



Pack Checks: Insert a "pack check" into your cigarette pack or attach it with a rubber band to your can of chew or vaping device. Cut along the dotted lines to remove each pack check, which continues on the reverse side. Adapted from the American Lung Association, 1993

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Along the way...

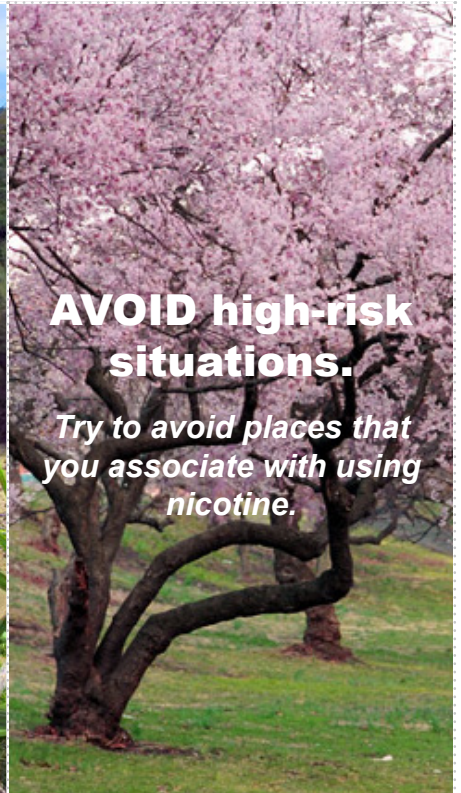
Cut out the cards below, complete the reverse side, and carry them with you to help you along your path to a nicotine-free future.



ALLOW time to be good to yourself.
Do things you enjoy. Do something that will make you feel great.



Get ACTIVE.
Do some activity long enough to let the urge to use nicotine pass.



AVOID high-risk situations.
Try to avoid places that you associate with using nicotine.



ALTER situations you can't avoid.
You can alter your routine. "Break up" the habit.



Use ALTERNATIVES.
When you stop using nicotine, you may need to do something with your mouth and hands.



ASK for support.
It's very important to get support when you stop using nicotine. You don't have to do this alone.

On my path...

I will avoid these high-risk situations:

On my path...

When I experience an urge to use nicotine, I will:

On my path...

I will be good to myself by:

On my path...

I will tell these people that I'm stopping nicotine:

On my path...

I will use this instead:

On my path...

I will alter my routine by:

I will ask these people for support:

I will keep my hands busy by:



Welcome to the Stop Tobacco Program- SToP

Here are a few steps to help you through this program successfully!

- Our SToP Tobacco Program will provide you with information, support, guidance, tools, strategies and behavior modification.
- Enclosed in this binder is information about medications to help you quit nicotine. If you haven't already, please have a discussion with your primary care physician today about medication options.
- Be Prepared! Enclosed in this binder is the class schedule including your QUIT DATE.
- Attending all eight classes is very important and ensures greater success. Please call or e-mail facilitators if you cannot attend a session. We will give you the assignment for the day.
- If you need proof of being enrolled in a smoking cessation program, a certificate is provided for you in this binder. We can look into what your insurance will cover.
- Our contact information is provided in this binder. If you have any questions concerning the program, please call or e-mail facilitators.

Program Focus

Research supports successful programs consist of behavior modification, medications, and group education. This program is facilitated by a certified tobacco treatment specialist and health educators. The information you receive in this program is evidence based. Meaning that the guidelines have been studied and proven most effective for your success.

TOBACCO CESSATION RESOURCES:

2008 PHS Guidelines Treating Tobacco Use and Dependence

Mayo Clinic Nicotine Dependence Center Guidelines

Center for Disease Control and Prevention

American Lung Association

American Cancer Society

Congratulations
for taking this
monumental step for
improving your health
and wellbeing!

OVERVIEW OF PROGRAM

You have almost 2 weeks before you quit. In this program we are going to discuss the following topics to prepare you for your quit date:

- Tools and strategies to quit
- If you are ready to quit
- Medications and their use
 - Did you talk to your doctor?
- A plan to quit
- A plan for relapse

Being a Good Group Member

A group is like a sports team. By working together, group members can:

- support and encourage each other.
- share ideas to solve problems.
- motivate one another.

Being a good group member is a responsibility to others. It is also the best way to help you be successful.



TEN WAYS TO BE A GOOD GROUP MEMBER

1. Do your very best to come to every session. This is important even when it's hard to follow the program.
2. Be on time. Call if you can't come.
3. Complete the things you're supposed to do at home.
4. Bring your binder to every session.
5. Take part in sharing your ideas with other group members as you are comfortable.
6. Let everyone have a chance to share. Be aware of how much time you spend talking.
7. Be willing to really listen to other people's concerns. Do what you can to show you understand and care. Share what has worked for you.
8. Do not repeat to other people outside of the group anything personal that's talked about within the group.
9. Respect other peoples' ideas. Avoid putting others down.
10. Stress the good things.

Fagerstrom Test for Nicotine Dependence



This form helps to determine how physically addicted you are to nicotine. Answer the questions honestly and tally the numbers assigned to your answers. At end of this questionnaire, we will have a discussion and help determine how addicted you are to nicotine.

1. How soon after you wake up do you smoke your first cigarette?
 - After 60 minutes (0)
 - 31-60 minutes (1)
 - 6-30 minutes (2)
 - Within 5 minutes (3)

2. Do you find it difficult to refrain from smoking in places where it is forbidden?
 - No (0)
 - Yes (1)

3. Which cigarette would you hate most to give up?
 - The first in the morning (1)
 - Any other (0)

4. How many cigarettes per day do you smoke?
 - 10 or less (0)
 - 11-20 (1)
 - 21-30 (2)
 - 31 or more (3)

5. Do you smoke more frequently during the first hours after awakening than during the rest of the day?
 - No (0)
 - Yes (1)

6. Do you smoke even if you are so ill that you are in bed most of the day?
 - No (0)
 - Yes (1)

Fagerstrom Test for Nicotine Dependence

Your score is

Your level of dependence on nicotine is:

- 0-2 Very low dependence**
- 3-4 Low dependence**
- 5 Medium dependence**
- 6-7 High dependence**
- 8-10 Very high dependence**

SCORES UNDER 5:

Your level of nicotine dependence is low. You should act now before your level of dependence increases.

SCORE OF 5

Your level of nicotine dependence is moderate. If you don't quit soon, your level of dependence on nicotine will increase until you may be more seriously addicted. Act now to end your dependence on nicotine.

