

*The Last Puff:
Your Roadmap to Quitting
Smoking Successfully*



**Mary Washington
Healthcare**

Congratulations on Your Commitment to Quit

The mission of Mary Washington Healthcare is to improve the health of the people in the communities we serve. The health risks of smoking cigarettes and using other tobacco products are well known, so in support of our mission, our facilities and grounds are tobacco-free. It's important to our community's health, just as becoming tobacco-free is important to your health.

Congratulations on taking the first step toward quitting. This guide, created by Mary Washington Hospital's Tobacco Treatment Department, will help you understand the addiction to nicotine, why it's important to quit, and most important, how to quit.

Stopping tobacco use isn't easy. There are three basic steps:

1. Make the decision to quit and set a quit date.
2. Get support.
3. Create a quit plan.
4. Quit on your quit date.

Our specialized respiratory therapists are here to help you. Have questions? You can contact Jeanette Ellis, RRT, AE-C, Respiratory Educator and Lead Smoking Cessation Facilitator, at Jeanette.ellis@mwhc.com. We also host a free Community Support Group that meets Thursdays at 6:00 p.m. virtually. It's open to the community and no appointment is needed to attend. We encourage you to seek support. It helps to talk with others going through the same process you are.

Again, we welcome you to Mary Washington Healthcare's smoke- and tobacco-free facilities. Thank you for choosing us for your healthcare needs.

We wish you a healthy, tobacco-free year.

Warmest regards,
Mary Washington Healthcare

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Nicotine Addiction

What is tobacco use?

Tobacco use includes cigarettes, cigars, loose pipe tobacco, chewing tobacco, and snuff. All of these products contain the dried, processed leaves of the tobacco plant. Tobacco in all forms contains nicotine, an addictive drug. Nicotine is a liquid carried on the tar that's in tobacco. Tobacco use is an addiction to nicotine. Smoking and inhaling are the fastest ways to deliver nicotine to the brain.

Sixty-two million people, or 20.4 percent of the U.S. population (305 million), smoked in 2009 compared with 50 percent who smoked in 1960. The U.S. goal was to reduce smoking to less than 12 percent of the population by 2010. As of January 1, 2021, 11.5% of the population currently smoke cigarettes. That is nearly 12 of every 100 adults, 18 years old+.

If smoking and using tobacco are so bad, why do people enjoy it?

Smoking fools the brain into feeling good. Some smokers say it makes them feel calmer and more focused. When smoking tobacco, high levels of nicotine enter the lungs and are quickly absorbed into the bloodstream. Nicotine reaches the brain in about seven to 10 seconds, stimulating feelings of pleasure and the desire for more tobacco. What smokers may not realize is that, at the same time, damage is being done to every organ in the body, resulting in disease and death.

Nicotine's effect on the brain is similar to that of heroin, cocaine, and marijuana.

Why quit?

Smokers most often quit out of concern for their health and the health of those around them. Other reasons include the desire for more energy, to save money, or to be a positive role model.

What are the health risks of smoking?

The risks of smoking include serious illnesses like cancer, heart attack, stroke, and lung disease. Smokers are at greater risk for developing these problems than nonsmokers. About 95 percent of lung cancer and emphysema cases are caused by smoking. Smokers also are at an increased risk for developing blood clots, osteoporosis, impotence in men, infertility in men and women, rheumatoid arthritis, and digestive disorders. Quitting smoking is the most important health decision you can make.

One in three smokers dies from a tobacco-related illness. In a year, that would equal the number of people who would die if three jumbo jets crashed every day with no survivors!

Healthy Lung



Diseased Lung



What makes tobacco so harmful?

When tobacco is burned, more than 7,000 chemicals in the cigarette smoke are released into your body. Many of these



chemicals are poisons and cause cancer or other serious damage to our bodies. Some of the chemicals in tobacco are products you see in very dangerous household cleaners—arsenic, acetic acid, benzene, cadmium, cresol, formaldehyde, lead, butane, DDT, ethanol, methane, polonium-210, ammonia, and many others. Insecticide is the main ingredient in nicotine. These chemicals are added to the tobacco to add to its addictiveness, improve flavor, and/or to increase burn rate which increases sales.

Why are cigarettes available if they contain harmful ingredients?

