

Tobacco Treatment Program

Take your health in a new direction.



Table of Contents

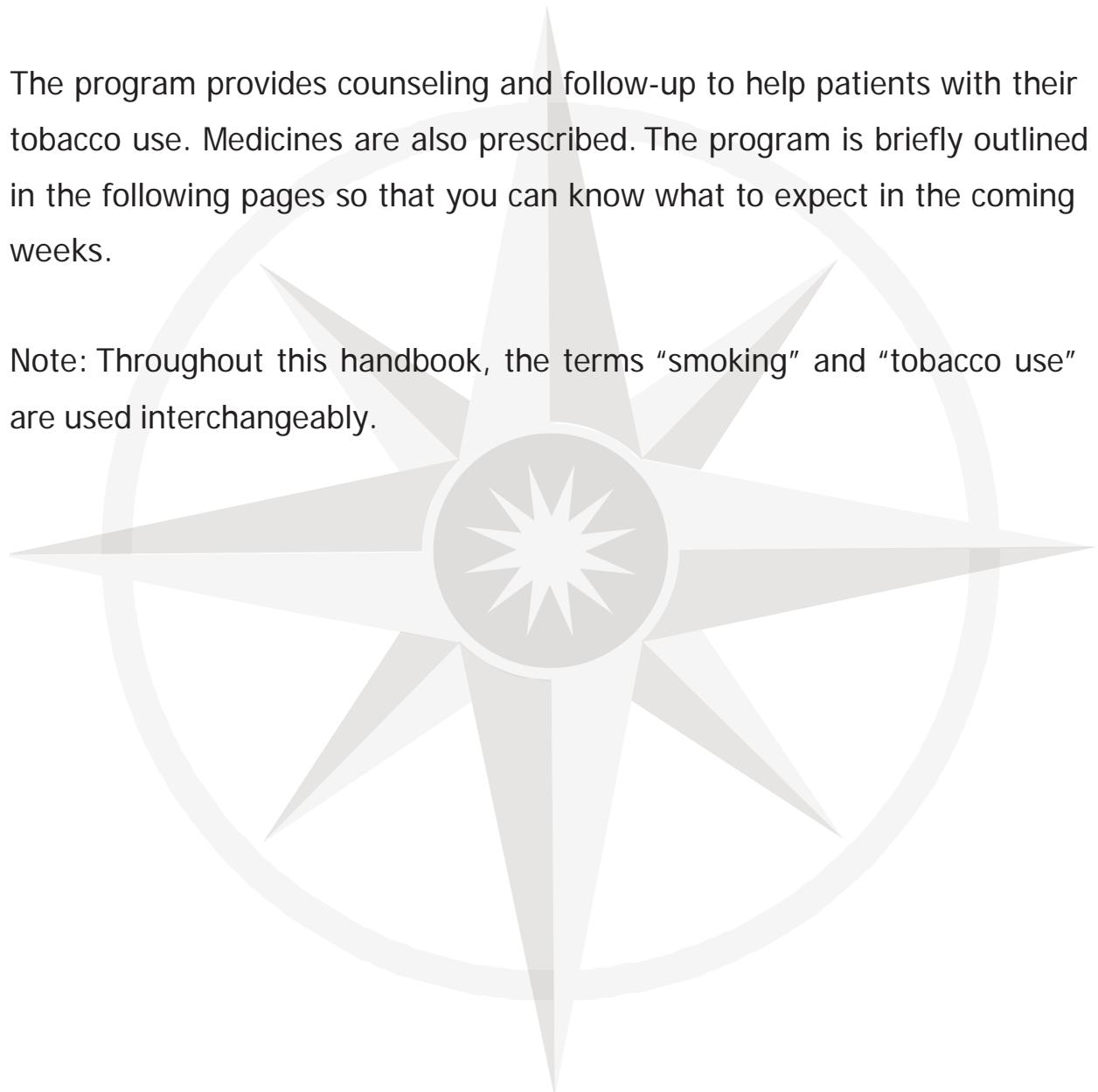
Welcome.....	1
Program Staff.....	2
Program Overview.....	3
Treatment Timeline.....	7
Break Free from Tobacco Use (Article).....	9
Appointment Schedule.....	11
Frequently Asked Questions.....	12
Additional Resources.....	13
Smoking: Benefits of Quitting.....	15
Smoking: Preparing to Quit.....	17
Smoking: Strategies for Coping When Quitting.....	20
Worksheets to Help You Accomplish Your Goals.....	23

Welcome

Welcome to the Tobacco Treatment Program at The University of Texas MD Anderson Cancer Center. The Tobacco Treatment Program helps patients interested in reducing or stopping their tobacco use. It provides a variety of interventions to patients who use tobacco and or have quit within the past 12 months.

The program provides counseling and follow-up to help patients with their tobacco use. Medicines are also prescribed. The program is briefly outlined in the following pages so that you can know what to expect in the coming weeks.

Note: Throughout this handbook, the terms “smoking” and “tobacco use” are used interchangeably.



Program Staff

The Tobacco Treatment Program draws on the knowledge and experience of a variety of staff members, including counselors, medical staff and support staff.

Counselors

Our team of counselors includes psychologists, social workers and master's level counselors. All are trained to help you reduce or quit your tobacco use. Your counselor will conduct the initial consultation with you and all follow-up counseling sessions. Counselors are the primary contact while you are in the Tobacco Treatment Program. They can help with all matters, including requests for cessation medicine refills. Usually, you work with the same counselor throughout treatment.

