



SMOKING CESSATION

WORKBOOK

Tips, Tricks, and
Habit Changers
to Help You Quit
for Good

Congratulations!

You just took the first step in conquering your nicotine addiction by simply reading this workbook. Here, you'll find real-life solutions that have helped thousands of people who smoke quit. Choose the ones that you feel will work best for your situation, or implement all of them and see what sticks. Either way, you're on your way to enjoying a lifetime of freedom from tobacco!

Modern-day tobacco cessation therapies, like the ones outlined here, not only minimize the discomfort that occurs when quitting, but can also help even if you're not ready to put down your cigarettes today.

BEFORE YOU BEGIN

While the vast majority of all people who smoke want to stop, it is completely normal to have mixed feelings and experience missteps along the way. Quitting is a process, and you can learn a lot from your previous efforts, even if you feel they weren't successful. Remember—there are no failures. Each attempt is a step toward success, especially if you can determine the reasons you weren't successful in the past. In short, no matter how many times it takes to quit, just keep trying. You can do this.

REDUCTION TO CESSATION TREATMENTS *(REDUCE THEN QUIT)*

Let's say you smoke 25 cigarettes per day and want to cut down, but you're not ready to quit. This is completely normal and often attributed to severe cessation anxiety (the anxiety that occurs when contemplating quitting). If this sounds like you, consider a reduction to cessation treatment approach, where medication is started prior to quitting.

How does it work?

The US Public Health Service released guidelines to help clinicians treat tobacco addiction. These researchers and clinicians, chaired by Michael Fiore, MD, a world-renowned tobacco cessation expert from the University of Wisconsin School of Medicine, reviewed thousands of peer-reviewed, high quality scientific studies. They concluded, among other things, that "reduction to quit" treatment plans are not only safe and effective, but some studies show that they may even increase success rates.

If this is a plan you're interested in, you can expect your clinician to ask you to first cut down the number of cigarettes you smoke per day. Few people experience any problems with this, but be prepared to feel mildly nauseous. You then may be asked to establish a Target Quit Date (TQD), which can serve as extra motivation but is by no means necessary (especially if it's going to spike your anxiety).

Using this method, some people will continue to smoke fewer and fewer cigarettes spontaneously until they just stop. Other tobacco patients may need to add additional medications—such as nicotine gum, inhalers, or nicotine nasal spray—to reach complete abstinence.


TIPS, TRICKS, AND HABIT CHANGERS

Keep a cigarette log

Below is an example of a cigarette log. If you, a member of your family, a friend, or a co-worker smokes, photocopy this page, cut out the log, and wrap it around your cigarette pack with a rubber band and a small pencil or pen. You can also digitally record your cigarette use on your smartphone. The cigarette log serves several purposes. First, it is impossible to change a behavior if you are unaware of precisely what that behavior is. Second, the action of recording a cigarette in real time (as it is smoked) will help you become more aware of the act of smoking. That may help you eliminate the cigarettes you smoke automatically, without much of a real desire.

CIGARETTE USE LOG			
M	M	M	M
Tu	Tu	Tu	Tu
W	W	W	W
Th	Th	Th	Th
F	F	F	F
Sa	Sa	Sa	Sa
Su	Su	Su	Su

Here is an example of a person who recorded smoking 22 cigarettes on Monday:

CIGARETTE USE LOG: JANUARY			
M  =22	M	M	M
Tu	Tu	Tu	Tu
W	W	W	W
Th	Th	Th	Th
F	F	F	F
Sa	Sa	Sa	Sa
Su	Su	Su	Su

Keeping a cigarette log can help you understand patterns, which may in itself reduce tobacco use. It will certainly help you and your clinician create an individualized cessation treatment program and gauge your progress.

Is Medication Right for Me?

Years ago, a person who smoked 30 cigarettes per day had used a nicotine patch to reduce their cigarette consumption to seven cigarettes a day. During their evaluation, however, they commonly reported, “The patch didn’t work.” In actuality, the patch “knocked down” their smoking addiction drastically.

What’s the point? Research shows that there are a number of people who continued to smoke (but less than usual) after taking a US Food and Drug Administration (FDA) tobacco treatment medication. Many people assume that it’s unsafe to continue to smoke while using the nicotine patch or gum, but it’s not. In fact, taking these types of medication is a great way to help jump-start your cessation efforts.

There are seven FDA-approved tobacco treatment medications, including nicotine gum, nicotine patches and lozenges, nicotine inhalers, and nasal sprays, as well as Zyban® (ie, Wellbutrin, bupropion) and Chantix®.