The tobacco industry is not regulated because it pre-dates agencies like the Federal Drug Administration (FDA). In 1998 the Supreme Court felt the industry should be regulated but needed a congressional vote. The vote did not pass and the industry remained unregulated. However, in June, 2009, President Obama signed legislation giving the FDA authority to regulate tobacco. This will be phased in over several years and will require the disclosure and regulation of all chemicals, increased health warnings, and further restrictions on advertising of tobacco products. The terms “light”, “mild”, and “ultra-light” were removed in 2010 because they had led tobacco users to believe they were smoking safer. They were not.

What about tar and carbon monoxide?

Tar is a black, liquid substance that clogs the airways in the lungs and makes it harder to breathe.

This is how much tar you inhale when you smoke a pack-a-day for a year.



A person smoking one pack of cigarettes a day for a year inhales more than a pint of tar, and it builds up over the years. Carbon monoxide is found in large quantities in cigarette smoke. It's harmful because it replaces some of the oxygen in your blood. That means your heart and lungs have to work much harder to get enough oxygen to your body's vital organs.

What type of tobacco is safest?

There is no safe tobacco. Many people smoke filtered cigarettes believing they are safer. In fact, the air vent between the filter and the cigarette causes smokers to smoke more and to inhale more deeply and often. There is no safe way to continue smoking. Try to think of this addiction as all-or-nothing.

What if I just want to cut down or be a social smoker?

There really isn't “a little smoking.” Those who start out smoking a few cigarettes a day are likely to smoke more frequently over time. Your brain develops nicotine receptors when you smoke. The more you smoke, the more receptors you develop. When the receptors don't get nicotine, cravings begin and continue until they're fulfilled. When you withdraw cigarettes completely, the receptors go to sleep and the cravings eventually go away. The receptors have a memory, however, and with the right triggers, you may have the urge to smoke at any time after quitting. Even one puff may activate the receptors.

What are noncigarette products and are they as addictive as cigarettes?

Noncigarette products are cigars, pipes, and smokeless tobacco, all of which have a higher concentration of nicotine than cigarettes. Each causes cancer in humans. Smokeless tobacco also causes a much higher risk for mouth and throat cancer. It is very important that you learn about the products you are using — don't rely on advertising.

Secondhand and Thirdhand Smoke

What is secondhand smoke?

Secondhand smoke, also known as passive or environmental smoke, is a mixture of smoke exhaled by a smoker and smoke that comes from the lit end of a cigarette, pipe, or cigar. Because secondhand smoke is not filtered, it contains higher concentrations of several toxic chemicals than smoke inhaled through a filter. It includes twice the amount of tar and nicotine. Research shows that secondhand smoke causes cancer in humans.

Three cigarettes left smoldering in an ashtray for 30 minutes give off more toxins than a two-liter diesel engine idling for the same time.

What is thirdhand smoke?

Thirdhand smoke refers to toxins left on things around us when we smoke, for example, clothing, furniture, car seats, carpets, and draperies. Even if you smoke outside, you bring toxins inside because they are on your clothing. If you smoke, you are never away from poisonous toxins. Others who visit your home or ride in your car also are exposed.

Is it dangerous to smoke around children?

Because their bodies and lungs are still developing, children are especially vulnerable to secondhand smoke's negative effects. More smoking and more smokers in the home mean greater harm to children. These children are at a much higher risk for asthma, respiratory infections, bronchitis, pneumonia, colds, and ear infections. For a child with asthma, any type of smoke is a trigger leading to a possible attack. Remember, don't smoke in your home or in your car.

Smoking has been linked to sudden infant death syndrome (SIDS).



How can I protect my children and grandchildren?

Tell visitors not to smoke in your house or car. Ideally, a smoker should wear a jacket outside and remove it before coming inside. Hand washing also helps. If you smoke, involve your children in the quitting process so they realize how difficult it is to quit and will never start smoking. We know that most children will do as you do rather than as you say, so be a good role model. Children are 7 times more likely to smoke if parents smoke.

What are the risks for the baby of smoking during pregnancy?

An unborn baby receives poisons from cigarette smoke through the mother's bloodstream. Pregnant women who smoke are more likely to have a miscarriage or stillbirth. They're also more likely to have premature or low birth-weight babies. Babies born to mothers who smoke have an increased risk of dying in infancy.

How does smoking affect breast feeding?

- Earlier weaning
- Lower milk production
- Interference with milk let-down

How to Quit Smoking



How many people try to quit each year?

