smarter.

When the bad news about cigarettes and health started coming out, I thought that it wouldn't affect me; I kept smoking. When my nurse warned me about cigarettes' hazards on my health, I thought that it wouldn't happen to me; I kept smoking.

When I was 46 years old, I was intubated for the first time. Since I was unable to breathe for myself,

“I had abused cocaine, heroin, and marijuana. I quit them all, but nothing was as hard as cigarettes.”



©JOHN HARDING

a tube was put down my throat and into my lungs. Oxygen was pushed through this tube by a machine. I couldn't talk because a tube was down my throat; it was terrible.

I remember being trapped in this hospital bed with all kinds of tubes going in and out of me. My only thoughts were about when I could get out of bed and push my IV to the patio and have a cigarette. This same story gets repeated seven times. I'd be in the hospital, intubated, and turn around and continue the same habits that got me there in the first place.

Three years later, I tried to quit for the first time. I went to one group, then dropped the program. It took three more tries, but five years later, I quit smoking for good. It wasn't easy. I had abused cocaine, heroin, and marijuana. I quit them all, but nothing was as hard as cigarettes.

As I attended the groups and began to view myself as a nonsmoker, I began to notice some changes in my physical health. I was able to walk farther without having to stop and catch my breath. I'd recuperate faster at home without having to come to the hospital. Two years after I

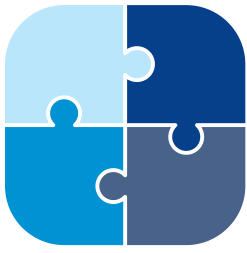
“I went to one group, then dropped the program. It took three more tries, but five years later, I quit smoking for good.”

stopped smoking, for the first time in years, I went a whole year without being hospitalized once!

Believe me, I know it is hard to quit, but you CAN. It's your life. I know how the mind can run things. Always making excuses for smoking, not taking care of your health or the health of the people around you. The biggest barrier you have to face is your mental attitude. That you have to change.

I know my life is much better as a nonsmoker. My health is better. Even my friends and family tell me that they see that things are going better for me.

I used to think, 'Why should I quit? I enjoy cigarettes.' Now as I look back on my smoking, I didn't enjoy them. I say to people, "Sure, you tell me you want to quit, but what are you going to DO to quit smoking?"



Barbara Vos

I was born in Long Island, New York, but I grew up in Brooklyn. I've lived in San Francisco since 1976, the year after my mother died. I went back to take care of her when she found out that she had a rare form of cancer. It killed her in six months. She was a smoker and she never quit. A pack and a half, two packs a day, that was how she smoked; she was in a cloud all the time. I was breathing second-hand smoke my whole life. Of course, I thought I'd never smoke, because I hated my mother's smoking.

When I was in art school, I started rolling cigarettes for this friend of mine. I'm very dexterous and I like doing things with my hands. I smoked just one cigarette that was rolled and I felt tough, tomboyish. On my own, 17, in college, I was scared. Smoking definitely has a lot to do with maintaining a stance to stave off fear. You leave for college and two months later you're smoking, the first time you're away from the person that smokes a lot.

I hold a lot of anxieties in my upper respiratory system and my shoulders. Whenever I focused on my breath, I would have anxiety because of all



©John Harding

the years of smoking, but also because I had asthma. I remember having an asthma attack and my mother smoking at the same time. I remember walking in the country in some pristine beautiful place, and the fog, the mist in the morning, something so frail and beautiful, so fragrant, beautiful, and fine, and having that smell of smoke. I remember it being so depressing to have her trailing behind everybody to hide that she was

smoking. My mother had a lot of shame and she just added smoking into that big lot of shame that she had. If you already have shame in you then smoking is a pretty handy way to feel it, but it isn't a way of dealing with it; it's just a way of letting that pain be there and suffering with it.

She always wanted to quit. She never could and in that pattern of wanting to quit and not being able to, I felt like I was doing the same thing that she was doing. I was keeping her alive by smoking. What made it so hard for me to quit was letting go of her and doing something that she hadn't done.

What really shifted it for me was having a steady stable place, with all kinds of people with different stories; everybody's trying to be truthful and open, and trying to get help to do something that they need to do and want to do. It is what got me to quit: going through all of the practice, doing all the exercises and really letting it be the focus. You have to really focus on not smoking, and do good things for yourself that help you not smoke. When you're troubled, it's hard to do those good things for yourself instead of smoke. It could never be a negative, it has to be like lifting up out of something, and it means taking care of yourself, which was hard for me to do.