SCORE OF 6 OR ABOVE

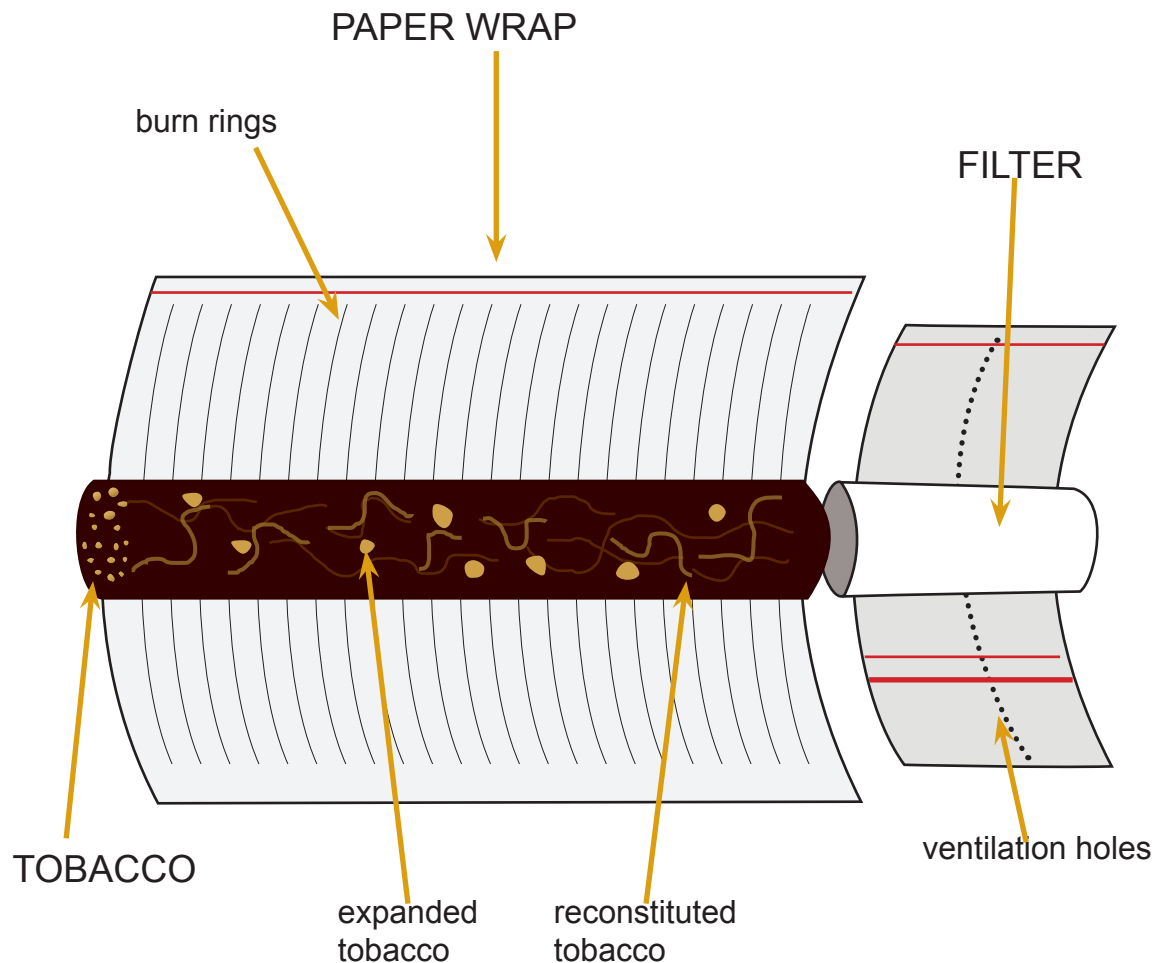
Your level of dependence is high. You aren't in control of your smoking – it is in control of you! When you make the decision to quit, you may want to talk with your doctor about nicotine replacement therapy or other medications to help you break your addiction.

* Heatherton TF, Kozlowski LT, Frecker RC, Fagerstrom KO. The Fagerstrom Test for Nicotine Dependence: A revision of the Fagerstrom Tolerance Questionnaire. British Journal of Addictions 1991;86:1119-27

Anatomy of a Cigarette

Tobacco has been around for 1000 years. In 1881 the cigarette-rolling machine was invented, which allowed for the mass production of cigarettes.

What's in the cigarette? Did you know that true tobacco is only on the tip of your cigarette! The body of the cigarette is the reconstituted tobacco, which are the stems and waste treated with chemicals so it will burn. This is also known as "expanded tobacco."



Anatomy of a Cigarette

BODY OF CIGARETTE

Expanded tobacco is what allows the industry to produce more cigarettes per pound of tobacco. Manufacturers saturate this tobacco with Freon™ and ammonia gases and then freeze-dry it. This process expands the tobacco, increasing its volume to at least double its natural state.

Reconstituted tobacco is tobacco stems and waste treated with chemicals so it will burn.

PAPER WRAP

Cigarette paper controls the rate at which a cigarette burns and the amount of smoke it produces. The paper contains “burn rings” that:

- are concentric circle striations.
- correspond to two different thicknesses in the paper, which serve to control the speed at which the cigarette burns.
- burn slower when the smoker is not inhaling in order to prolong the cigarette’s consumption.
- burn faster as the smoker takes a drag so as to maximize smoke intake.

FILTER

Most filter cigarettes also have ventilation holes punched around the filter tip. These tiny holes allow fresh air into the smoke. Cigarettes can test quite low in tar and nicotine levels when smoked by machines during testing, which do not cover the holes. However, smokers’ fingers or lips often cover some of these holes as they puff, giving them much higher doses of tar and nicotine than advertised.

What Makes Tobacco Harmful?

When tobacco is burned, over 7,000 chemicals are released in cigarette smoke that goes into your lungs. 70 of those chemicals are carcinogens, cancer-causing agents. Here is a list of some of the chemicals found in cigarette smoke:

Acetone - *Paint stripper*
Ammonia - *Cleaning agent*
Arsenic - *Ant killer*
Benzene - *Petrol fumes*
Butane - *Lighter fuel*
Carbon monoxide - *Gas in car exhausts*
DDT - *Insecticide*
Formaldehyde - *Embalming fluid*
Hydrogen cyanide - *Poison in gas chambers*
Methanol - *Rocket fuel*
Nicotine - *Pesticide*
Tar - *Road surfaces*
Toluene - *Industrial solvent*

FACTS FROM THE SURGEON GENERAL'S REPORT 2014

- In the United States, smoking causes:
 - 87 percent of lung cancer deaths.
 - 32 percent of coronary heart disease deaths.
 - 79 percent of all cases of chronic obstructive pulmonary disease (COPD).
- Smoking can cause colorectal and liver cancer and increases the failure rate of treatment for all cancers.
- It can also cause diabetes mellitus, rheumatoid arthritis, increased risk for tuberculosis disease and death, erectile dysfunction, and age-related macular degeneration.
- Secondhand smoke can cause strokes in nonsmokers.
- Cigarette smoking diminishes overall health, impairs immune function, and reduces quality of life.

What Makes Tobacco Harmful?

CARBON MONOXIDE

Carbon monoxide is present in all tobacco smoke and is an extreme health risk for people who smoke or are exposed to smoke. Carbon monoxide dramatically reduces the amount of oxygen into the blood stream.

- Carbon monoxide is absorbed by red blood cells. It reduces the ability of the red blood cell to carry oxygen that is needed for cell survival.
- After smoking a cigarette the body is starved of oxygen and the heart tries to make up for the shortage by increasing heart rate and blood pressure.
- When the body's organs, tissues and cells do not receive enough oxygen supply, they begin to suffocate, malfunction and die.
- After smoking 20 cigarettes (1 pack) the level of carbon monoxide is enough to reduce mental concentration and physical coordination and cause vision damage.

LONG TERM EFFECTS OF SMOKING

Smoking can create long-term damage to the body's blood vessels (veins and arteries) and the organs that those blood vessels supply.

Smoking can damage blood vessels by:

- causing an increase in blood pressure.
- causing the build-up of plaque in the blood vessels.
- causing inflammation in the blood vessels.

Many smokers will die from cardiovascular conditions caused from smoking and not from cancer or lung disease.

This damage to the blood vessels is sometimes called peripheral arterial disease or peripheral vascular disease. This damage leads to a higher risk of stroke, heart disease, heart attack, blood clots, non-healing foot wounds, and amputations of the feet and legs.

Why do I Want to Quit?

A behavior change begins when you start thinking about nicotine differently. Listing your personal reasons can make you more aware of the behaviors you want to change. It will be a great reminder of why you started this journey. Are you thinking about your personal reasons when you are lighting up that first cigarette, or that first chew, dip or vape of the day?