Of all smokers, 70% are considering quitting and 30-50% will make a serious attempt to quit this year. Quitting may take many attempts, but each time you are successful, even for a

short time, you are on your way to a smoke-free life. With medication and support, you are much more likely to succeed. Medication helps to reduce the cravings.

Why is it so hard to quit?

It's hard to quit because **smoking is an addiction to nicotine not just a habit**. Because it's an addiction and considered a chronic disease, it must be treated as aggressively as other medical problems, like high blood pressure. It requires medication, support, and long-term follow-up to avoid a relapse. You must be prepared to deal with triggers that make you want to smoke — like someone else smoking. For most people, quitting takes far more than just willpower.

How do I quit smoking?

Motivation is the key. Ask yourself, "What am I getting out of smoking?" Tell yourself, "I'm not afraid to quit." Then take these steps:

- 1) Complete quit plan on pages 14-21
- 2) Make the decision to quit and set a quit date. Pick a quit day that's easy to remember and then prepare for it. Decide if you want to use a medication. (See "Medications" section for details on what's available.) If you want to use a medication, buy it so you have it on your quit date. Stock up on things to help ease cravings, for example, mints, lollipops, chewing gum,



cinnamon sticks, or straws to suck on. Tell everyone around you about your plans so they can help you quit.

- 3) Quit on your quit date. Throw away all cigarettes and other tobacco products, lighters, and ashtrays. Begin using your medication if you haven't already. Get a new toothbrush, and brush after each meal. Learn to distract yourself when cravings come. Remember that a craving will not last longer than 3-5 minutes. Do things you've always wanted to do. Stay busy and away from other smokers. Avoid places where people are smoking. Exercise. Take the dog for a walk. Eat something sweet with your coffee. Keep your hands busy—fidget with a paper clip or a stress ball. Tell yourself smoking is not an option!

4) Get support. Attend a smoking support group. No one understands like someone else who's going through the same experience. If a support group isn't nearby, use a phone or online program. These programs are staffed by trained tobacco counselors who can give you good information and walk you through the difficult times. Ask your family, friends, and coworkers to be patient and understanding as you go through withdrawal symptoms. (Mary Washington Hospital host a free Community Support Group that meets Thursdays at 6:00 p.m. virtually. See "Finding Support" on page 22, for details and other resources.)

Is it common to feel ambivalent or undecided about quitting?

Yes, most smokers see positives and negatives. On the one hand, they think smoking boosts their

concentration, and they really enjoy smoking. On the other hand, they fear serious illness or early death, or other things bother them, like how smoking makes them smell. Being undecided can lead to "change talk." Change talk is self-talk that reinforces your commitment to change your behavior. Examples are:

- I want my life to be different.
- I'll be healthier.
- I've quit before. I'll do it again and stick with it.
- I have to do this. I'm at risk for a heart attack.
- I want to breathe better. I know smoking causes emphysema.
- Tobacco has too much control over my life
- I'm going to do this!
- I want a smoke free environment for my family.



Medications

What are the approved medications that help in quitting?

There are seven FDA-approved medications to help quit smoking:

- Nicotine patch
- Nicotine gum
- Nicotine lozenge
- Nicotine nasal spray
- Nicotine inhaler
- Bupropion (generic name; name brands include Wellbutrin and Zyban)
- Varenicline

All should be used or taken for up to three months and sometimes longer. Some may be used alone or in combination with others. Ask your physician which one is best for you.

How does each medication work? Nicotine patch (nonprescription)

Each patch sends a small amount of nicotine to the nicotine receptors in the brain to help control cravings. The nicotine in medications is “clean,” without the toxins found in tobacco products. It is absorbed slowly through the skin and begins to work in about 20 minutes. If you smoke 10 cigarettes or less a day, use the 14 mg. patch each day for 6 weeks and then step-down to the 7 mg. patch each day for 2 weeks. If you smoke more than 10 cigarettes a day, you should gradually wean yourself off nicotine. To do this, use the three-step program in the following sequence:

- 21 mg patch each day for six weeks
- 14 mg patch each day for two to four weeks
- 7 mg patch each day for two weeks

Use a new patch each day. Place it in a different location on your upper body or back. If skin irritation develops where you wore a patch, apply cortisone cream. If you crave a cigarette when you first wake up, wear the patch 24 hours a day. If the patch interferes with your sleep, remove it at bedtime, but understand that you will not be getting the full effect.