Before, I used to go, "Oh well, I think I'll exercise," and then I'd go have a cigarette. You can't exercise right after you have a cigarette. I never did aerobic exercise before about three months ago. I never knew what it was really like to sweat. Deep abdominal breathing if you're smoking is too scary. You just couldn't, because when you're taking abdominal breaths, you're

really thinking about your body. I have another chance now to have another body, to have a healthy body. My breathing has changed a lot. I can relax. My diaphragm used to hurt all the time; now I can relax it. I feel a spaciousness in my lungs. That is just one of the best things about quitting smoking. Only now am I even just beginning to know what it really feels like to be relaxed. Smoking is the fool's relaxation; it's like fool's gold.

There's so much pain in smoking, it reminds you of your pain. If you have had a terrible thing happen, a crisis, and you start smoking, then it just keeps reminding you of that crisis. I used to think there was something wrong about being in a bad mood and that I should have a cigarette. Now I get in bad moods and I don't like it, but I'm more willing to not be perfect and not think that I better smoke a cigarette because I should be perfect. I feel so much freer from that repetition of anxiety and pain.

As a nonsmoker, you can focus and be in something longer, so it pushes your limits a little bit more. Your anxiety might come and then it goes down, but you're still staying with it. It does let you develop more feelings, like feeling lonely. Things that would be controlled by having a cigarette can be explored more and then solved in some way. To realize that you're mad at somebody and to let it be fluid, not keep it at a certain point, not decide "okay, well I'm mad," and just puff away at a cigarette, but to say "I'm mad" and then let it be, see what's gonna happen next.

That's such an amazing thing: to let the natural course of an emotion go free, without trying to control it with cigarettes.



Joyce Lavey

One day when my parents were gone and my sister and I were taking care of their grocery store, I took a pack of cigarettes and said, “I’m gonna smoke.” It was sort of a fuck-you thing to my parents. My mother’s reaction was, “Nyaa nyaa nyaa, well you think you’re so smart smoking,” so I lit up another one.

I was going away to college and I couldn’t afford to eat three meals [a day], so I smoked and ate just one meal. It helped me to manage not knowing if I was going to make it financially or otherwise. I used smoking to manage feelings of anger, fear, and sadness.

When I was angry at somebody I would sit and think about how I was going to express my anger to them. I would always think with my cigarettes, and after one, I might have another to think even more. For 25 years, I was really angry with myself that I ever started. I was very anti-smoking before I ever smoked, and I never ever imagined I would get hooked. I didn’t like being addicted.

I mentally worked at quitting, but I didn’t make many real attempts to quit, for 29 years. Before I quit, I went to Nicotine Anonymous (NA) for



“Before I quit, I went to Nicotine Anonymous (NA) for two and a half years. There, I didn’t attempt to quit smoking. I just wanted to keep it at the same level.”

two and a half years. There, I didn't attempt to quit smoking. I just wanted to keep it at the same level. I was finally pushed over the edge because my oldest sister was diagnosed with terminal lung cancer and that scared the shit out of me. I had been diagnosed with breast cancer myself a few years earlier and I was still smoking.

There is a gene factor in my family for breast cancer. For the four years I smoked after my diagnosis, I would say to myself, "I wish I had quit. Maybe I could have prevented this."

When I was diagnosed, I thought I'd be gone before my siblings. I never would've thought that seven years later two sisters would have died, one of lung cancer, the other of a pulmonary embolism; another sister would be diagnosed with lung cancer and have a lung removed; and still another one would have lung cancer and be getting chemo. My brother still smokes. I thought, "The best I can do is to put myself in groups and talk about it."

People I knew in Nicotine Anonymous and Group were supportive of me, for two and a half years. They never made fun of me for coming even though I was smoking. They kept nagging me about a quit date, so, to satisfy them, I picked a date, but I never intended to follow through. The day came, and I didn't have a whole lot riding on it. I didn't say "If you quit, you're good. If you don't, you're bad." I put the patch on and that was it. It worked, and I never expected it to. I never, ever thought I would quit smoking.

I spent so many years whipping myself about not being able to quit that I got to the point where

"Now, I'm the one who's sitting inside myself. I am more real and more vulnerable and less interested in maintaining an image. I value myself and my life over smoking."

I gave up punishing myself. When I gave up, it allowed space for some kind of strength that I didn't even know existed.

Not being so hard on yourself is a good start. When I was always at myself, I was putting myself in a weakened position.

The nicotine patch really helped. I had temper tantrums, but it wasn't like I had imagined it would be. The thing that kept me from quitting smoking all those years was that I didn't want to experience the extreme discomfort of going through withdrawal, and I didn't want to gain weight. I only gained a few pounds. I started running, and I went to the movies practically every night for the first two to three weeks. I bought a pacifier, so when I got really uptight, I would chew on the pacifier. I had a lot of trouble carrying on conversations with people, especially if they bored me or they were long-winded. I just wanted to shut 'em up. After stopping smoking, I got in touch with lots of anger. I found that I could track it more easily because I didn't have a distraction. I also got in touch with how sad I was. I always knew that, but I didn't know it went that deep. The

turning point was finding out that one of my favorite sisters was dying. That brought it right home, bang! Even breast cancer didn't bring it home to me; her death brought it home to me.