Medical Staff

The medical staff consists of a Medical Director, Doctor and Advanced Practice Provider (APP). An APP may be a Physician Assistant or Advanced Practice Nurse. This team oversees everything related to medical care and medicines. At consultation, a doctor or an APP will see you. About 2 weeks later, medical staff will reach out to you for a medicine check. This is to learn about any side effects and if the medicine is working. The medical staff is also available to answer any questions or concerns you have about the medicine. The medical director, who is an addiction psychiatrist, is available to address emotional or psychiatric symptoms that might increase your tobacco use.

Support Staff

The support staff can help you complete surveys, conduct assessment calls, remind you of upcoming appointments and schedule appointments.

Program Overview

The Tobacco Treatment Program has 2 parts:

1. Counseling
2. Medicines

Counseling: You are assigned a counselor. They will meet with you in-person, by phone or virtually to discuss your tobacco use. You will learn new strategies to reach your goal (limiting or stopping your use of tobacco). Your counselor will also help you cope with behavioral and mental challenges often related to trying to quit.

Medicines: The program prescribes over-the-counter FDA-approved medicines (nicotine replacements) to help you quit or reduce the use of tobacco products. Two prescription medicines are also prescribed, if desired. A member of the medical team will help you determine the best medicine for your treatment.

Who Can Participate

If you are not ready to quit tobacco completely, you are still able and welcome to participate in the program. You can talk about your decision with your counselor. They can help identify motivational issues, set short- and long-term goals and develop strategies for achieving them. For example, you may choose to use less tobacco for a period of time if you are not ready to quit.

Cost of the Program

This program, which includes counseling and follow-up, is provided at no cost to you. Your insurance will not be billed or contacted in any way. The program may cover the cost of some medicines for 10 to 12 weeks if your insurance does not provide coverage. In most cases, non-nicotine based medicines, such as bupropion (Zyban®) or varenicline, are recommended for up to 6 months. When you complete the 10 to 12 weeks of the program, and if you quit using tobacco, you will get a prescription for an extra 3 months. You are responsible for the cost of medicines at this point.

How to Contact the Tobacco Treatment Program

You can call 713-792-QUIT (7848) or toll-free at 866-245-0862. After your first session, you can send a secure electronic message in MyChart to your counselor. To read more about the program you can also visit www.MDAnderson.org/Departments/QuitNow/.

Types of Appointments

You will meet with your counselor several times over the next few months. The staff will work with you to determine the best time for each appointment. Quitting tobacco is not a “one size fits all” process. Your treatment plan is tailored to fit your needs. The information below gives a general overview of what to expect in the coming weeks.

I. Initial Consultation

Purpose: To learn about you and your goals, develop a plan and consider a medicine.

Location: MD Anderson, by phone or virtual

Length: 1.5 to 2 hours

Description:

- a. *Surveys* – Support staff will help you complete surveys about tobacco use, depression, anxiety, other negative emotions and alcohol use. Research shows that negative thoughts and feelings can make it harder to quit using tobacco products. Therefore, it is important to know if you have these types of thoughts and feelings. Your counselor will share the results with you if you are interested.

- b. *Counseling* – You will meet with your counselor to discuss your tobacco use, your goals, how tobacco fits into your daily routine and how you can change your tobacco use. Your counselor will also explain the program to you.

- c. *Medicines* – You will meet with a member of the medical team to talk about tobacco cessation medicines and help you decide which, if any, are best for you. You can pick up the prescribed medicine from an MD Anderson pharmacy or they can be mailed to you. It takes about an hour for the pharmacy to prepare prescriptions.

2. Follow-up Appointments

Purpose: To assess progress and work on your goals.

Location: MD Anderson, by phone or virtual

Length: 15 to 45 minutes

Description:

You will complete a brief set of surveys to help tailor your treatment. Next, you will meet with your counselor to talk about your progress and make a plan to overcome barriers to changing your tobacco use. These meetings are on the phone or held virtually.

3. Medicine Check

Purpose: To determine if the medicine is helping and if you are having any side effects.

Location: Phone or virtual

Length: 5 to 20 minutes

Description:

This phone call will occur about 2 weeks after you begin the medicine.

4. Assessment Calls

Purpose: To gather information on tobacco use and other measures as you progress in the program.

Location: Telephone

Length: 5 to 15 minutes

Description:

Support staff will call you 3 times during the program to ask how you are doing.

5. Long-term Follow-up Visits

Purpose: To gather information on tobacco use after you complete active treatment.

Location: Telephone

Length: 5 to 15 minutes

Description:

Support staff will contact you at 6, 9, 12 and 15 months from the date of your first consultation. These appointments allow you to remain connected. They also give you an opportunity to ask questions and address any problems.

After the Tobacco Treatment Program

Your counselor will remain available for any further needs or concerns about your tobacco treatment plan.