There are hundreds of well-researched studies that prove without question that medications help you quit. Not one person who smokes is known to have died from a nicotine replacement therapy medication, but over the past 25 years, more than 12 million Americans have been killed as a direct result of their tobacco addiction. If you think you need a little extra help, remember that tobacco treatment medications are a great supplement to help you quit.

No ashtrays—use a cigarette “cough-ee” jar

Another good technique is to eliminate all the ashtrays from wherever you smoke and to substitute a cigarette “cough-ee” jar. All you need is a clean, clear glass or plastic jar with a screw cap. Fill it about a quarter of the way with water. Then promise yourself that you’ll use it as your one and only ashtray to deposit all of your cigarette ashes and discarded butts.

Before lighting up a new cigarette, unscrew the jar and inhale a deep whiff of all those stale butts and ashes. Doing this regularly, each and every time you smoke, will help break the positive association to your cigarettes and help you conquer your addiction.



Increase the inconvenience of smoking

During a reduction to cessation plan, you can smoke up to your cut-down goal, but you don’t want to smoke automatically simply because your pack is lying around. A few tips to try include:

- *Buying only one pack at a time; no more cartons of cigarettes or multiple packs lying around.*
- *Keeping your cigarettes in an inconvenient place, such as the trunk of your car, behind pipes in your basement, or a little-used room, cabinet, or closet.*

Find your “why”

It is important to understand why you are thinking of quitting and write it down. Try to be as specific as you can. For example, don’t just say you are “quitting for health.” Instead, say something like, “I am more short of breath climbing upstairs than I was a few years ago,” or “My doctor says my lungs and heart are being damaged by my smoking,” or “I want to live long enough to see my grandkids.” Write these reasons down and carry this list with you. A great place to keep this list is in your cigarette pack itself or your wallet. Take the list out and review it frequently; a great time to review your list is while smoking. Remember—no reason to quit is a bad reason if it is your reason.

Having a hard time finding your “why”? Here are a few common reasons people quit:

- Increased risk for heart attack*
- Expense of smoking*
- Wife pregnant*
- Shortness of breath*
- Increased risk for lung disease*
- To set an example for my children*
- To please spouse/co-workers/friends*
- I want to conquer my tobacco addiction and take control of my life*
- My doctor told me to quit*
- Cigarette money can be better spent: College educations, vacations, a house*
- I am not getting any younger*
- Smoking lowers sexual energy and ability*
- Other: _____*

It is also important to assess honestly why you smoke. Most people smoke for many reasons in addition to their addiction to tobacco. Are you smoking out of boredom? To deal with stress? Hunger? Do you smoke because you associate with others who smoke (ie, your spouse or members of your family)? Do you feel cigarettes help you relax? Do you use cigarettes to pick you up? Do you smoke as a work break or after a run? Acknowledging these barriers and patterns will help you to identify and successfully remove them for good.

A particularly good technique: One person who was quitting for his wife and family placed a picture of them without him between the cellophane and his pack of cigarettes. Every time he smoked a cigarette, he imagined his family surviving without him after he died from a disease caused by tobacco.

Avoid people, places, and things you associate with smoking

Take some time to detail the things that make you smoke automatically or more than usual. Check all that apply and/or add your own. Where possible, change these behaviors to make smoking inconvenient, difficult, or impossible. For example, if you smoke while drinking coffee, simply hold the coffee cup in a different hand; stand instead of sit (or vice versa); and/or hold a handling substitute, such as a pencil or pen. If you always smoke while driving to and from work, try taking a different route and use oral or handling substitutes, such as sugarless chewing gum or cinnamon sticks.

The following are likely times for smoking or using tobacco.

Check all that apply to you:

- Alcohol
- Coffee/other beverages
- After meals
- While driving
- Boredom
- Work break
- After awakening
- Before bedtime
- Before/during a bowel movement
- During stress/anxiety
- After sex
- With negative feelings (anger, sadness, etc)
- Social activities (bowling, softball)
- Family gatherings
- Other: _____



Alcohol and tobacco use

A word to the wise: Alcohol can be a trump card. Alcohol consumption can sabotage the most earnest person's quit attempt. This is true for both the occasional "partier" as well as the problem drinker. Many people smoke at bars or parties just because everyone is. This is not to say that a person quitting smoking must forever abstain from alcohol to quit, but it is probably a good idea to avoid alcohol while you are attempting to quit.

Sadness, depression, and posttraumatic stress

Both depression and posttraumatic stress can increase the difficulty of conquering your tobacco addiction. While an in-depth discussion of depression and posttraumatic stress are beyond the scope of this workbook, anyone can temporarily experience one or a few of the symptoms described below. However, if you're experiencing many of these symptoms on a recurrent basis, and they are causing significant problems in your life, seek professional assistance.