My personal reasons to quit:



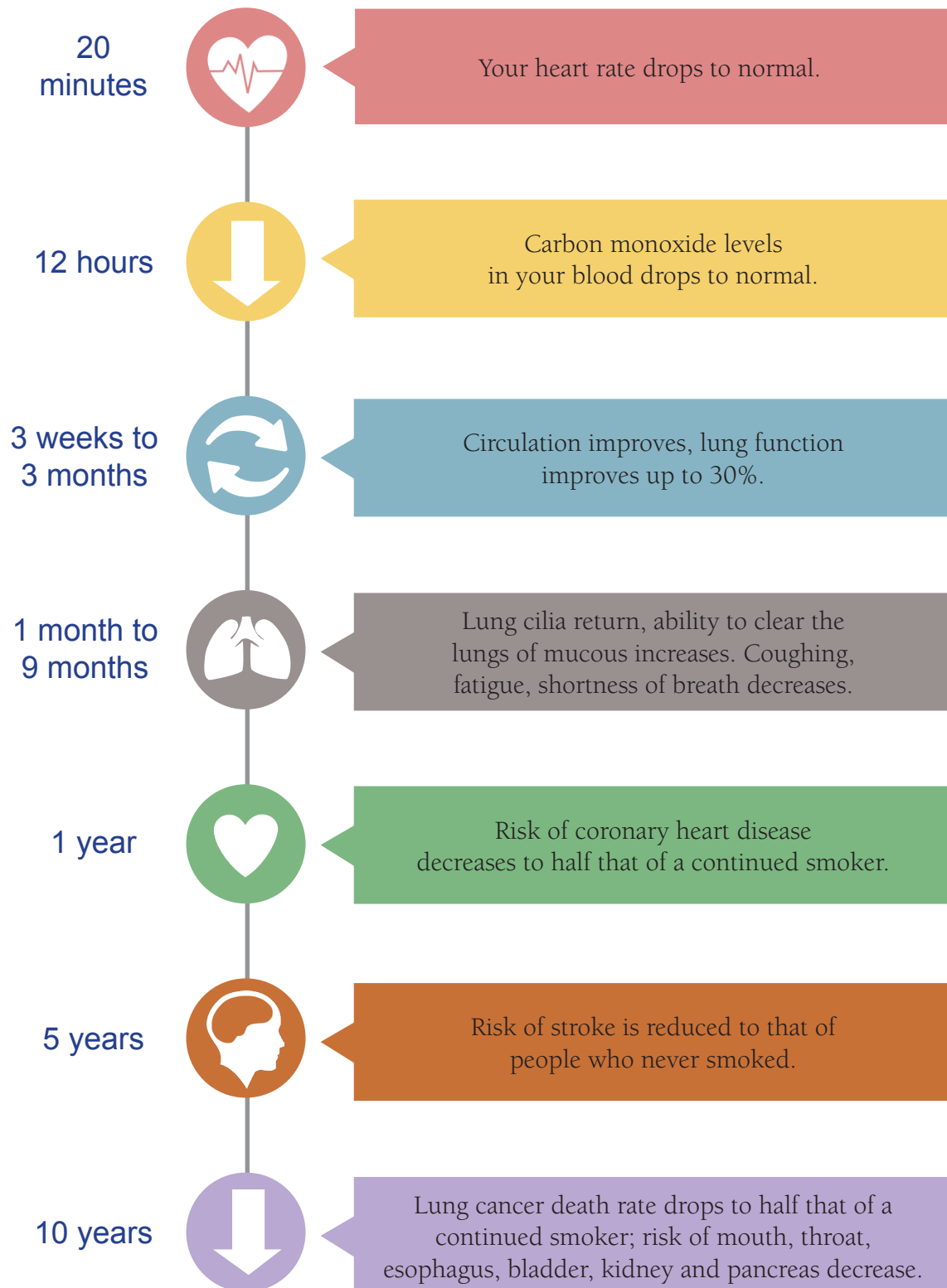
Post your “personal reasons” list at your *favorite smoking place* at home.



Suggestions: Post the list in visible locations around your home, office, or car. You can also put the list in your cigarette pack, on your can of tobacco (chew or dips), or vaping device.

How your Body Heals

Within 20 minutes of quitting, your body begins a series of healing changes that continues for years. These are symptoms of healing.




Are you Ready to Quit?

It is important to determine if you are ready to quit nicotine. You will be most successful at quitting if you are ready to make positive changes. Use these two readiness tools to find out where you are on the readiness-to-change ruler on page 13.

DECISIONAL BALANCE SHEET

This worksheet can help you identify all the reasons for using nicotine, for not using nicotine, for quitting nicotine, and for not quitting nicotine. It can be helpful to see all your reasons and weigh the pros and cons of quitting. This can determine how motivated you truly are.

SMOKING	
PROS	*CONS



NOT SMOKING	
*PROS	CONS

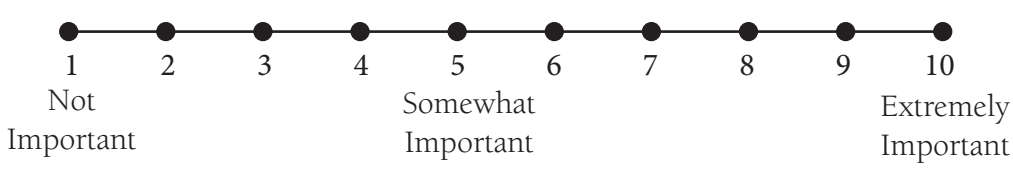
If there are more entries under the cons of nicotine use than the pros of not using nicotine, your decision is clear, you are ready to quit nicotine.

Are you Ready to Quit?

IMPORTANCE AND CONFIDENCE OF QUITTING

Circle the number that best reflects your feelings about quitting nicotine.

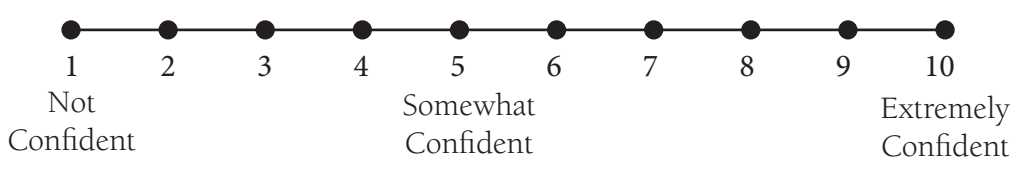
How important is it to you to quit?



1 2 3 4 5 6 7 8 9 10

Not Important Somewhat Important Extremely Important

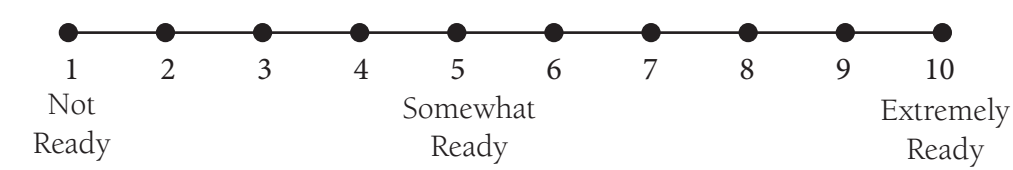
How confident are you that you can quit?



1 2 3 4 5 6 7 8 9 10

Not Confident Somewhat Confident Extremely Confident

How ready are you to quit?



1 2 3 4 5 6 7 8 9 10

Not Ready Somewhat Ready Extremely Ready

Don't be discouraged if your confidence is low! We can help you with your confidence by introducing new strategies, education and medications that you may have not tried in the past.

Tracking your Nicotine Use

Tracking your nicotine use is an important step. It gives you a better idea of when and why you use nicotine. The more you understand the times of day or the things that trigger your cravings, the better you can deal with them. The more you track, the more you'll learn to help you prepare for your quit day.

Scale of 1-5.
1 is "I barely need nicotine"
5 is "I have to have nicotine"

DATE:

Nicotine use
of the day

No.	TIME	NEED	MOOD	ACTIVITY
1.	7:45A	5	Tired	Drinking coffee
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Assignment

- Complete personal reasons to quit and review each time you use nicotine.
- Track your nicotine use for 3 days (one day should be a weekend day).
- Change your tobacco use place to a place that is not comfortable.
- Switch hands when you smoke or vape. Try putting the cigarette between your 3rd and 4th fingers. If it is awkward, that is good!
- Start your medications (Wellbutrin or Chantix) that have been prescribed by your physician. The patch will not be started until Quit Day.

Medications

The United States Public Health Service guidelines for quitting nicotine use recommend a combination of counseling and medication. The following seven nicotine medications are approved by the FDA for that purpose, and can significantly increase your chances of quitting. Talk to your doctor to find the right fit for you.