I'm angry at all the death and illness. I have begun feeling the pain, and when it hits, it's like a ton of bricks, like my heart is just breaking. What surprised me in quitting smoking was that I was able to experience the death of my sister and my father's death and then another sister's death, all of this really heavy stuff, without returning to smoking. I wonder if I could have done that if I hadn't been chewing Nicorette gum.

One sister had tried a number of times to quit and had not been successful, but she was very supportive of me. When I relapsed, she said, "Just because you smoked three or five cigarettes doesn't mean you can't put the patch back on and start all over again." She really helped me quit.

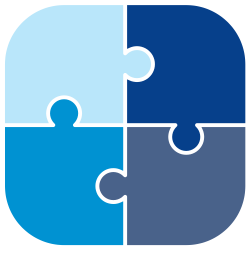
Cigarettes helped me isolate. Now, there isn't that barrier, so I relate to people. When I smoked, I could distance myself with cigarettes. I could stay home with cigarettes rather than seek company. Now I turn to people for support more than in the past. I'm more genuine, more honest with people, and honest with myself about what my needs are and what I want. I'm a kinder person, more considerate, and more generous than I was before. I'm more even tempered, I flare up less, and I'm more tolerant. I don't have all that shame I had about smoking. I don't have that mental agony, that torture. I feel so much better.

My self-esteem is higher, and I feel more attractive. I feel able to handle most things in my life because I'm doing it without cigarettes. I thought I was strong before. But now I realize I have an amazing amount of strength that I didn't even know I had. When I was a smoker, I felt very weak. I felt all my strength was false because I was dependent. Now, I'm the one who's sitting inside myself. I am more real and more vulnerable and less interested in maintaining an image. I value myself and my life over smoking.

I now see how people sacrifice their health and well-being to cigarettes. The tobacco companies disgust me. I believe in people's right to smoke. But having one sister die at 61, another sister lose a lung at 52, and still another sister with stage three lung cancer at 52, I see it's a human sacrifice, and it's very sad. I don't condemn people for smoking, I just feel sad because of my own experience.

I was so grateful to quit smoking after 29 years. I never thought I would be able to do it. I thought I was married to cigarettes—that I was in a prison serving a sentence. Why would I want to go back to all that self-hatred that comes with smoking? Life is rough enough without that torture. Here I was with breast cancer and I was smoking. I hated myself every time I lit a cigarette and always said to myself, "Who is this person? She must want to die." That self-torture is what I didn't want to return to.

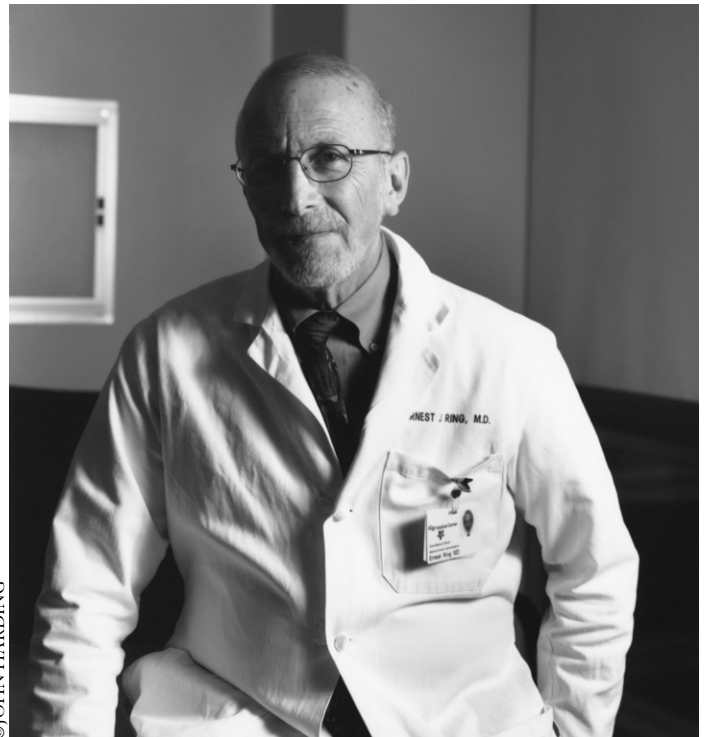
I felt like a hard-core, I'll-die-with-a-cigarette-in-my-hand person. No matter how hopeless people feel, they should never give up. I am a testament to hopelessness turned hopeful.