FDA-approved medications	No prescription	Required prescription	Approximate cost per day*
Nicotine patch (generic)	●		Less than 1 pack of cigarettes
Nicotine gum (generic)	●		Less than 1 pack of cigarettes
Nicotine lozenge (generic)	●		Less than 1 pack of cigarettes
Nicotine nasal spray (no generic available)		●	1 pack of cigarettes
Nicotine inhaler (no generic available)		●	3 packs of cigarettes
Bupropion (generic available)		●	Less than 1 pack of cigarettes
Varenicline (no generic available)		●	1 pack of cigarettes

How much do they cost and which ones require a prescription?

* Cost per pack is estimated at \$7.23
Medication costs are based on January 2024 pricing in Fredericksburg, Va. Prices vary by location and store.



Nicotine lozenge (nonprescription)

Lozenges come in 2 mg and 4 mg doses. The dose you use is based on how early in the day you smoke your first cigarette. If you smoke within 30 minutes of waking up, use the 4 mg; otherwise use 2 mg.

- Suck on each lozenge by moving it from side to side in your mouth. This allows the nicotine to be slowly released and absorbed through the lining of the mouth.
- Do not chew it up.
- If a whole lozenge is too much, cut it in half.
- Use at least nine lozenges a day for the first six weeks.
- Use fewer lozenges over the following days, but continue to use them for a full 12 weeks or longer to help with cravings.

Nicotine gum (nonprescription)

Each piece of gum releases a small dose of clean nicotine that's absorbed through the lining of the mouth. This is not regular chewing gum! It is a medicine. Gum comes in 2 mg and 4 mg doses. Use 2 mg if you smoke fewer than 20 cigarettes a day; use 4 mg if you smoke 20 or more a day. **Gum must be chewed and used a certain way to work properly, as follows:**

- Chew the gum a few times until you notice a peppery taste.
- Hold the gum between your cheek and gum.
- Once the peppery taste is gone, chew the gum again and then place it between your cheek and gum.

Each piece should last about 30 minutes. Chew 10 to 15 pieces of gum a day for three to six months.

Questions:

Questions:





Nicotine nasal spray (prescription)

Nasal spray contains aerosol nicotine that is sprayed into your nose. The nicotine gets into your system faster than other aids. Directions may vary by manufacturer, so read the information that comes with your prescription. Remember the following:

- Spray into each nostril one or two times an hour, but no more than five doses per hour.
- Allow the spray to be absorbed.
- Don't sniff when the drops are in your nose.

Use the spray for about four to six weeks. Then begin reducing the number of doses for up to eight additional weeks.

Questions:

- Inhale deeply using six to 16 cartridges a day for the first three months.
- A full box with 168 cartridges lasts two to three weeks.
- Decrease the amount over the following two to three months depending on your cravings.

Questions:

Bupropion (prescription)

Bupropion is an antidepressant drug taken by mouth. It does not contain nicotine. One of the ways it works is to increase the release of dopamine, a chemical in the brain that creates a sense of pleasure. Nicotine in cigarettes releases the same chemical and is one of the reasons smokers think they feel better and less stressed after smoking. Bupropion may be prescribed to help sustain this feeling of pleasure when you quit using tobacco. Bupropion is prescribed one to two weeks before your quit date. This allows it to build up in your bloodstream to help reduce withdrawal symptoms. Bupropion is also known as Wellbutrin.

Questions:



Nicotine inhaler (prescription)

The nicotine inhaler is a plastic cylinder containing a cartridge that delivers nicotine when puffed. The inhaler delivers nicotine to the oral mucosa, not the lungs, and enters the body much more slowly than nicotine in cigarettes.

- Each cartridge is designed for 80 puffs over 20 minutes.



Varenicline (prescription)

Varenicline is an oral medication that does not contain nicotine. It works by partially blocking the brain's nicotine receptors so you don't absorb nicotine. The receptors gradually become dormant. Cravings diminish and should eventually go away. It's very important to take this medication on a full stomach with a full glass of water to avoid nausea. People who don't eat regular meals often report that taking the medication with a banana works for them.



Why do some people relapse even with medication?

The brain's receptors remember your nicotine addiction. Being around triggers (other people smoking, for example) may activate the receptors. It's very important to use the medications in high enough doses and for as long as cravings occur. Always be prepared to handle cravings when they occur. It's better to use nicotine replacement products periodically than to return to smoking. Remember, not even a puff is OK.



Do the same medications work for noncigarette products?

Yes, but higher doses are often required because the nicotine content is higher.