BUPROPION SR 150 GENERIC (ZYBAN)

Bupropion SR is a prescription pill marketed under the brand name Zyban. It is also available generically. It is designed to help reduce cravings for nicotine. It can also relieve symptoms of depression for some patients. This is not for use if you have a history of seizures or eating disorders or are currently using a monoamine oxidase (MAO) inhibitor or any other form of bupropion (such as Zyban or Wellbutrin). Treatment is recommended for 7 to 12 weeks. Begin taking bupropion 7-14 days prior to your quit date. On July 1, 2009, the FDA issued a boxed warning for use of bupropion. For more information, visit the FDA Website:

<http://www.fda.gov/Drugs/DrugSafety/PublicHealthAdvisories/ucm169988.htm>

NICOTINE REPLACEMENT THERAPIES (NRT)

Unlike the high risk of addiction to nicotine use, the risk of addiction to NRT is very low.

Patch. Patches are designed to provide a steady stream of nicotine through your skin over a designated time (16-24 hours, depending on the product). The patch is available via prescription or over the counter (OTC). It's designed to give you enough nicotine to ease cravings. Treatment is typically recommended for up to 12 weeks.

Gum. This OTC product is recommended for smokers who want something to turn to when experiencing urges use nicotine. Chew up to 20-30 pieces a day for 6-8 weeks. Use the 4 mg gum if you use nicotine within 30 minutes of waking. Otherwise, use the 2 mg gum.

Inhaler. Patients "puff" small doses of nicotine through this prescription product that looks similar to a cigarette. Unlike a cigarette, there is no harmful carbon monoxide. Treatment usually lasts 8 to 12 weeks, depending on the patient.

Nasal spray. This prescription product sprays nicotine into your nose. Recommended use is up to 2 sprays an hour for as many as 3 months.

VARENICLINE (CHANTIX)

Varenicline is available by prescription only. Varenicline is intended to block some of the rewarding effects of nicotine (the addictive drug in tobacco products) while preventing the withdrawal most people feel after they quit. Begin taking varenicline 7 days prior to your quit date. Recommended treatment is 12 weeks. The most common side effects include nausea, headache, trouble sleeping and abnormal dreams. The FDA and manufacturer warn that varenicline patients have reported depressed mood, agitation, behavior changes, thoughts of suicide and some have committed suicide. If you experience a change in mood or behavior while taking this medication, inform your clinician. On July 1, 2009, the FDA issued a boxed warning for use of varenicline. For more information, visit the FDA Web site:

<http://www.fda.gov/Drugs/DrugSafety/PublicHealthAdvisories/ucm169988.htm>

CERTIFICATE
OF COMPLETION



CERTIFICATE OF COMPLETION

This certifies the participant has completed
SToP: Stop Tobacco Program
and has been counseled in behavior modification

**UCDAVIS
HEALTH**

HEALTH MANAGEMENT AND EDUCATION

SIGNATURE OF PARTICIPANT DATE

SIGNATURE OF INSTRUCTOR DATE

SIGNATURE OF INSTRUCTOR DATE



Medications

MEDICATIONS CAN DOUBLE YOUR SUCCESS RATE

Treatment for nicotine addiction has greater success than it did 20 years ago. We use a higher dose of nicotine replacements, longer treatment plans, and a combination of medications that help you succeed in quitting nicotine.

The combination of medication and counseling is more effective for quitting tobacco than either medication or counseling alone.

DIFFERENT MEDICATIONS AVAILABLE

- Short-acting nicotine replacement (NRT)
 - Helps with symptoms of nicotine withdrawal and relieves cravings by replacing nicotine in the body
 - Nicotine patch
 - Nicotine gum
 - Nicotine inhaler
 - Nicotine lozenge
 - Nicotine nasal spray (fast acting)
- Zyban®, Wellbutrin® (Bupropion)
- Chantix® (Varenicline)

NRT: Nicotine Patch

DOSING
Patch comes in 3 strengths
<ul style="list-style-type: none">▪ 21 mg▪ 14 mg▪ 7 mg



HOW IT WORKS
Self adhesive patch that releases a slow, steady amount of nicotine into your body through your skin
PROS
<ul style="list-style-type: none">▪ Available over-the-counter▪ Once daily application makes it easy to use▪ Steady nicotine delivery through the skin▪ Helps cravings and withdrawal symptoms for up to 24 hours
CONS
<ul style="list-style-type: none">▪ Breakthrough urges may still occur
SIDE EFFECTS
<ul style="list-style-type: none">▪ Skin irritation, rash, itching▪ Sleep disturbances or vivid dreams (can take patch off at night)
HOW TO USE
Starting dose: <ul style="list-style-type: none">▪ will be lowered after a certain amount of time.▪ depends on the number of cigarettes per day that you use. If you smoke 1 pack per day or more, follow the suggested doses and time frame. <ul style="list-style-type: none">▪ Apply one 21 mg patch every 24 hours for 6 weeks.▪ Decrease to a 14 mg patch, one patch every 24 hours for 4 weeks.▪ Decrease to a 7 mg patch, one patch every 24 hours for 2 weeks. <p><i>Note: Can use nicotine gum or lozenges as needed with the patch</i></p>

NRT: Nicotine Gum

DOSING

Gum comes in 2 strengths

- 4 mg
- 2 mg



HOW IT WORKS

Nicotine from the gum is absorbed through the lining in your mouth

PROS

- Available over-the-counter
- Works quickly
- Controls sudden cravings and withdrawal symptoms for short periods of time

CONS

- Doesn't last long so must be used multiple times throughout the day
- May stick to dentures/dental work
- Food/drinks change the amount of nicotine being absorbed

SIDE EFFECTS

- Jaw soreness from chewing
- Mouth irritation
- Nausea, stomach upset
- Excess salivation

HOW TO USE

If craving occurs:

- Chew the gum until you notice a peppery taste
- Then “park” the gum between your gum line and cheek until the taste or tingling stops
- Repeat “chew and park” for 30 minutes, then throw gum away

Note: Zonnic gum - Available in smaller quantities, less expensive. Only sold at Rite-Aid.

NRT: Nicotine Lozenge

DOSING
Lozenge comes in 2 strengths <ul style="list-style-type: none">▪ 4 mg▪ 2 mg



HOW IT WORKS
Dissolvable tablets that contain a small amount of nicotine, absorbed through the linings in your mouth
PROS
<ul style="list-style-type: none">▪ Available over-the-counter▪ Works quickly▪ Controls sudden cravings and withdrawal symptoms for short periods of time▪ May be used with dentures/dental work
CONS
<ul style="list-style-type: none">▪ Doesn't last long so it must be used multiple times per day▪ Food/drinks change the amount of nicotine being absorbed
SIDE EFFECTS
<ul style="list-style-type: none">▪ Nausea, stomach upset▪ Throat irritation▪ Hiccups
HOW TO USE
If craving occurs: <ul style="list-style-type: none">▪ Place a lozenge between your gum line and cheek and let it slowly dissolve.▪ Do not chew or swallow whole.

NRT: Nicotine Inhaler

DOSING

4 mg per cartridge

Healthcare team to determine your recommended use per day



HOW IT WORKS

A device that gives you a small dose of nicotine

PROS

- Works quickly
- Controls sudden cravings and withdrawal symptoms for short periods of time
- Can control dose of nicotine you receive
- Keeps your hands busy (helps with hand-mouth behavior)

CONS

- May be expensive
- Prescription only
- Doesn't last long so must use multiple times throughout the day
- Food/drinks change the amount of nicotine being absorbed

SIDE EFFECTS

- Coughing
- Mouth or throat irritation
- Do not use if you have lung disease or asthma

HOW TO USE

If craving occurs:

- Puff on mouth piece-nicotine vapor will be released from a cartridge inside device
- Hold vapor in mouth for a few seconds, then blow it out (do not inhale!)

NRT: Nicotine Nasal Spray

DOSING

1 mg of nicotine which equals 2 sprays, one in each nostril.