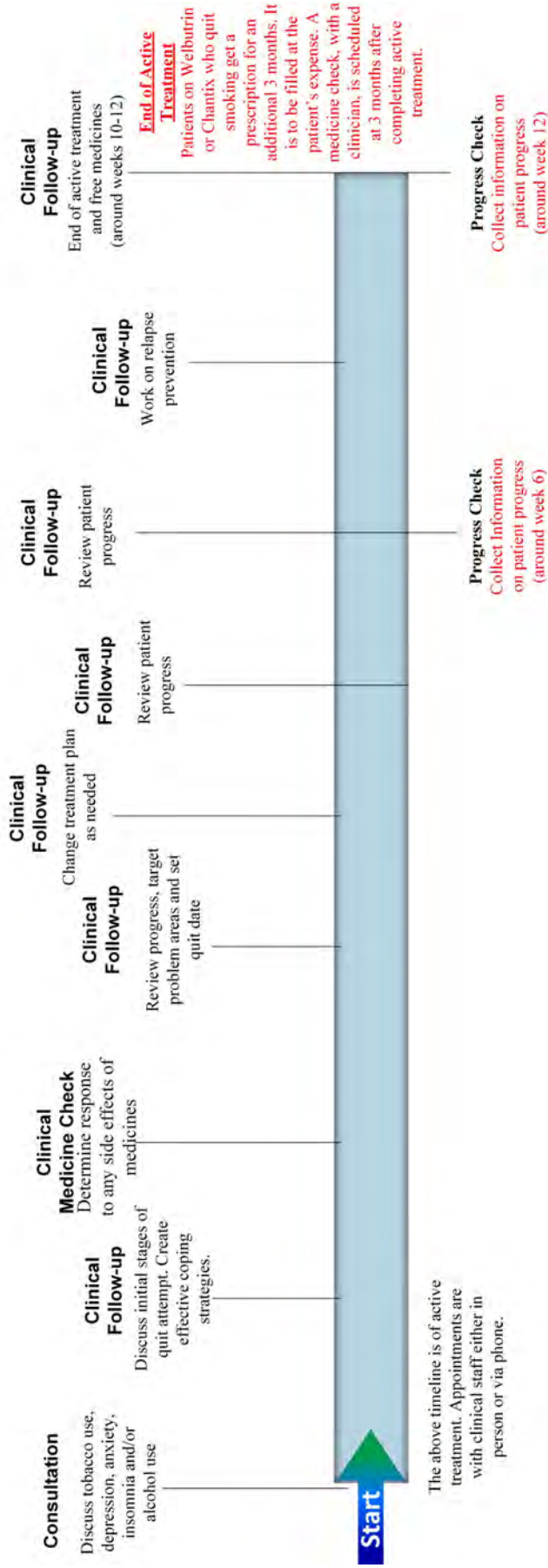
Cancellation and No Show Policy

If you cannot keep an appointment:

- Call 713-792-QUIT (7848) or 1-877-245-0862 to reschedule.
- Send an email to QuitNow@MDAnderson.org or use yoursecure MyChart account.

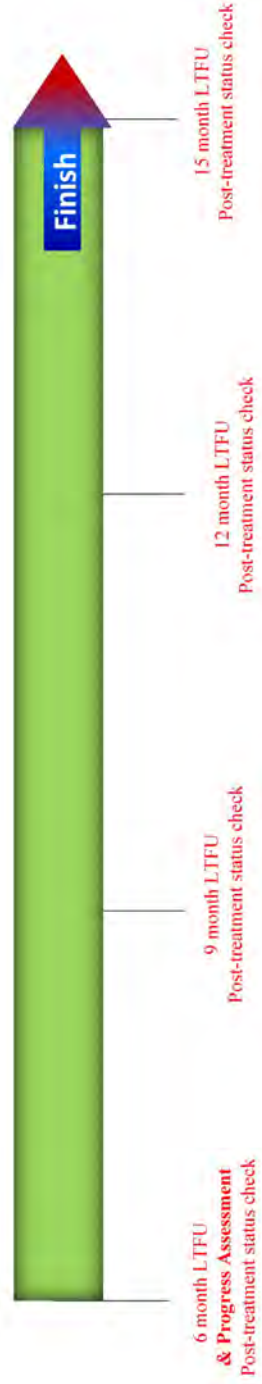
If you miss 2 back-to-back appointments without calling or emailing, the policy is to end your active treatment and begin long-term follow-up. Medicine refills are not provided if you are not actively engaged in counseling.

Active Treatment Timeline



The above timeline is of active treatment. Appointments are with clinical staff either in person or via phone.

Long Term Follow Up (LTFU) Timeline



This timeline reflects post treatment activity. Appointments are with support staff via phone. The timing is from the date of the initial consultation.

Break Free from Tobacco Use

by Maher Karam-Hage, MD, and Paul Cinciripini, PhD



People recently diagnosed with cancer are trying to adjust to their new reality. They are either working to understand their illness or coping with their treatment and the unwanted side effects of surgery, chemotherapy, or radiation. Moreover, the daily stressors of life are magnified by loss of income due to inability to work, disruption of family relationships, changes in daily routines, and added strain to existing interpersonal conflicts.

Tobacco use need not be one of these stressors. One of our goals in the tobacco treatment program at MD Anderson Cancer Center is to help people stop smoking while also learning how to deal with guilt and shame about not being able to quit.

The first question we ask a smoker is, "What are the advantages of smoking?" This question surprises most people because they expect us to barrage them with negative statistics or forcefully try to persuade them to quit. When individuals answer this question, we hear similar themes in their responses: "Smoking helps me relax when I'm anxious or irritated." "The cigarette is like my best friend because it's always there for me." "It's a way for me to escape. Whenever I want to get away from people, I can always go outside and smoke."