Is it OK for pregnant women to use medications?

For mom's and baby's well being, it's extremely important not to smoke during pregnancy and to stay smoke-free after the baby's birth. (Remember the hazards of second and thirdhand smoke.) Most physicians prefer that nicotine replacement be used during pregnancy rather than continuing to smoke and taking in toxins, but be aware that the nicotine replacement itself may have an adverse effect on your growing baby. Talk to your physician about what is right for you. Quitting is important for baby even during gestation, and for mom before and after baby's birth.



Changes in Health, Routines, and Thought Patterns

Will my body get healthier?

The benefits of quitting start immediately! Not only will your levels of carbon monoxide and other harmful chemicals begin dropping right away, but your circulation and blood pressure also will improve. None of us can predict whether we'll suffer from an illness, but research supports the following.

Immediate and Long Term Health Benefits of Quitting

After quitting, within:

20 minutes

- Your heart rate and blood pressure drops.

12 hours

- The carbon monoxide level in your blood drops to normal.

2 weeks to 3 months

- Circulation and lung function improves.

1 to 9 months

- Coughing and shortness of breath decrease.
- The lungs' ability to handle mucus, clean the lungs, and reduce the risk of infection improves.

1 year

- The excess risk of coronary heart disease is half that of a smoker's.

5 years

- Your risk for stroke is reduced to that of a nonsmoker 5 to 15 years after quitting.

10 years

- The death rate from lung cancer death drops to about half that of a smoker's.

15 years

- Your risk of coronary heart disease is the same as a nonsmoker's.

How am I likely to feel after I quit?

You may have withdrawal symptoms when you first quit. Symptoms vary from person to person, but most often include anxiety, difficulty concentrating, impatience, restlessness, and difficulty sleeping. Some people "feel blue or a little depressed." Remember, you are withdrawing from an addictive substance. These symptoms may last for several weeks and become less intense and less frequent over time. Once the symptoms pass, you'll feel empowered! You'll be gaining control over your life and ready to take charge.

What if I have emphysema?

Emphysema is a condition in which the lungs' air sacs are destroyed. As a result, the lungs lose their ability to take in oxygen and get rid of carbon dioxide, causing shortness of breath and difficulty exhaling. Still, it's always beneficial to quit. While damage to the lung tissue cannot be reversed, not smoking usually prevents additional damage from occurring.

How do I change my identity as a smoker?

You didn't become a smoker overnight, so it may take some time to change that identity. Positive self-talk is important. The more you tell yourself you're a nonsmoker and that smoking is not an option, the easier it will be. Also, surround yourself with nonsmokers and spend as much time as possible in places where smoking is not allowed. Some people prefer to say they're in the process of quitting rather than that they've quit. This may be a comfortable way to transition into your new identity: nonsmoker!

What if my friends and family members smoke?

Ask them not to smoke around you and tell them not to give you a cigarette even when you ask! You might even encourage them to quit with you—make it a fun, buddy system. If you are with them and they smoke, leave the situation. Step outside or go for a walk. Remaining smoke-free means changing behaviors, so focus on doing things you've always wanted to do. Exercise regularly, read more, learn to dance, join a sports team, go to a movie, listen to music, or call or visit a friend who doesn't smoke. Stress is a trigger for smoking so stay relaxed. And treat yourself as you accomplish your goals.

Can I continue drinking coffee or alcohol?



When you quit smoking, the effects of both caffeine and alcohol may increase, so it's best to reduce your intake. Drinking coffee or alcohol is likely to be associated with smoking and may create a high risk or trigger situation for you, so avoid that

temptation! If you're used to smoking while drinking your morning coffee, try eating something sweet with it to substitute for smoking. Drink lots of water! Water helps release dopamine, the brain chemical, that helps create a sense of pleasure.

Will I still be addicted to nicotine after I quit?

As a smoker, your brain is primed for nicotine addiction. If you smoke after your quit date, chances are you'll want to keep smoking more until you're back at your comfort level. Researchers are studying the impact on the brain after quitting. Current research suggests that the number of nicotine receptors in your brain will decrease gradually as you learn to live without smoking. Once you've been a smoker, however, it's always wise to be vigilant and avoid even one puff. It's easy to relapse years down the road with the right combination of triggers. Keep in mind that nicotine replacement products deliver nicotine in a much slower, safer way than cigarettes, so it's unlikely you'll remain addicted to them even if you use them long-term.