Healthcare team to determine your recommended use per day



HOW IT WORKS

A nicotine containing solution sprayed into your nostrils

PROS

- Highly effective and fast acting (quicker than patch or gum)
- Controls sudden cravings and withdrawal symptoms
- Can help heavily addicted smokers

CONS

- Do not use if you have a nasal or sinus condition
- Prescription only
- Doesn't last long so must use multiple times throughout the day

SIDE EFFECTS

- Hot, peppery sensation in the back of the throat or nose
- Watery eyes, runny nose, sore throat, sneezing, coughing
- Do not use if you have had a heart attack recently or reactive airway disease

HOW TO USE

If craving occurs:

- Clear nasal passages
- Tilt head back, give 1 quick, firm pump
 - Do not swallow, inhale, or sniff
 - If nose runs, sniff gently, don't blow nose for a few minutes
- 1-2 doses per hour as needed, no more than 40 doses per day

Zyban®, Wellbutrin®, (Bupropion)

DOSING
Wellbutrin 150 mg SR (Sustained Release) <ul style="list-style-type: none">▪ Start 1-2 weeks before quit date▪ Take 1 tablet on days 1-3, then 150 mg twice a day thereafter <i>Note: Take early in the day to avoid insomnia and take second dose by late afternoon.</i>
HOW IT WORKS
Prescription antidepressant that binds to receptors in the brain to lessen cravings and withdrawal symptoms
PROS
<ul style="list-style-type: none">▪ Pill taken by mouth▪ Reduces cravings▪ Doesn't cause weight gain▪ May help with depression
CONS
<ul style="list-style-type: none">▪ Prescription only▪ Taken twice daily▪ Cannot be used in all patients
SIDE EFFECTS
<ul style="list-style-type: none">▪ Insomnia▪ Dry mouth▪ Tremors
WARNINGS
May cause serious depression or suicidal thoughts, especially in young adults 18-24 years old. This medication is not recommended for people with history of seizures, eating disorders, taking antidepressants (or recent use), or other Bupropion products. Not recommended for pilots, air traffic controllers, or commercial drivers.

Chantix® (Varenicline)

DOSING
Begin 1-2 weeks prior to quit date Comes in starter pack or dosed as following: <ul style="list-style-type: none">▪ 0.5 mg by mouth ONCE a day for days 1-3▪ 0.5 mg by mouth TWICE a day for days 4-7 <i>12 additional weeks of therapy may increase the likelihood of long term abstinence.</i>
HOW IT WORKS
A prescription, oral pill that binds to receptors in the brain and causes a decrease in: <ul style="list-style-type: none">▪ pleasurable effects of smoking.▪ cravings and withdrawal symptoms.
PROS
<ul style="list-style-type: none">▪ Pill taken by mouth▪ Easy to use▪ Reduces cravings▪ Doesn't cause weight gain
CONS
<ul style="list-style-type: none">▪ Prescription only▪ Taken twice daily▪ Cannot be used in all patients
SIDE EFFECTS
<ul style="list-style-type: none">▪ Nausea, upset stomach▪ Insomnia, abnormal dreams▪ Nervousness
WARNINGS
Not recommended for people with history of major depression or suicidal thoughts or attempts. May cause an increase in hostility and increase risk for seizures. Avoid alcohol use as it may increase mental or mood changes, decrease tolerance to alcohol, or cause loss of memory. Not recommended for pilots, air traffic controllers, commercial drivers.

General Suggestions for Weaning Medications

If you are taking either Wellbutrin or Chantix to help you quit tobacco, you will need to wean off of them when it is time to stop.

Typically you are on these medications for 3-6 months. You will slowly decrease the amount of medication you take over the course of two weeks. Weaning is important to prevent any complications from occurring.

WELLBUTRIN, ZYBAN (BUPROPION) 150 MG TABLETS TWICE DAILY

To wean:

- Cut back to one tablet one time a day for one week
- Then take one table every other day for the last week
- Then stop the medication

Note: These medications cannot be cut in half

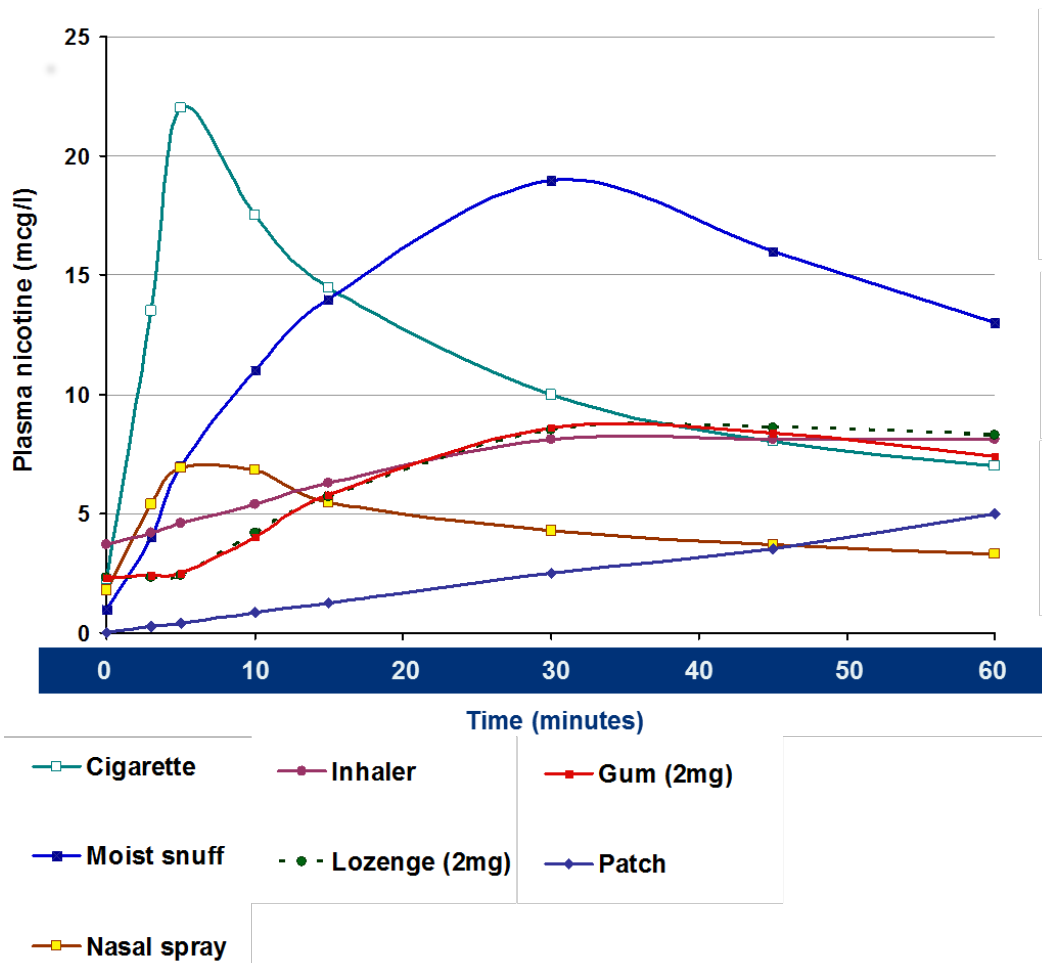
CHANTIX (VARENICLINE) 1 MG TWICE DAILY

To wean:

- Cut back to one tablet daily for one week
- Then cut tablet in half and take ½ tablet daily for one week
- Then stop medication

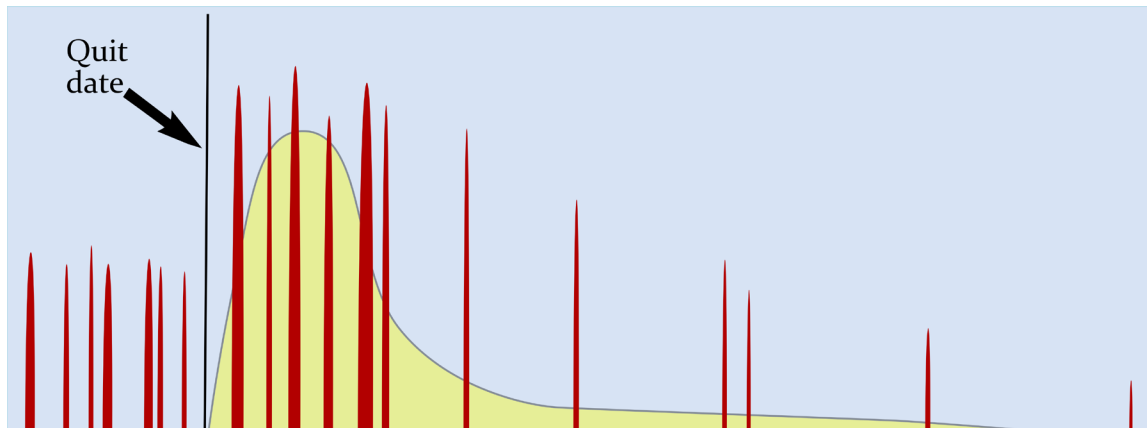
How Much Nicotine is in Your Blood?