Tobacco cessation isn't just about willpower or changing a habit; it's a biological process driven by the addictive nature of nicotine as a powerful drug. Plus, people often learn to associate smoking with common activities and situations, such as talking on the phone, driving, drinking coffee or alcohol, and waking. When you have coupled smoking with these activities for years, disassociating the two actions can be extremely difficult.

For instance, some people automatically reach for a cigarette at the conclusion

of a meal. Smoking and completing a meal become inextricably linked, with one event even triggering the other. By breaking or changing these connections, you can begin to control your smoking behaviors. You may have spent many years learning these associations, and it can take a long time to change. Behavioral counseling can assist in changing these patterns.

While not all smoking triggers can be eliminated, you can employ effective strategies in preparing to quit. In particular, a scheduled reduction technique consists of keeping a record of personal smoking triggers and noting the time of day and the situation when you usually smoke. Once you know your triggers, you will be better prepared to deal with them. Cutting back in a systematic fashion helps desensitize you to cigarette triggers and to extinguish your cravings for them.

By making the decision to quit, you must be ready to give up your reasons for smoking and find healthier alternatives to achieving the same goals. For example, if smoking serves as a means of relaxation, then you will need to find new ways to relieve stress. One of the easiest relaxation techniques is controlled breathing. By breathing in a slow, controlled manner, you can calm your mind and relax your body. Taking a deep breath and holding it for a few seconds before breathing out slowly also has a calming effect. Repeating this process several times helps many smokers reduce tension.

When encouraging people to make the commitment to quit smoking, we often emphasize the importance of recognizing and understanding their reasons for quitting. The health benefits of stopping tobacco use are well proven and significant. Quitting smoking translates into better recovery from surgery and

better response to radiotherapy and chemotherapy. We often encourage people to write down their reasons for breaking the smoking cycle and to carry these lists around with them as reminders. Health, money, and freedom of addiction are some common benefits that people list. In addition to behavioral strategies, a motivational interviewing approach can help those ambivalent about quitting reach the level of commitment needed to attempt to quit.

Several medications are also available for tobacco cessation. Those products effectively increase your chance of breaking the dependence on nicotine. Numerous clinical trials have proven that nicotine-replacement medications, such as the patch or gum, and prescription medicines, including bupropion (Zyban®) and varenicline (Chantix®), are effective tobacco-cessation agents.

The decision and action necessary to stop smoking is not easy, but it is certainly possible. Some people need to try up to ten times to quit, with the average being five or six. Many people, including those who have smoked for more than 60 years, have successfully stopped



Maher Karam-Hage, MD Paul Cinciripini, PhD

smoking. Understanding your motivation for using tobacco is the first step, followed by creating an individualized tobacco-cessation plan. Then pursuing behavioral counseling and starting one or more smoking-cessation medications can dramatically increase your chance of becoming and remaining tobacco free.

Editor's Note: Maher Karam-Hage, MD is professor in the department of Behavioral Science and Associate Medical Director of the Tobacco Treatment Program. A Fellow of the American Psychiatric Association. Paul Cinciripini, PhD is professor and chair of the department of Behavioral Science and director of the Tobacco Treatment Program at MD Anderson. ■

Appointment Schedule

Your counselor will review the following topics with you during your first appointment:

- **Length of treatment:** The program typically has 6 to 8 weekly or bi-weekly sessions during a 10- to 12-week period, with follow-ups every 3 months for 1 year.
- **Medicines:** The program prescribes FDA-approved medicines to help you quit the use of tobacco products. These include nicotine replacement therapies (NRTs), such as the patch, gum, lozenge and 2 prescription medicines. Medicine is only prescribed if you are actively participating in treatment, which includes counseling sessions.
- **Progress Assessments:** Support staff will evaluate your progress in the program. You are asked questions at each appointment. To help evaluate and customize your treatment plan, support staff will contact you by phone 3 more times.

Your first 4 appointments are listed below for easy reference. You will be able to discuss the scheduling of these sessions with your counselor. More appointments will be scheduled with your counselor at a later visit.

Appointment Schedule			
Date	Time	Location	Description
		Phone <input type="checkbox"/>	1st Follow-up Session
		Virtual <input type="checkbox"/>	
		In Clinic <input type="checkbox"/>	
		Phone <input type="checkbox"/>	Medicine Review
		virtual <input type="checkbox"/>	
		In Clinic <input type="checkbox"/>	
		Phone <input type="checkbox"/>	2nd Follow-up Session
		Virtual <input type="checkbox"/>	
		In Clinic <input type="checkbox"/>	
		Phone <input type="checkbox"/>	3rd Follow-up Session
		Virtual <input type="checkbox"/>	
		In Clinic <input type="checkbox"/>	

How to Contact Us

Your schedule may change. If you need to reschedule your appointment or have questions or concerns, call **713-792-QUIT (7848)** or **866-245-0862** or send an email through MyChart.

Frequently Asked Questions

What will I talk about with my counselor?

During your first appointment, you will receive information about the Tobacco Treatment Program. You will get answers to any questions you may have. Your counselor will explore your tobacco use and related factors or triggers – stress, anxiety or boredom – that influence when and how you use tobacco products. With this information, you and your counselor can create a plan for reducing or quitting your tobacco use.