Ernie Ring

I am currently chief medical officer for UCSF.¹ It is a key position and an opportunity to play a role in how hospitals work and potentially to have a role in improving the overall care provided at UCSF to the thousands of patients we serve each year.

I graduated from medical school in 1969 and have been a practicing physician for 37 years. I received training in radiology at the Massachusetts General Hospital in Boston. I stayed on an extra year, as chief resident and a fellow in what was then called angiography, to get special training in the catheterization procedures that were done in the 1970s. I joined the faculty at the University of Pennsylvania in 1976 to head up the angiography section. As part of that experience I was put in a position to help innovate what became a new field of medicine, interventional radiology. We had a remarkable relationship with the surgery department, who saw the kinds of procedures that we were able to do under fluoroscopic guidance with catheters as an opportunity to be very innovative in



practicing surgery. We worked together closely to expand this methodology into a major new approach to the treatment of surgical patients.

I eventually became president of a society that promotes interventional radiology. The creation of the society's journal took place in my office; the establishment of a foundation to support the research side took place over conference calls in my office. Then I became a member of the board of chancellors of the American College of Radiology, where I helped move interventional radiology from a group of procedures done by

¹ Ernie Ring, MD served as Chief Medical Office of UCSF Medical Center from 2004-2008.

fearless and creative people to a field that is now practiced throughout the world. It has given me an opportunity to lecture on new procedures around the globe and to see them developed and become part of treatment in nearly every country on earth.

In 1997, I had my first heart attack. At the time, I was working eighty to one hundred hours a week at a job with enormous responsibility.

I was not only engaged in complex procedures but also expected not to have failures or complications, and that meant I had to oversee every procedure done by my colleagues. It was a very gratifying time, a very difficult time, and, eventually, it overwhelmed me physically.

I started smoking when I was fifteen, primarily because that's what everybody did. It was in the 1950s, and smoking was the norm. I quickly became addicted. There was nothing wrong with it. It was accepted. Throughout the 1960s and 1970s, smoking in the hospital was standard practice. In those days, there was no digital imaging,

There were no digital imaging, so to see what you were doing with these procedures, you took frequent breaks to interpret films and evaluate your progress. Everyone would light up outside

“I really enjoyed smoking. I truly believed that it helped me to think. It was widely known among the people who trained with me that when a case was difficult or going badly, I would go into my office and come out with a solution to the problem.”

the processor while waiting for the film. I would smoke two packs on those eighteen-hour days.

In the 1980s, as society gained a better understanding of the dangers of smoking, more and more restrictions on smoking were imposed and social unacceptability grew. Between 1980 and 1990, smoking went from being pretty normal and socially acceptable to being something that could not be done around others, and totally unacceptable. By 1990, I was smoking surreptitiously in my office.

When I had the heart attack in 1997, it was a reaffirmation of what I already knew. The

“I finally got somebody at Stanford to say, “Just keep putting patches on until you feel comfortable.”

primary disease that I treat is peripheral vascular disease, but everybody I treat is a smoker. I would tell my patients that I smoke, and I would tell them that they had the disease and I didn't. Then I would tell them to quit smoking because the disease was only going to get worse; the people who had never smoked who told them to quit didn't understand what I was asking them to do. But I did understand. I recognized how hard it was to quit, and when I finally got the disease, I would have to quit too.

I really enjoyed smoking. I truly believed that it helped me to think. It was widely known among the people who trained with me that when a case was difficult or going badly, I would go into my office and come out with a solution to the problem. I was concerned that smoking was something I could rely on as a benefit when I needed it: clarity of thought for re-energizing at two or three in the morning. I saw it as a great benefit—a great risk, yes, but also a great benefit. I enjoyed it to the extent that it became relatively easy to deny

the risk to continue to achieve the benefit. I continued to feel that way after my first heart attack right up until my second one in 2003. At that point, I decided to quit. But it was extremely difficult: the physical addiction, the mental dependence, the overall feeling of clarity I believed it gave me when I needed it, the absence of friends to turn to. I was the expert, and smoking was both a crutch and a friend that were very real to me. Giving that up in the complicated world in which I lived was tough. The mechanism ultimately involved lots of nicotine.

The mornings were the hardest, and moments of decisiveness were difficult.

I liked everything about smoking. In the early years, I liked the camaraderie associated with it. I liked the time-out nature of it. I liked the taste of it. It was part of my persona. Take me or leave me. I am really good at being who I am. I am really good at what I do. It is my business, not yours. After my second heart attack, my wife insisted that I quit smoking, and her reasoning was solid: only a fool would continue to smoke after two cardiac events. Up to that point, it had been almost part of a caricature of me: most people knew me as a smoker and recognized me from afar even if all they could see clearly was a cigarette. But once the second heart attack

demonstrated the damage smoking was causing me, it would have only been a demonstration of some pretty dumb behavior to continue. That fact was highly motivating.