Nicotine replacement treatment is safe to use. The graph below illustrates the high concentration of nicotine from a cigarette and moist snuff compared to the low levels delivered from the nicotine patch, gum, lozenge, nasal spray, or inhaler. Even the combination of nicotine patch with the short acting nicotine replacement is still much less than the amount of nicotine you get from smoking a cigarette or chewing snuff.



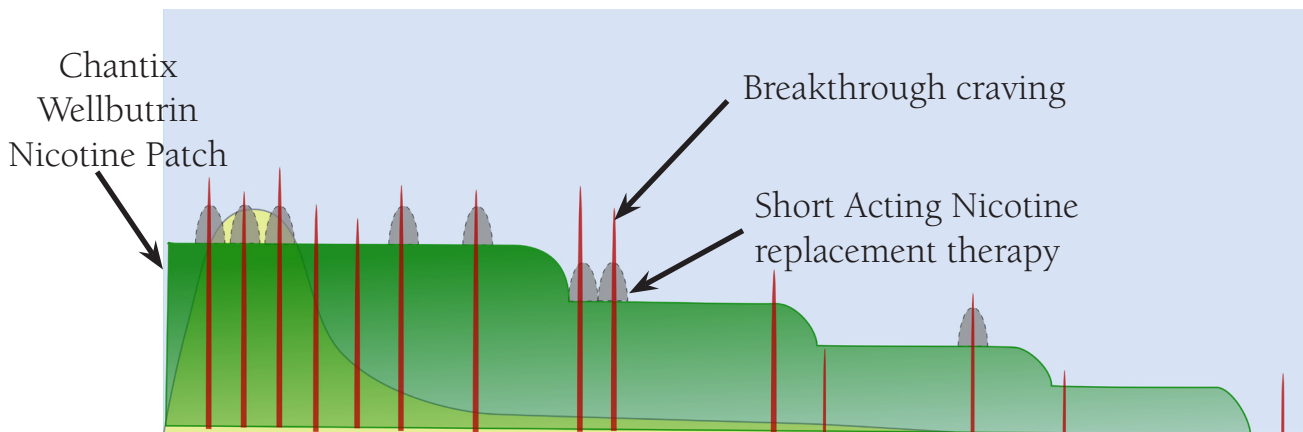
How Medications can Help

CRAVINGS WHEN YOU QUIT



The red spikes are cravings or urges for nicotine. Notice when you quit nicotine without using any medications, the red spikes increase tremendously in intensity and frequency. There is a 97% relapse rate the first week when medications are not used.

EFFECTS OF MEDICATIONS ON CRAVINGS OR URGES



The green area shows the effects of long acting medications like Chantix, Wellbutrin or the nicotine patch on cravings or urges. They do a good job covering or managing cravings.

There are still cravings that can breakthrough when you are using long acting medications.

If you have breakthrough cravings, you can use short acting nicotine replacement like nicotine gum, lozenge, nasal spray, or inhaler along with the nicotine patch.

Long Term Success

3 MONTHS OF MEDICATIONS

- It is very important to use the medications for 3 months. Studies have shown that people who stop medication early have a higher risk of relapse.
- It takes at least 3 months to develop new coping strategies to deal with stress, daily challenges, crisis, or whatever life throws at you.
- One of the most common reasons for relapse is stopping medication early. Don't let this be you.

QUITTING IS HARD, NOT QUITTING IS HARDER

- Invision what your life will look like if you don't quit.
- How will using nicotine affect your health in the near and far future.
- If you have a chronic condition such as COPD or heart disease, it will get worse if you continue to use nicotine.
- Continuing to use nicotine will also increase your risk for developing other health conditions as well.

SMART Plan

Behavior changes may be hard to achieve. If you are struggling with changing behaviors, try using SMART plans. SMART plans are a way to break down a behavior into a change that is smaller and specific.

SMART is an acronym:

Specific
The plan should only apply to one thing.
Measurable
The plan should include which times and days you plan to implement it. This will help you stay on track follow your plan.
Ask for Support
Think of anyone or anything that will help you achieve this plan and ask for any help you may need.
Realistic
The plan should be possible for you to accomplish.
Trackable
You may need a way to track your progress. This will help you know how close you are to achieving your goal and when you have achieved it.

How to Use SMART Plan

Example: You have been struggling to track your nicotine for 3 days. You have been too busy or you keep forgetting to do it. You really want to start tracking your nicotine use but aren't sure how to remember. You can make a SMART plan to help you achieve this.

Specific

The change I will make is to track my nicotine use for 3 days.

Where will I do it? *When I'm at home*

Measurable

On which days of the week will I do it? *Monday, Wednesday and Saturday*

At what time? For how long? *Monday 5pm-9pm, Wednesday 5pm - 9pm, Saturday 10am-2pm*

Ask for Support

What help do I need to be successful? *I will use my phone alarms as a reminder, keep a tracking form in my cigarette pack, and ask my spouse/support person to hold me accountable.*

Realistic

What might get in the way and what will I do about it?

Forgetting the tracking forms - I can use any paper or a notes app on phone.

Don't have time to track - I can take pictures of my smoked cigarettes or save each of my smoked cigarettes in a can.

Is my plan achievable? *Yes*

Trackable

How will I know what I'm doing is making a difference? *I will assess which cigarettes are the most important. I will know exactly how many cigarettes I smoked. I may become more aware of a pattern of my nicotine use.*

SMART plans give you an opportunity to learn and help you to fully change a behavior. There are no failures when you use SMART plans. Focus on improvement NOT perfection. Take small steps to achieve success.