I don't want to gain weight.

Most people don't gain more than seven to 10 pounds. To avoid weight gain, have healthy snacks and meals handy. Begin exercising regularly and drink lots of water. Remember food, exercise, and water release dopamine just like nicotine does. Your senses of taste and smell improve when you quit so food tastes better — even dishes you didn't like

before may taste better now! Treat yourself a little at a time, but don't allow overeating to replace smoking. Limit your portions and stay on guard. Remember a little weight gain is far better for your health than smoking.

What if I relapse and start smoking again?

The important thing is to recommit and get back on track. Remind yourself of why you wanted to quit. You made the commitment before, and most importantly, you're willing to try again. Identify the things that get your mind off the urge. Remember where you want to be and how smoking gets in the way. Tally the progress you've made! Remind yourself that smoking will not solve your problems. Use positive self-talk!

If I absolutely cannot quit, will it help to cut down?

There is no safe way to smoke, but cutting down may reduce your exposure to the chemicals in tobacco and may help reduce some risks. Consider trying to taper off and then quit completely.

Think of the money you'll save.

How much you save depends on how much you spend on tobacco products. If you spend \$7.23 for a pack of cigarettes and smoke a pack a day, you'll save nearly \$2,700 a year. Use that money to help purchase your smoking cessation medications. When you've quit, use it for a vacation!



A healthier you

As you quit, treat yourself. Remind yourself that you're very special and on your way to a healthier lifestyle. Congratulations! Remember, tobacco kills 1 in 3 of its users. Don't let it happen.

My Quit Plan

- 1) Review the data in this booklet to learn about nicotine addiction, the harmful effects of tobacco, medications, and quitting smoking.
- 2) Complete the "Where Am I?" worksheet. Tobacco cessation requires a strong commitment to both yourself and quitting. You must be ready to make that commitment.
- 3) Complete "Think about Quitting." Understanding your motivation both for smoking and quitting will help you stick with your plan and be successful.
- 4) Complete "Smoking Triggers." If you feel you could use additional help in identifying triggers, use "My Craving Journal" for several days (you may need to make extra copies). Understanding what tempts or triggers you is key to success.
- 5) Now that you have identified your triggers, review "Trigger Management," and talk to friends and/or support group members who have successfully quit smoking. Having several trigger management strategies in place will increase your likelihood of leading a tobacco-free life.
- 6) Review the Medication section of this booklet. Take your completed worksheets to your physician and ask which medications may best support you in your efforts to quit.
- 7) Set a quit date. Give yourself time to accomplish the first 6 steps before that date. When possible, pick a date with some significance: New Year's Eve, a birthday, or even the Great American Smokeout (the third Thursday in November).
- 8) Rally support. Tell your friends of your intent to quit and the date you will quit. Join a support group. The final page of this booklet has information on our free community support group, as well as additional online and telephone resources.
- 9) Quit on your date.