I finally got somebody at Stanford to say, “Just keep putting patches on until you feel comfortable,” which took the process from impossible to just very difficult. That lasted probably nine months. I augmented the patches with nicotine gum as needed, despite wearing three patches at once at one point. Eventually, I got off the patches. I was in no rush. It took more than two years before I didn’t think about smoking all the time.

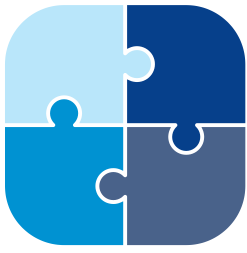
Once I made the decision to quit, I saw it as an enormous challenge. I was willing to give up everything that I had been for the past 40 years to become whatever I would be as a smoke-free person. The challenge was more than just giving up a profound addiction. It was also the willingness to accept everything that came with that.

Everything discourages smoking now. There is no reason to start. In most of society, it is totally unacceptable. Of course, there may be some sense of leadership or uniqueness associated with smoking, just as there is with tongue piercing or tattooing, all practices that fit into a

“I augmented the patches with nicotine gum as needed, despite wearing three patches at once at one point.”

similar “outside-the-norm” category. But that’s not the way it was 45 years ago, and I think that is an important change.

The key message now is to stay away from smoking in the first place. There is no reason to start, and it is so hard to undo once it is done. The cost, the stigma, and the labeling associated with smoking will have devastating implications for your entire life. I didn’t have that when I started. It was okay to have the ambition I had to be an important, leading physician and to be a smoker. That is no longer true. If you choose to smoke today, your future will be subject to constraints. It is not the health side that is going to keep you from smoking; you have to wait too many years to feel the effects of that. The thing that makes you feel badly is the stigma. When you think highly of yourself and success is measured in a lot of different ways, smoking in an overachieving world is a symbol of underachievement.



Breathing, Smoking, and the Stress Response

The quality of our breath affects the quality of our lives. When smoking and/or vaping lead to breathing problems, the effects are felt in daily life. Many people find they become winded walking up a flight of stairs or feel chest tightness several times a week or even daily.

Over time, lung health can worsen and lead to chronic obstructive pulmonary disease (COPD). In addition to shortness of breath and increased phlegm production, COPD causes muscle wasting of the limbs. As we age, we all experience some loss of muscle mass, but this is worse in people with COPD.

If left unchecked, COPD leads to needing to carry an oxygen tank. This will limit how far or quickly a person can move. It is a burden to carry or drag a bulky tank, and some may feel self-conscious about being dependent on oxygen.

People who smoke may avoid exercise because it can worsen shortness of breath and muscle

cramping. Sometimes people avoid doing the things that will draw their attention to the decline in their ability to exercise. Lack of exercise leads to problems with muscle tone, joint and flexibility problems, constipation, etc. Many people can experience depression as they become less able to do simple daily activities.

Becoming aware of disturbing symptoms can be an important step in breaking out of denial. Once that has been done, you can address the problem. Pay attention to how you feel when you are inhaling the cigarette or vape. Notice what you feel in your chest and throat. Be aware of any breathing problems and consider the improvements that will occur with stopping smoking or vaping.

People who smoke often use cigarettes to manage stress. They may not be aware that smoking itself causes stress for several reasons.

Check the ways that smoking creates stress for you and add your own to the list below:

- Planning where and when to smoke
- Recurring nicotine withdrawal
- Paying for cigarettes or vapes
- Friction with family and friends
- Anxieties about health
- _____
- _____

The Stress Response

The stress response is a complex series of changes that happen in the body to manage a threat. Whether real or imagined, the body goes into survival mode to either fight or flee from danger. When the stress response is triggered, here are a few things that happen:

- The heart beats faster.
- Blood pressure rises.
- Breathing becomes rapid and shallow.
- Muscles tense.
- Adrenaline and cortisone are released into the circulation.

The Relaxation Response

The relaxation response is the opposite of the stress response.

- Breathing becomes deep and slow.
- Blood pressure drops to normal.
- Heart rate decreases.
- Muscles relax.
- Excess cortisol and adrenalin are eliminated.

Deep Breathing

Research shows the easiest and most powerful tool for reversing the stress response is deep breathing. Slowing down and deepening the breath into the belly creates a bridge from the stress to the relaxation response.

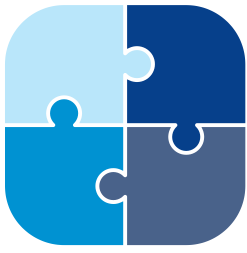
- The heart slows and blood pressure normalizes.
- Sleep deepens.
- Energy, concentration, focus, and memory increase.