- *Difficulty sleeping*
- *Loss of interest or the ability to enjoy oneself*
- *Excessive feelings of guilt or worthlessness*
- *Loss of energy or fatigue*
- *Difficulty concentrating, thinking, or making decisions*
- *Changes in appetite*
- *Observable mental and physical sluggishness*
- *Thoughts of death or suicide*
- *Recurrent and intrusive distressing recollections of a traumatic event, including images, thoughts, dreams, or perceptions*
- *Increased or problematic consumption of alcohol or other drugs of abuse*



Think about the money you save

Calculate how much you are saving by smoking less (or not smoking at all) and place this money in another clean, clear jar. As you watch your savings grow, plan on what you will do with the money. If you smoke one pack per day at \$8 per pack, the savings after 1 year can pay for a large ticket item, such as a vacation. If you prefer more immediate gratification, you can use the money saved for something small each week, such as an article of clothing, book, or dinner at a restaurant with someone special. All that matters is that you are cognizant of the fact that you are rewarding yourself for this important step.

Start exercising

Changing unhealthy habits and replacing them with healthy ones is always a great idea. Starting an exercise program or increasing the intensity and/or session length of a current program is one of the best things you can do to help you quit tobacco. Studies show that even small to moderate amounts of exercise can reduce the urge to smoke and help you remain tobacco free. Exercise naturally “burns off” tension, increases endorphins and other brain chemicals that tobacco increases artificially, and helps reduce the weight gain during tobacco cessation.

If you were in the habit of lighting-up while watching TV, try doing a few minutes of push-ups or sit-ups during the commercial breaks. This is a new healthy habit to take the place of a deadly one. Even simple stretching exercises can work wonders. However, remember to get medical clearance from your clinician before starting an exercise program.



Keep your mouth and hands busy

It’s important to find ways to keep your mouth and hands busy while trying to quit. Sugarless gum, candy, mints, cloves, crunchy fruits and vegetables, cinnamon sticks, and straws will do the trick.

You can also consider keeping your hands busy with nonfood-related items. Maybe you can doodle, squeeze a stress ball, or get a fidget spinner. This can also be a good time to take up a new hobby like knitting. Whatever it takes, just keep those hands busy!



A Word About Weight Gain

When quitting smoking, a 5-pound weight gain is the average.

Put things into perspective, that amount of weight would hardly be noticeable on the average adult. Besides, it’s not like those pounds are permanent—think of them as a temporary companion on your journey toward a healthier and happier life.

In addition, nicotine replacement therapy medications have been found to be exceptionally helpful in reducing appetite and weight gain. If this is something you’re especially worried about, talk to your clinician honestly and work together to find a solution that you’re comfortable with.

Spend time with people who don't smoke

We don't want you to abandon all your friends that smoke, but for a while, it's a good idea to spend more time with the people in your life who don't smoke. This is especially true if you tend to smoke automatically around other people who smoke.

If you must socialize with people who smoke, let them know that you've decided to quit. If feasible, ask them if they could refrain from smoking around you—you may be pleasantly surprised by their responses. Others are probably interested in quitting as well and will more than likely support and encourage you.

Unfortunately, sometimes others may attempt to sabotage your efforts to become tobacco-free. It is important to remember that for some people, your success only highlights their own failure to quit. Sometimes, it is better to simply state, especially when offered cigarettes, "I don't smoke" rather than "I am trying to quit." Remember, you can't control the behavior of others, but you can control your own. If the situation becomes too tempting, simply walk away.

Avoiding parties where people can smoke freely is certainly a good idea too, especially where a large number of people who smoke would congregate. If that is not possible, make a commitment to yourself that you will not smoke no matter what! Use of rescue medications (nicotine gum, nicotine spray, or a nicotine inhaler) can be extremely important in these settings. Remember, the vast majority (more than 75%) of Americans do not smoke, so you'll be around good company in almost any setting.

TIME TO GET STARTED

People often say that quitting tobacco is the hardest, best thing they have ever done. Odds are you have had other challenges in your life that were difficult and didn't go as planned. Sometimes, you have to reassess a situation and try again. Living a tobacco-free life can be a lot like that.

We urge you to use the information in this workbook to reassess your quit attempts and go for it one more time. When you start to feel anxious, just remember—tobacco cessation programs and clinician assistance can make the battle easier and often pain-free. There's nothing stopping you. It's time to start your journey toward a tobacco-free life today!