My Quit Date is: _____

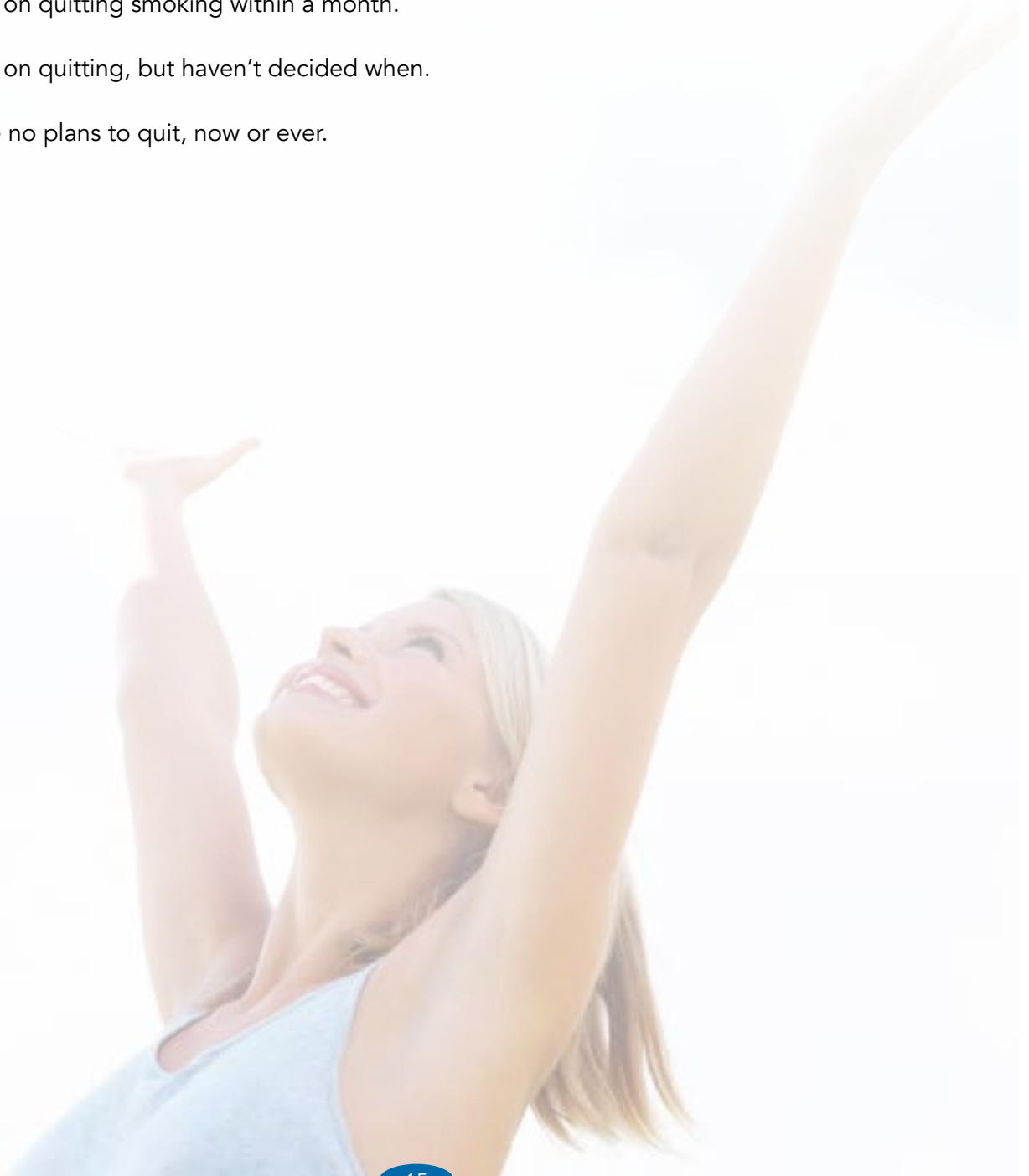
Signed: _____

Date: _____ / _____ / _____

Where Am I?

Please place a check next to the statement that best describes your feeling about quitting.

- 5) I consider myself a non-smoker. I've quit and I won't smoke again.
- 4) I am taking steps to quit, like cutting back on the number of cigarettes or how much of each cigarette I smoke.
- 3) I plan on quitting smoking within a month.
- 2) I plan on quitting, but haven't decided when.
- 1) I have no plans to quit, now or ever.



Think About Quitting

Reasons not to quit.

Reasons to quit

What I like about smoking

What I don't like about smoking

What I don't like about quitting

What I would like about not smoking

Smoking Triggers

Most people who smoke will find certain situations “trigger” their desire to have a cigarette. Knowing these times can be a useful tool in developing a quit plan. Please use the following tool to start thinking about YOUR triggers:

List three times during the day that you know you smoke 9 times out of 10.

- 1) _____
- 2) _____
- 3) _____

What causes you to smoke in those situations?

- 1) _____
- 2) _____
- 3) _____

Which daily cigarettes would you hate to give up most? Why?

- 1) _____
- 2) _____
- 3) _____

My Craving Journal

Date: _____

Day of Week (Circle One): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Craving Numbers:

- 1) Why did I even smoke that?
- 2) I usually have one now.
- 3) Needed this one.
- 4) Couldn't get this one off my mind until I had it.

Time of Day	Craving Number	Activity	How I was feeling
<i>Example:</i> 1) 8am	4	Just woke up	Tired, with coffee
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

My Craving Journal

Craving Numbers:

- 1) Why did I even smoke that?
- 2) I usually have one now.
- 3) Needed this one.
- 4) Couldn't get this one off my mind until I had it.

Time of Day	Craving Number	Activity	How I was feeling
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			

Trigger Management

These suggestions may help you manage the smoking triggers you identify.

Trigger: I smoke when I drink coffee, alcohol, or other beverages.