Our natural state of breathing is to take the breath deep into the abdomen. When breathing becomes shallow, stale air fills the lower portion of the lungs. The upper part of the chest rises and the abdomen never completely relaxes. Breathing takes more effort and is faster.

Abdominal breathing helps to lower the breathing rate and fully expand the lower lungs. Since the most efficient part of the lungs is being used for richer and easier oxygenation of blood, the lungs don't have to work as hard.

For many people, deep breathing is a skill that needs to be relearned. For people who smoke, it can also be an effective technique to delay smoking and ultimately stop.

Here are some exercises to get you started.



Breathing Exercises

Practice these exercises several times a day. Making them familiar will let you use them when you need them. They will help to postpone or eliminate cigarettes and manage stress.

4-7-8 Breathing Technique

(from Andrew Weil, MD)

1. Sit comfortably.
2. Empty the lungs of air.
3. Breathe in quietly through the nose for 4 seconds.
4. Hold the breath for a count of 7 seconds.
5. Exhale forcefully through the mouth, pursing the lips and making a “whoosh” sound, for 8 seconds.
6. Repeat up to 4 times.

Deep abdominal breathing:

1. Sit comfortably tall in a chair with your feet flat on the floor, about shoulder width apart.
2. Take in an easy normal breath through your nose.
3. Purse your lips and exhale through your mouth as though you were blowing out a candle.

4. Keep blowing until you can no longer exhale and then allow the breath to come back in naturally and effortlessly. The inhalation will be deep and go to the abdomen.
5. Practice this exercise several times a day with 5-10 deep breaths each time.

Relaxing sigh:

1. Sit or stand comfortably.
2. Breathe in through your nose and, at the same time, raise your shoulders up to your ears.
3. Hold the breath and the position of your shoulders for a few seconds.
4. Let your shoulders drop as you exhale the breath with a loud sigh.
5. Repeat 8–10 times.



Stopping Smoking/Vaping/Chewing and Weight Gain

Nicotine is an appetite suppressant. It makes you want to eat less. When you stop smoking, vaping, or chewing, you may find that you want to eat more or eat more frequently.

On average, some people gain about 5 to 10 pounds of weight when they stop smoking. A small amount of people gain more weight. Using nicotine gum or Bupropion can delay weight gain. They do not completely prevent it.

The health benefits of stopping smoking, vaping, and chewing are greater than the health risks of gaining weight.

Ways to stay at a healthy weight

1. Get moving.

- Exercise reduces the urge to smoke/vape/chew and helps to manage withdrawal symptoms.
- CDC guidelines recommend most adults exercise for 150 minutes a week. You don't have to do it all at once. It could be 30 minutes a day, 5 days a week.

- Moderate aerobic exercise gets you breathing harder and your heart beating faster. During the activity you can talk, but not sing.
- Examples of moderate aerobic exercise:
 - Walking briskly
 - Riding a bike on level ground or with a few hills
 - Water aerobics
 - Playing doubles tennis
 - Pushing a lawn mower
 - Taking a dance class
 - Leisurely swimming

2. Drink plenty of water.

Staying hydrated prevents overeating, flushes toxins, and prevents constipation.

3. Use calorie-free substitutes.

To manage a hand-to-mouth compulsion, try flavored toothpicks, straws, and cinnamon sticks.

4. Diet carefully.

Restrict calories cautiously; feeling hungry can increase the urge to smoke.

5. Choose healthy foods.

- Eat more whole foods like fruits and vegetables. Whole foods can be found fresh, frozen, canned, or dried.
- Choose good fats and lean proteins such as fish, eggs, skinless poultry, nuts, vegetable oils, plain Greek yogurt, beans, peas, and lentils.
- Limit processed foods. They contain added preservatives, flavors, or additives like salt, sugars, and fats. Examples of processed foods are simple bread, cheese, and canned tuna, and canned beans.
- Avoid ultra-processed foods. These foods contain all the additives of the processed foods and have also gone through processing that changes the food's stability, texture, and taste, and shortens the cooking time. Examples of ultra-processed foods are sugary drinks, cookies, some crackers, chips, breakfast cereals, candy, ice cream, hot dogs, luncheon meats, and frozen foods like pizza, fast food, microwave dinners, pre-made frozen foods.

6. Plan and prep meals.

- Eat at regular times. Getting too hungry can lead to poor food choices and over-eating.
- Be ready with low-calorie snacks like carrot sticks and jicama sticks prepared ahead of time.

7. Limit alcohol.

Alcohol provides calories, but not nutrients. For more information, see appendix page 118.

8. Get enough high-quality sleep.

- Sleep at least 7 hours a night. Fewer hours of sleep affect hormones that can make you feel hungry, eat more, and store more fat.
- Poor sleep because of sleep apnea has been linked to weight gain.
- Feeling tired can make you seek out more sugar and “comfort” foods.