Who are the support staff? What do they do? What questions will they ask?

The support staff will contact you about every 3 months to ask about your treatment. This helps assess your progress and measure the success of the program. The support staff will help you schedule appointments and use tools to plan and monitor your progress.

How long and how often are the sessions?

You can expect for the first visit to last about 2 hours. In person, follow-up sessions are about 45 to 60 minutes. Phone follow-up sessions are about 20 to 30 minutes. The program consists of 6 to 8 sessions during the full 10 to 12 weeks.

What is the difference between the initial consultation and follow-up visits?

The initial consultation confirms you as a patient in the program. One of the counselors and a member of the medical team will meet with you to develop a treatment plan. This allows you to ask any questions. The follow-up sessions are shorter and used for you to continue to work on your goals with your counselor.

What if I am not ready to quit using tobacco?

If you are not ready to completely quit using tobacco, you are still able and welcome to participate in the program. You can talk about your decision with your counselor. They can help identify motivational issues, set short and long-term goals and develop strategies for achieving them. For example, you may choose to use less tobacco for a period of time if you are not ready to quit.

What types of medicines are provided in the program?

The program prescribes FDA-approved medicines to help you quit the use of tobacco products. These include nicotine replacement therapies (NRTs), such as the patch, gum or lozenge and 2 prescription medicines, bupropion (Zyban®) and varenicline.

Where do I pick up my medicines for the program?

You can pick up medicines from any of the 3 pharmacies at MD Anderson. Your medicine can also be mailed to you or called in to your local pharmacy if the cost is covered by you or your insurance.

How do I contact the Tobacco Treatment Program staff for more information?

To reach staff, you can call 713-792-QUIT (7848) or toll-free 866-245-0862. After the initial session, you can send your Tobacco Treatment Program counselor a secure electronic message in MyChart. To read more about the program, visit www.MDAnderson.org/Departments/QuitNow

Additional Resources

A. Smoking Cessation Resources (Outside of MD Anderson)

Telephone Quitlines and Tobacco Cessation Websites

Quitlines provide telephone-based, individualized, behavioral counseling for smoking cessation. Many quitlines also offer internet-based assistance.

- **CDC National Quitline Portal | I-800-784-8669**
Tobacco users can get free phone counseling in all 50 states, DC, Guam and Puerto Rico by calling the National Quitline Portal. Callers are routed to their appropriate state quitline based on the area code of the landline they are calling from or the location of the cell phone tower that routes the call. For more information, visit www.CDC.gov/Tobacco/Campaign/Tips/Quit-Smoking/index.html
- **Texas Quitline | I-877-937-7848**
Information about each state's quitline, including specific services offered, hours of operations and contact information can be found on the North American Quitline Association (NAQC) website at <http://Map.NAQuitline.org>.

For general information about quitlines, visit the following websites:

- www.Smokefree.gov/Quitlines-FAQ.aspx
- www.NAQuitline.org/?page=whatisquitline
- **National Cancer Institute (NCI) | I-800-422-6237**
NCI offers individualized phone counseling for smoking cessation on a call-in basis from 7 a.m. to 7 p.m. CST, Monday through Friday. Visit www.SmokeFree.gov for information on smoking-cessation assistance via web-based instant messaging, text messages, mobile apps and more.
- **American Lung Association (ALA) | I-800-586-4872**
ALA offers individualized phone counseling for smoking cessation through the Illinois Quitline to callers from all states. Illinois residents may be eligible for additional assistance. To learn more, visit www.Lung.org/Stop-Smoking.
- **American Cancer Society (ACS) | I-866-784-8454**
Through its Quit for Life program, ACS provides individualized phone counseling for smoking cessation to callers from all states. Phones are answered 24 hours, 7 days a week. To learn more, visit www.Cancer.org and search for "smoking."
- **Nicotine Anonymous (NA) | www.Nicotine-Anonymous.org**
NA is a 12-Step Fellowship of people committed to living a life free of nicotine. Their primary purpose is to offer support to those who are trying to gain freedom from nicotine. Meetings are held in-person, online and by telephone.

B. Smoking Cessation Resources at MD Anderson

For an overview of the program, visit www.MDAnderson.org/Departments/QuitNow.

C. Cancer Care and Support

MD Anderson Programs

- **myCancerConnection | 800-345-6324**
myCancerConnection is a unique cancer support group of more than 1,400 current and former patients who know just what you are going through. They offer patient-to-patient advice and encouragement when you need it most. As a patient network, they try to match you with a member who has had the same diagnosis and treatment – someone who understands your particular anxieties, questions and fears. Learn more at www.MyCancerConnection.org.
- **Integrative Medicine | 832-750-3685**
Integrative Medicine offers complementary therapy programs. Integrative oncology consultations are available in the inpatient and outpatient setting through the Integrative Medicine Center. Group classes are offered free of charge. Acupuncture and oncology massage are available for a small fee. Clinical services include:
 - Yoga therapy
 - Music therapy
 - Health psychology
 - Nutrition consults
 - Exercise and physical activity consults
 - Meditation

Learn more at www.MDAnderson.org/IntegrativeMedCenter.