Management:

- Change your routine. For example, have your coffee after your shower, instead of before your shower.
- Try substitution. Sipping cold water helps release dopamine, the brain chemical that helps create a sense of pleasure.
- Change flavor or consistency. Drink light soda instead of dark, flavored coffee, or perhaps a non-alcoholic beverage instead of one containing alcohol.
- Keep your hands occupied while you enjoy your beverages. Swizzle sticks, straws, or napkins may help.

Trigger: I smoke after meals, when I feel full.

Management:

- Leave the table before you are completely full.
- Finish meals with a hot beverage or a small treat.
- After eating, initiate some form of mild exercise, like walking, for the approximate time you would have allowed for a cigarette.
- Brush your teeth, use mouthwash, mints, or gum.

Trigger: I smoke in social situations or when I'm with people who smoke.

Management:

- If possible, avoid settings that allow smoking until you have some "quit time" under your belt, and your cravings aren't as frequent or severe.
- Be prepared; carry nicotine replacement products.
- Arrange for meetings/gatherings in facilities that ban smoking.
- Use a fidget. This could be a ring on your finger, a pen, or a memory stone in your pocket. Give your hands something to do!
- Carry a bottle or glass of water – remember, it releases dopamine.

Trigger Management

Trigger: I always smoke in my car or during commutes.

Management:

- Change your routine. Leave and arrive a few minutes early. Drive another route.
- Have your vehicle detailed, or deodorize and clean it yourself.
- Remove ashtrays or fill them with non-tobacco-related items. (Perhaps with the money you will save?)
- Pay at the pump to avoid the temptation to purchase cigarettes.
- Drink coffee, run your air conditioning, and make sure you are well rested before long commutes..

Trigger: Stress

Management:

- When possible, avoid situations that you know cause you stress, or remove yourself from situations that cause stress.
- Call a friend or support person.
- Use a stress ball or fidget.
- Journal about what's stressing you.
- Walk or engage in other physical activity.

Trigger: Boredom

Management:

- Join a support group.
- Call a friend or support person.
- Engage in physical activity.
- Volunteer.
- Visit a library.

Stay active, mentally and physically. Declare your home and vehicles smoke-free.

Finding Support



Local resources

Free Support Group. Mary Washington Healthcare hosts a support group that's free and open to the community. The group meets on Thursdays at 6:00 p.m. online. Reach out to Jeanette Ellis at Jeanette.ellis@mwhc.com for more information. No registration is required. You're welcome to attend even if you're still smoking, but want to learn more from others who are quitting or have already quit. You're more likely to succeed if you can be with others going through the same experience.

Online resources

www.smokefree.gov

www.lung.org
and search "quit smoking"

800.QUIT.NOW (800.784.8669)
www.quitassist.com

Where can I get support or be with others who are quitting?

All FDA approved medications recommended for smoking cessation and previously discussed come with a free support plan. Read the package inserts for more information. In addition, there are local, state, and national support programs to help you.



Testimonials

"I never knew nicotine constricted my blood vessels." Since quitting, my legs are so much better and I'm having less problems with my prostate."

—Bill

"You don't know how addicted you are to tobacco until you quit using it. I no longer get sinus infections or a racing heart, and I rarely need my breathing medicine. I can honestly say I don't want a cigarette—I never want to be that sick again."

—Pat

"I have had a lot of successes in my life, but quitting smoking is the one I'm most proud of. I smoked for 50 years and never thought I could quit. I used Chantix and attended the MWH Support Group—I'm now 8 months smoke free."

—Sam

"I quit smoking 6 weeks ago and want to be smoke-free for the rest of my life. I no longer wheeze! It's a great feeling not to be a slave to cigarettes--they dictated my life. Quitting is hard--everyday is a challenge—but at the end of that day, you know you've won. Do it for yourself and the people around you."

—Susan

"I'm only 32 years old and I cannot breathe. I work construction and have been smoking 2 packs per day. With the patches and lozenges, I'm now smoke free and can breathe once again.!" I will live to see my children grow up.

—Bret

"I've been a diabetic for more than 20 years and always smoked. My doctors told me to quit but I never really understood the dangers. I've been attending the MWH Quit Smoking Support Group and taking Chantix (r) for 3 months. I'm now smoke-free; my diabetic ulcers are healing, and my blood pressure has gone down to normal."

—Stephen



**Mary Washington
Healthcare**

Mary Washington Healthcare exists to improve the health of the people in the communities we serve.