9. Remain aware of your mood and motivation.

- Eat only at mealtimes or when you are hungry.
- Consider if you are eating because of some other reason, such as feeling bored or anxious.

10. Get help.

Depending on your goals, it may be worthwhile to talk to a nutritionist.

Suggestions for low calorie foods and flavorings

Low-calorie foods that can be eaten without limitation

- Cucumbers
- Daikon
- Radishes
- Jicama
- Tomatoes
- Zucchini
- Lettuce
- Kale
- Spinach
- Celery
- Popcorn
- Watermelon
- Asparagus
- Cauliflower

Very low-calorie foods

- Carrots
- Oranges
- Beets
- Mushrooms
- Grapefruit
- Brussel sprouts
- Apples
- Strawberries
- Blueberries
- Broccoli

Low-calorie flavorings

- Lemons
- Kimchi
- Horseradish
- Vinegar
- Salsa
- Sauerkraut
- Sharp cheddar
- Parmesan



Why Heavy Drinking Seems to Boost Desire to Smoke More

WEDNESDAY, May 18, 2016 (*HealthDay News*) -- The reason alcoholics struggle to stop smoking may be because their heavy drinking speeds up how quickly their body breaks down nicotine, a new study suggests.

“Our study showed that chronic heavy alcohol consumption may lead to an increase in the rate of nicotine metabolism, which could be one contributing factor to the poor smoking cessation rates in smokers addicted to alcohol,” said senior study author Maciej Goniewicz.

Nicotine metabolism is the term used to describe how quickly a body breaks down this addictive substance. People who break down nicotine more slowly may have an easier time quitting because the nicotine stays in their body longer. But, the investigators found, alcohol appears to speed up the breakdown of nicotine.

For the study, the researchers measured markers (such as cotinine) that indicated nicotine levels among male smokers in Poland who were being

treated for alcoholism. The measurements were taken immediately after they’d stopped drinking, and four and seven weeks later.

The results indicated that nicotine metabolism returned to normal by the fourth week after the men stopped drinking, according to Goniewicz, an assistant professor of oncology at Roswell Park Cancer Institute in New York, and colleagues.

The study didn’t prove that heavy drinking makes it harder to quit smoking. But, Goniewicz said, “it is an important finding since a faster rate of nicotine metabolism was previously found to be associated with smoking more cigarettes per day, greater nicotine withdrawal symptoms and decreased efficacy of nicotine replacement therapy for smoking cessation.

“Importantly, we also found that when smokers stopped drinking, their nicotine metabolism slowed down,” he added in an institute news

SOURCE: Roswell Park Cancer Institute, news release

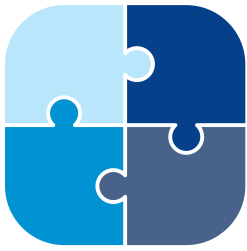
release. Once that happened, nicotine stayed longer in their bodies so their withdrawal symptoms were not as intense.

Study co-author Dr. Neal Benowitz, a professor of medicine at the University of California, San Francisco, said the findings “could have important implications for understanding smoking behavior and improving smoking cessation interventions for current and former heavy alcohol drinkers.”