- **Social Work | 713-792-6195**
Social Work offers brief counseling, support groups, information about lodging and housing, transportation, financial support programs, community support programs, home healthcare, hospice care and advance directives. Learn more at www.MDAnderson.org/SocialWork.
- **Spiritual Care and Education | 713-792-7184**

Other Cancer Support Programs

- **CanCare | 713-461-0028**
CanCare provides free one-on-one, long-term emotional support for cancer patients and family members for as long as needed. Individuals requesting support are matched with CanCare volunteers who have had the same type of cancer or similar circumstances. Learn more at www.CancerCare.org.
- **LIVESTRONG | www.LiveStrong.org**
- **Cancer.Net | www.Cancer.net**

Smoking: Benefits of Quitting

Smoking is the single most preventable cause of death. It affects your health in many negative ways. These include a decrease of blood flow to important organs and an increase in heart rate. Smoking not only affects your health but the health of loved ones around you as well.

Quitting smoking will be one of the most important things you will ever do. The risk of dying from any cause is nearly 3 times higher among current smokers compared to those who never smoked. The risk of dying from smoking-related cancers is increased 7 times. The following table shows the benefits of quitting after certain lengths of time.

Time Period	Benefits
20 minutes	<ul style="list-style-type: none"> Heart rate drops toward normal
12 to 24 hours	<ul style="list-style-type: none"> Carbon monoxide levels in blood drop to normal
2 weeks to 3 months	<ul style="list-style-type: none"> Breathing is easier, less shortness of breath, less coughing, fewer sinus infections <p>The following begin to return to normal levels:</p> <ul style="list-style-type: none"> Heart rate, pulse and blood pressure Body temperature of the hands and feet Oxygen levels in tissue Circulation Sense of smell and taste <p>The following begin to decrease:</p> <ul style="list-style-type: none"> Allergy flare-ups Mucous and phlegm
3 months	<ul style="list-style-type: none"> Healthier, brighter skin is often seen You will have saved at least \$644* by this time
1 year	<ul style="list-style-type: none"> Coronary Artery Disease (CAD): the risk of having a heart attack is reduced by 50% If pregnant, the chance of having a healthy baby increases You will have saved approximately \$2,555* by this time

5 years	<ul style="list-style-type: none"> • The risk of a heart attack or stroke is reduced to that of a nonsmoker • The risk of developing the following cancers is cut in half: <ul style="list-style-type: none"> - Mouth - Throat - Esophagus - Bladder • You will have saved \$12,775*
10 to 15 years	<ul style="list-style-type: none"> • The risk of lung cancer is 30 to 50% that of average smokers. • Risk of coronary heart disease and stroke is the same as a non-smoker. • After 10 years of quitting, the risk of the following cancers is reduced: <ul style="list-style-type: none"> - Larynx - Oral cavity - Esophagus - Pancreas - Kidney and bladder • You will have saved approximately \$25,550*
15 to 30 years	<ul style="list-style-type: none"> • You will have saved approximately \$51,000* by this time

*Based on \$7.00/day for 1 pack of cigarettes

Resource

For more information and resources on how to quit tobacco use, scan the QR code for **Tobacco Cessation Recommended Resources**.

How to Use QR Codes with a Smartphone or Tablet

- Make sure your mobile device has an internet signal or Wi-Fi connection.
- Open the camera app on your smartphone or tablet.
- Scan the QR code with the camera on your device.
- Tap the pop-up notification. The video will play in your web browser.



Smoking: Preparing to Quit

Congratulations! You have made the decision to quit smoking. Quitting is hard. Here are some tips to help you stay on track.

Avoiding Triggers

Awareness of a behavior is the first step in controlling or changing that behavior. A “trigger” can be thought of as a cue or signal to engage in a certain behavior. Keep a record of triggers and high-risk situations for smoking. Knowing your triggers may prevent situations before they happen or help you better prepare and deal with them.

Triggers fall into 1 of 2 groups:

External Triggers: taste, smell, visual stimuli, after meals, with coffee or alcohol, when meeting people, working, talking on the phone, celebrating, having a well-earned break

Internal Triggers: mood (anxiety, anger, happiness or stress), certain thoughts

To monitor a smoking pattern, keep track of your cigarettes and triggers on a tracking sheet. The table below lists common triggers for smoking, possible reasons for triggers and coping strategies to stop the craving and urge to smoke when you encounter a trigger.

Trigger	Possible Reasons Why	Alternative Coping Strategies
Morning or waking up	<ul style="list-style-type: none">• Withdrawal symptoms• Habit or something to start the day	<ul style="list-style-type: none">• Brush your teeth right after you get up• Drink some orange juice• Exercise
After meals	<ul style="list-style-type: none">• Relaxing• Increases metabolism	<ul style="list-style-type: none">• Keep your hands busy (wash dishes)• Brush your teeth• Take a walk
Tension or stress	<ul style="list-style-type: none">• Coping mechanism• Need a break	<ul style="list-style-type: none">• Exercise• Practice deep breathing• Take a warm bath