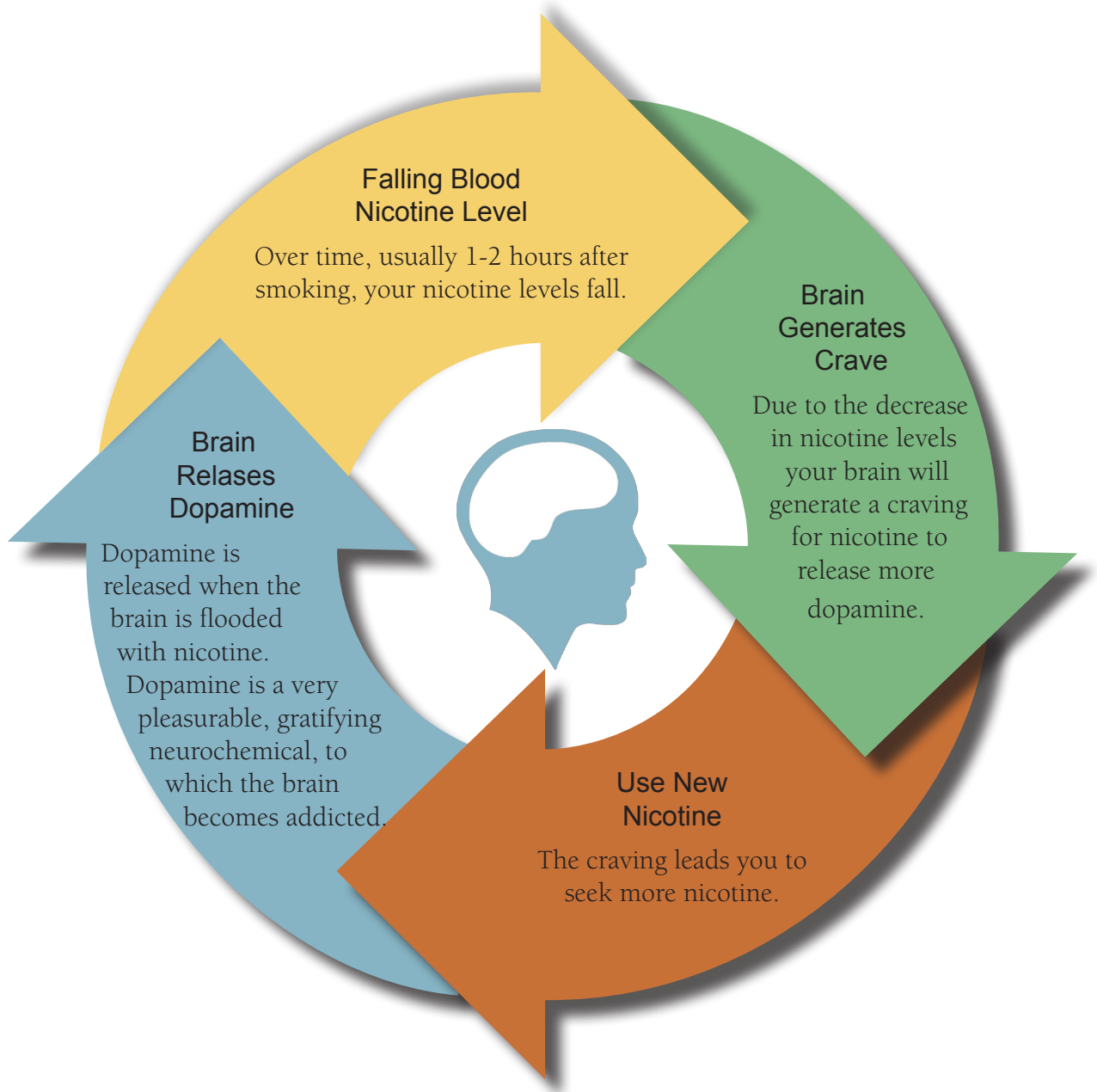
Assignment

- Wait 30 minutes after eating before smoking or using nicotine
- Do not use nicotine in the car
- Look in a mirror and smoke or chew or vape. This is a great visual! When is the last time you saw yourself smoke?

If you need to make any of these a SMART plan to be successful, then do it! An example would be: Instead of waiting 30 minutes after you eat, break it down to 15 minutes or 10 minutes of waiting. Whatever it takes for you to be successful!

DAY 3

Nicotine Addiction - The Cycle



Is it an Addiction?

DEFINITION OF ADDICTION

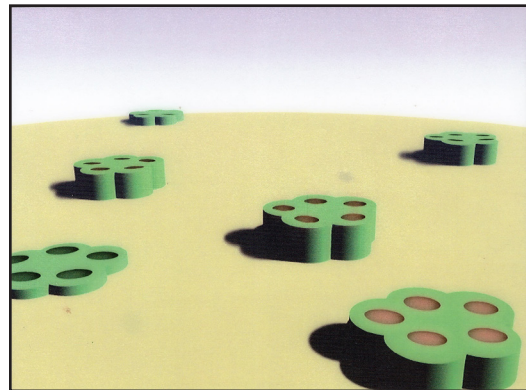
An addiction is a recurring compulsion by an individual to engage in some specific activity, despite harmful consequences to the individual's health, mental state or social life.

- When you're addicted to nicotine, you may not be able to control your tobacco use and you may continue to use nicotine despite the harm it causes.
- You may want to quit, but most people find they can't do it on their own.
- For many people addicted to nicotine, what starts as casual use leads to nicotine addiction.
- Nicotine addiction can cause serious, long-term health consequences.
- Habits become addictions when a chemical dependence is generated.

Brain Receptors



When you use nicotine the green receptors become filled with nicotine (red cones). Exposure to nicotine increases the number of these receptors in your brain.



When you stop using nicotine the brain receptors diminish in number but will never 100% go away.

Brain Receptors

Nicotine receptors develop when the brain is exposed to nicotine.

When you first wake up in the morning your receptors are empty, (if you have not used nicotine). You may have very strong cravings which won't be relieved until you use nicotine.

When your receptors get filled with nicotine, dopamine and other neurochemicals are released that make you feel ready to start the day. This flooding of chemicals results in changes in your brain chemistry which stimulates feelings of pleasure among other positive feelings.

Receptors can be triggered by cues that make you want to use tobacco. For example:

- coffee in the morning
- after a full meal
- driving in your car
- drinking alcohol
- a crisis or stress

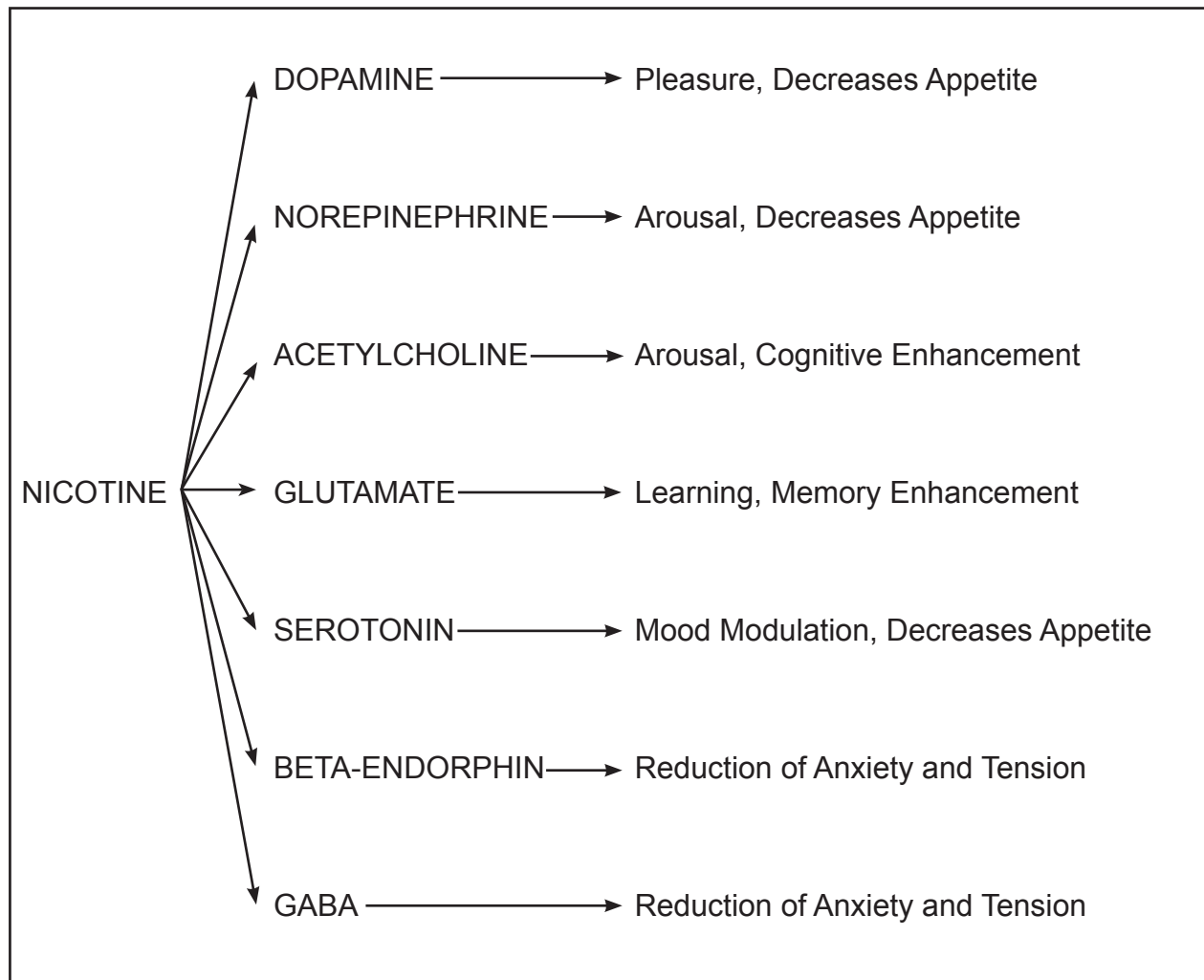
Once you have quit, the number of receptors diminish over time, but never completely go away. Any remaining receptors have memory and the ability to generate a craving when triggered. Therefore, you are vulnerable to relapse without the appropriate strategies in place.