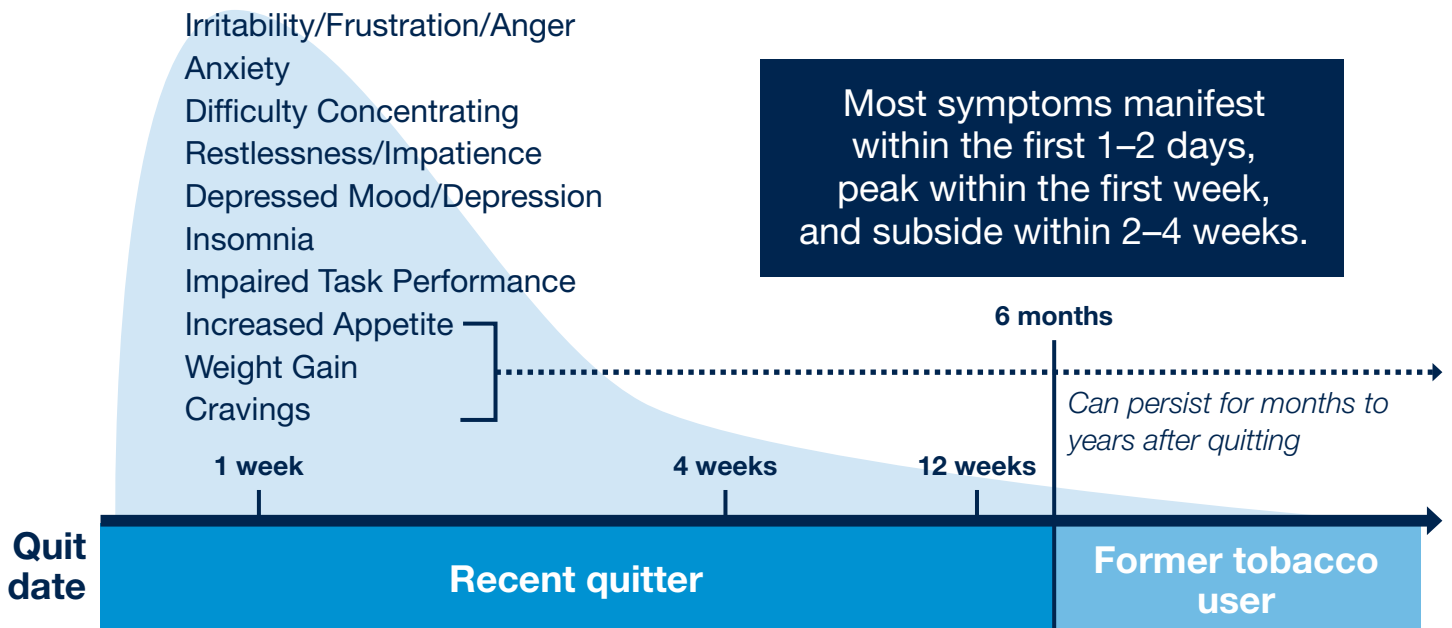
In addition, Benowitz said, “This could have implications for the timing or choice of smoking cessation treatments in recovering alcoholics.”

The study was published recently in the journal *Drug and Alcohol Dependence*.

Goniewicz received a research grant from Pfizer Inc., and Benowitz serves as a paid consultant to pharmaceutical companies that market or are developing smoking cessation medications and has been a paid expert witness in litigation against tobacco companies.



Nicotine Withdrawal Symptoms: Time Course*



*Timeline aspect of the figure is not according to scale.

Data from Hughes. (2007). *Nicotine Tob Res* 9:315–327



In Gratitude

Jeanne Fontana contacted the UCSF Tobacco Education Center (TEC) in 2007. She had attempted to quit smoking many times before and had little hope that this program would work for her any more than anything else she had tried. She suffered from a number of smoking-related diseases, which forced her to carry an oxygen tank.

When Jeanne showed up at my office, she was irritable and defensive. “I’m tired of snooty people who treat me like some kind of dumbbell, like I don’t know smoking is bad for me!” She went on to say that she knew to expect a lot of finger-wagging over how she made herself sick. She was not about to put up with it.

My reply took her off-guard. “I have been waiting for you for such a long time! All those things you are saying are exactly what we do not want to do in our program. Please come and see what we do and, if you catch us being judgmental or pushy, let us know right away.”

Initially, Jeanne, like all TEC participants, attended the Center on a weekly basis for one month. In the class that I was teaching, she watched me like a hawk, ready to pounce at any perceived insult. I persisted with reassurance, acceptance, and support.

Jeanne kept to her half of our bargain and came to each class. She practiced all the exercises. She learned information that turned out to be critical to her ultimate success. In the pharmacy class, for example, she found out about combining medications and used both the nicotine patch and the Nicotrol inhaler. She was also profoundly inspired by the story of Clarence Brown, a long-time smoker and former patient of mine. He had advanced pulmonary disease and, after much effort, became smokefree. “Clarence became my role model. His story moved me to tears.”

When it came time to quit between the third and fourth weeks of the program, I called to check in

with Jeanne. “I so appreciated your calling me. I was struggling. Am I going to do this or not? I had prepared to quit. I felt like I didn’t have any excuses.”

By the end of the four-week program, Jeanne was smokefree. “Holy cow, I quit smoking!” I encouraged her to reward herself. She went for that in a big way and was very excited.

For the next two years, Jeanne became a regular participant in our weekly relapse prevention group. Although she relapsed briefly, when she died in 2009, Jeanne had been smokefree for a year. Grateful for the help she received to overcome her addiction, she made TEC a beneficiary of her estate.

Jeanne knew as well as any person who has experienced tobacco dependence what an incredibly powerful addiction this is. She also knew the feelings of shame and hopelessness that can persist as we keep smoking, even with debilitating smoking-related disease. At TEC, she discovered that finding the right treatment and learning how to support herself were key to her success. She was passionate about doing whatever she could to ensure that other smokers would have the same opportunity for freedom that she had found.

With deep gratitude, the Fontana Tobacco Treatment Center, now named in Jeanne’s honor, continues to impact the lives of hundreds people working to become free of tobacco and nicotine dependence annually. .

Suzanne Harris, RN, NCTTP

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