Driving	<ul style="list-style-type: none"> • Boredom • Coping with traffic stress • Habit 	<ul style="list-style-type: none"> • Clean out ashtray • Use “no smoking” reminders • Chew gum or suck on peppermints • Remove lighter
Bedtime	<ul style="list-style-type: none"> • Habit • Relaxing 	<ul style="list-style-type: none"> • Change nighttime routine • Drink warm milk to relax • Take a warm bath
Empty hands or idle time	<ul style="list-style-type: none"> • Boredom • Habit • Restlessness 	<ul style="list-style-type: none"> • Play with something in hands • Chew on toothpick • Work puzzles • Go for a walk • Doodle • Read • Call a friend
Coffee	<ul style="list-style-type: none"> • Habit • Relaxing • Taste or smell 	<ul style="list-style-type: none"> • Avoid or switch to decaf or tea • Change your environment (drink coffee outside or in anon-smoking place)
Phone calls	<ul style="list-style-type: none"> • Restlessness • Habit 	<ul style="list-style-type: none"> • Doodle • Play with something in your hands
Writing, studying or reading	<ul style="list-style-type: none"> • Concentrating • Boredom • Habit 	<ul style="list-style-type: none"> • Take breaks • Drink orange juice • Suck on peppermints
Watching TV	<ul style="list-style-type: none"> • Restlessness • Habit • Boredom 	<ul style="list-style-type: none"> • Chew on a straw • Eat popcorn or hard candy • Drink juice • Sit in a different chair • Listen to music or the radio instead
Being around other smokers	<ul style="list-style-type: none"> • Celebrating • Socializing • Relaxing 	<ul style="list-style-type: none"> • Ask them not to smoke around you • Leave and go somewhere else (temporarily or permanently) • Be assertive about how you are feeling

Prepare Your Surroundings

To help you quit, remove things from your home, office or car that remind you of smoking.

- Get rid of visual reminders to smoke such as ashtrays, lighters or matches in your home, office and car.
- Find and destroy “stray” cigarettes. Clean out coat pockets, kitchen drawers and your glove compartment.
- Set up visual reminders to not smoke, such as short notes posted around your home, car and/or work (“Smoking is not an option.”)

Clean and deodorize where you live:

- Deodorize and clean carpets
- Wash curtains
- Wash your clothes
- Deodorize your furniture (for example, with Febreze®)
- Air out rooms by opening windows
- Light scented candles
- Clean out your car

Prepare Your Body

You may or may not have withdrawal symptoms. To handle any withdrawal symptoms you may have, it helps to get yourself physically prepared.

- Get a lot of rest. Your body is used to nicotine. It needs time to adjust to being without nicotine.
- Eat a balanced diet. Limit your fat intake and increase the amount of fruit and vegetables you eat each day.
- Think of this as a time for recovery.

Prepare Your Friends and Family

Quitting can be much easier if you have support from friends and family.

- Remind family and friends of your quit date.
- If possible, avoid people who are critical of your efforts to quit smoking.
- Remind your co-workers of your quit date and ask them to be patient if you become more irritable.

Smoking: Strategies for Coping When Quitting

Here is a list of strategies to help you cope with not smoking. Try a few to see which ones may work best for you. If you find one that works well, highlight or draw a star by that strategy. For those that do not work, cross them out. At the end of the list, there are blank lines to add more strategies that work for you.

1. Think about your reasons for quitting (such as your health or to save money).
2. Think about the health benefits, such as breathing easier, that you've felt from cutting down or not smoking.
3. Tell yourself, "Smoking is not an option."
4. Tell yourself, "This too shall pass."
5. Tell yourself, "Withdrawal symptoms, though unpleasant, are signs that my body is healing."
6. Tell yourself, "I am taking one day or one urge at a time."
7. Remind yourself that it gets easier with every urge you successfully manage.
8. Tell yourself, "It won't last forever."
9. Challenge excuses to smoke (such as, "Just 1 cigarette won't hurt.")
10. Think about the things in your life for which you feel grateful.
11. Tell yourself "No" – say it out loud.
12. Leave the room if a friend, family member or coworker lights up.
13. Leave a stressful situation, if possible.
14. Avoid sugary or spicy foods that trigger a desire for cigarettes.
15. Avoid drinks that you associate with smoking (such as, switch from coffee to tea).
16. Spend time with non-smoking friends or family.
17. Spend time in places where you cannot smoke (such as a theater, library, museum or church).
18. Change your routine (play with a pen while on the phone, take a walk right after meals).
19. Listen to relaxing music.
20. Practice deep breathing.
21. Stretch.
22. Meditate.

23. Learn to relax quickly and deeply – make yourself go limp and visualize a pleasing situation.
24. Exercise.
25. Schedule something fun.
26. Go for a short walk.
27. Go swimming.
28. Go to the park.
29. Go to the library.
30. Do some yoga.
31. Go to a store and get a free make-up session.
32. Go to the movies.
33. Go to a mall.
34. Play mini-golf.
35. Spend time with a child.
36. Play with Silly Putty.
37. Play a game (Yahtzee®, Monopoly, checkers, etc.).
38. Get a camera and take pictures.
39. Write a letter or poem or in a journal.
40. Volunteer for an organization.
41. Clean out a closet.
42. Turn up the radio and sing at the top of your lungs.
43. Turn up the radio and dance like no one is watching.
44. Play with a pencil, paperclip or marble.
45. Go to a dollar store.
46. Call a friend or family member.
47. Try out a new hair style.
48. Play a game online or on your phone.
49. Put together a jigsaw puzzle online (JigZone.com).
50. Organize old pictures.
51. Polish your nails.
52. Play solitaire.
53. Pray or go to church.
54. Try a new recipe.

55. Go on a picnic.
56. Go to a bookstore.
57. Clean the basement or garage.
58. Watch the sun set.
59. Take a bubble bath or shower.
60. Wash the car.
61. Wash the dog.
62. Read a magazine or book.
63. Get on the internet.
64. Take a nap.
65. Play with your pet.
66. Clean out a messy drawer.
67. Start a reward fund – treat yourself with the money you are saving by not smoking.
68. Work on a crossword puzzle.
69. Drink orange juice.
70. Rent a movie or watch TV.
71. Play a videogame (such as, XBOX, PlayStation® or Nintendo).
72. Go to a sports or Little League event.
73. Drink a lot of water and fruit juice.
74. Have a mint.
75. Eat a healthy snack.
76. Brush your teeth or gargle with mouthwash.
77. Eat several small meals to maintain constant blood sugar levels and help prevent urges to smoke.
78. Go to the YMCA.
79. Chew on something (gum, cloves, straw, toothpick, stirrer).
80. Work on a household project or repair.
81. Make a list of your short-term goals and a plan for how you will accomplish them.
82. Organize your kitchen shelves.
83. Read to a child.
84. _____
85. _____
86. _____

Worksheets to Help You Accomplish Your Goals

High-risk Situations for Smoking

The first week of not smoking may be one of the hardest. Listed below are some of the most common triggers for smoking. What else might you try to fight the craving and urge to smoke during these times?

Time or Situation	Strategy
Morning or waking up	
After meals	
With coffee	
While driving	
When tense or stressed	
If bored or idle	
During phone calls	
When reading or studying	
While watching TV	
At bedtime	
When around other smokers	

Reasons to Quit Smoking

Write down your top 5 reasons for wanting to reduce or quit smoking.

1. _____

2. _____

3. _____

4. _____

5. _____

Write down 5 benefits you expect to see from reducing or quitting smoking.

1. _____

2. _____

3. _____

4. _____

5. _____

Managing Triggers for Smoking

Keep a record of your triggers for smoking and the strategies you use to deal with them.

Trigger	Strategy
Example: Driving to work	Chew gum, listen to music, keep cigarettes in trunk
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Game Plan for Not Smoking

1. What will you do to make cigarettes unavailable to you?
2. What will you do to increase the time spent in nonsmoking places or doing nonsmoking activities?
3. How can you develop a "buddy system" or get support from others when quitting?
4. How will you manage stress?
5. What will you do to prevent weight gain?
6. What will you do to become more physically active?

Strategies for Handling Thoughts

Types of thoughts about starting to smoke again:

1. **Nostalgia:** Longing for the times when you could smoke
Example: "It sure was fun to smoke while sitting around the campfire drinking a beer."
2. **Testing control:** Due to overconfidence or curiosity, testing your control by smoking one or more cigarettes
Example: "I bet I could smoke just 1 cigarette and then put them down."
3. **Crisis:** Telling yourself it is okay to smoke under "exceptional" circumstances, such as in a crisis
Example: "Ordinarily, I wouldn't smoke, but I'm under so much pressure right now, I need a cigarette."
4. **Unwanted changes:** Worrying that changes (such as weight gain, irritability, inability to concentrate, withdrawal symptoms) may be due to not smoking
Example: "I'm not willing to regain the weight I lost this summer, even if I have to start smoking again."
5. **Self-doubt:** Self-doubts can undermine efforts to remain abstinent
Example: "This is so hard for me – maybe I'm just meant to be a smoker."

Strategies to counteract the effects of these thoughts:

1. **Challenging:** The most straightforward way to respond to thoughts about smoking is to challenge or confront them.
Example: "I cannot have 1 cigarette without smoking more."
2. **Benefits of not smoking:** Think about the personal benefits of not smoking.
Example: "The best feeling in the world will be to breath freely again and not be congested once I've quit smoking."
3. **Remember unpleasant smoking experiences:** Recall specific, unpleasant aspects of smoking.
Example: "I won't have to worry about my wife feeling like she's kissing an ashtray when she kisses me."
4. **Distractions:** Turn your attention away from any aspect of smoking.
Example: "I'm going to ignore this urge and imagine, in vivid detail, that I'm skiing down my favorite slope in Colorado."
5. **Self-rewarding thoughts:** Think about your successes and strengths.
Example: "Good job! It wasn't easy, but I didn't smoke in that tempting situation."

Preventing Relapse

Below is a list of situations that may tempt you to smoke. Check any that apply. Add your own situations at the bottom of the list.

Social situations or Celebrating - Celebrating with friends or being in social situations, particularly around others who are smoking, may result in you letting your guard down and triggering a relapse.

Relaxing after meals or work - People often have strong associations between relaxing after a meal or work and smoking. Be aware that you may be tempted to smoke when you are trying to relax or wind down the day.

Negative feelings - People often relieve stress or cope with other problems by smoking. Negative emotions such as pressure, frustration, anxiety, depression or worry can easily lead to relapse if you are not prepared to cope with these feelings in some other way.

Alcohol - Alcohol is usually strongly associated with smoking. Furthermore, when you drink, you become less inhibited and are more likely to give in to your cravings to smoke.

Withdrawal symptoms - Although short-lived, nicotine withdrawal symptoms can be very unpleasant and lead to relapse.

Other situations or feelings that might trigger smoking urges:

1. _____

2. _____