Nicotine receptors are just waiting for the hit of nicotine.

Chemicals in Your Brain

Have you ever asked yourself why does nicotine use seem to be the “go to” for most stressful situations or to reward yourself? These neurochemicals can give you a feeling of reduced anxiety, pleasure, increase concentration, and much more.



- Each neurochemical is naturally produced in your brain.
- When you are addicted to nicotine the amount of neurochemicals released is intensified. However, this is what is “normal” to someone addicted to nicotine.
- After you quit, it can take a while for the brain to reboot and become accustomed to “NORMAL” levels again.

Withdrawals

WITHDRAWAL SYMPTOMS	
EMOTIONAL	PHYSICAL
<ul style="list-style-type: none">▪ Anger▪ Anxiety▪ Depression▪ Unfocused▪ Frustration▪ Hunger▪ Irritability	<ul style="list-style-type: none">▪ Difficulty with Sleeping▪ Nausea▪ Nervousness▪ Shakiness▪ Impatience▪ Fatigue▪ Constipation▪ Craving Restlessness

UNDERSTANDING THE ROLES OF MEDICATIONS ON CRAVINGS

Relapse rate is 97% when quitting without medication.

If you are feeling these symptoms after quitting, don't give up. With the use of medications, your cravings need to be manageable so you don't go through withdrawal.

Cravings occur when you stop using nicotine, but will decrease in frequency and intensity over time whether you quit with medications or not. Months after you have quit you can still have cravings. Just remember it's your remaining brain receptors that have been triggered.

The key to success is to not go through withdrawals.

If cravings are not manageable, that is a sign of treatment failure, not lack of willpower. Get help by reviewing the treatment plan with a professional. Going back to nicotine is not the solution.



Assignment

- Review your binder.
- Review daily your personal reasons why you want to quit.
- Do not drink coffee and use nicotine together. Incorporate a behavior in between the pairing. For example: smoke your cigarette, take a shower, and then drink your coffee.
- Do not use nicotine while on the cell phone, reading or working at your computer.
- 3 days before quit date, change your brand to something distasteful.



The Journey to Quit

Now is the time to reflect and look back at the challenges and successes of your behavior changes.

Were you able to change all your behaviors?

Which behaviors were you unable to change?

What else could the program have done to prepare you for quitting?

Review your victories and evaluate your challenges. Remember why you started this journey.

Preparing Your Environment

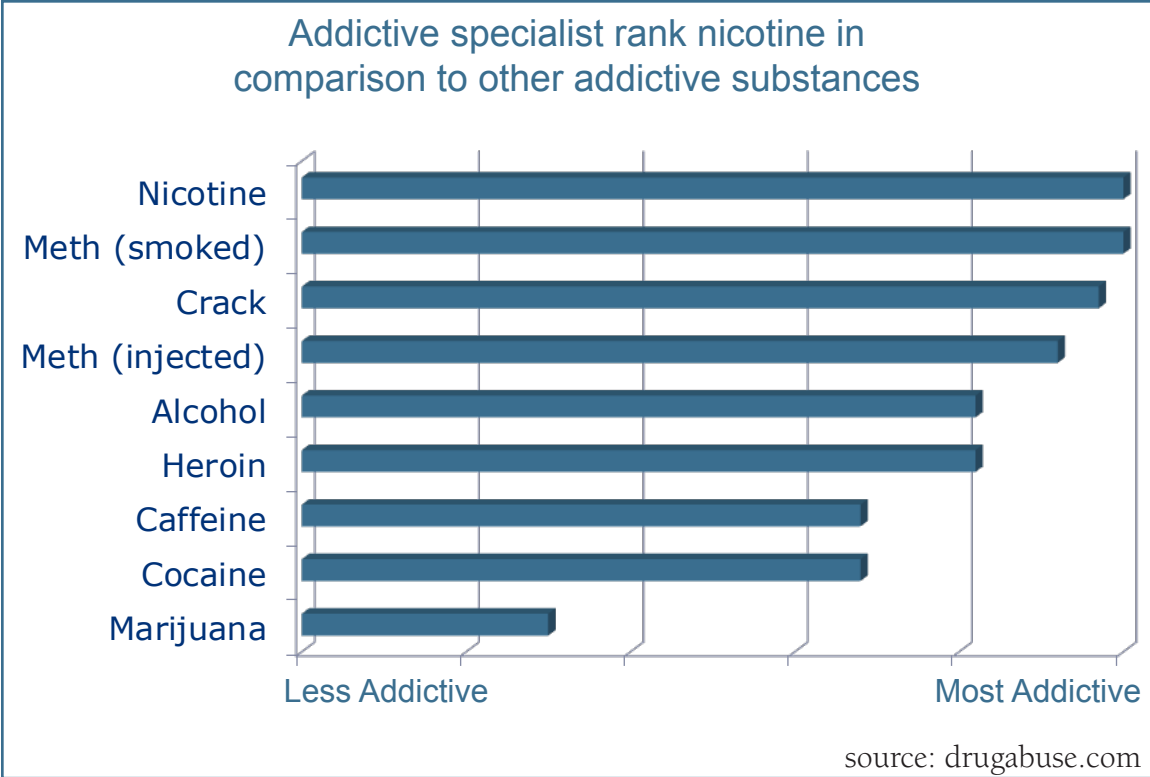
Plan your evening so when you wake up in the morning it will be clean of any nicotine. You don't want to find a stray cigarette, chew can or vaping device the next day or in 2 months. Get rid of all temptations. This is a way to start anew.

TO DO LIST:

- After 11:59 pm throw out any cigarettes, cans of chew, vaping devices, etc. that have not been smoked, opened, or used
- Get rid of ashtrays
- Get rid of lighters
- Get rid of anything that is associated with your nicotine use
- Check pockets of out of season coats, luggage, drawers, old purses, and the garage. Think of any places you keep or hide packs of cigarettes, cans of chew or vaping devices.



How Addictive is Nicotine?



Nicotine addiction is not a bad habit, it is a serious addiction. The graph above shows it is as addictive as smoking methamphetamine or smoking cocaine (crack).

Is there someone in your life that has told you that you should “just quit”, implying that you have control over this addiction? This graph reflects how difficult quitting is.

Understand what you are dealing with, the seriousness and magnitude of this addiction. Share with your support people so they will truly know what you are up against.

Cost

Is cost a motivating reason for you to quit? The cost will continue to go up. How much are you paying for this addiction?



NUMBER OF PACKS	1	1.5	2
PER DAY	\$7.50	\$11.25	\$15.00
WEEK	\$52.50	\$78.75	\$105.00
MONTH	\$225.00	\$315.00	\$420.00
YEAR	\$2,737.00	\$4,106.00	\$5,475.00
10 YEARS	\$27,375.00	\$41,062.00	\$54,750.00
20 YEARS	\$54,740.00	\$82,120.00	\$109,500.00
30 YEARS	\$82,110.00	\$123,180.00	\$164,250.00
40 YEARS	\$109,480.00	\$164,240.00	\$219,000.00

How to Deal with Cravings

Cravings will occur when you are quitting nicotine use. Think about triggers and develop coping strategies. By being prepared you can avoid being blindsided by cravings.

COMMON COPING STRATEGIES

- Drinking water
- Breathing deeply - 4 slow long deep breaths in and out
- Walking or other physical activity
- Using NRT's: nicotine gum, lozenge
- Practicing relaxation techniques or visualization
- Repeating mantras
- Finishing the thought of just smoking one cigarette and the consequences of that action such as the guilt of having to tell your spouse or doctor, or sense of failure

AVOID, ESCAPE, CHANGE

- **Avoid** - Avoid situations you know are cues or triggers for you to use nicotine.
- **Escape** - If you find yourself in a situation that is a cue or trigger for you to use nicotine and you could not avoid it then escape!
- **Change** - If you could not avoid it and you cannot escape it then find a replacement strategy other than using nicotine. Reach for nicotine gum or lozenge, and use your other strategies.

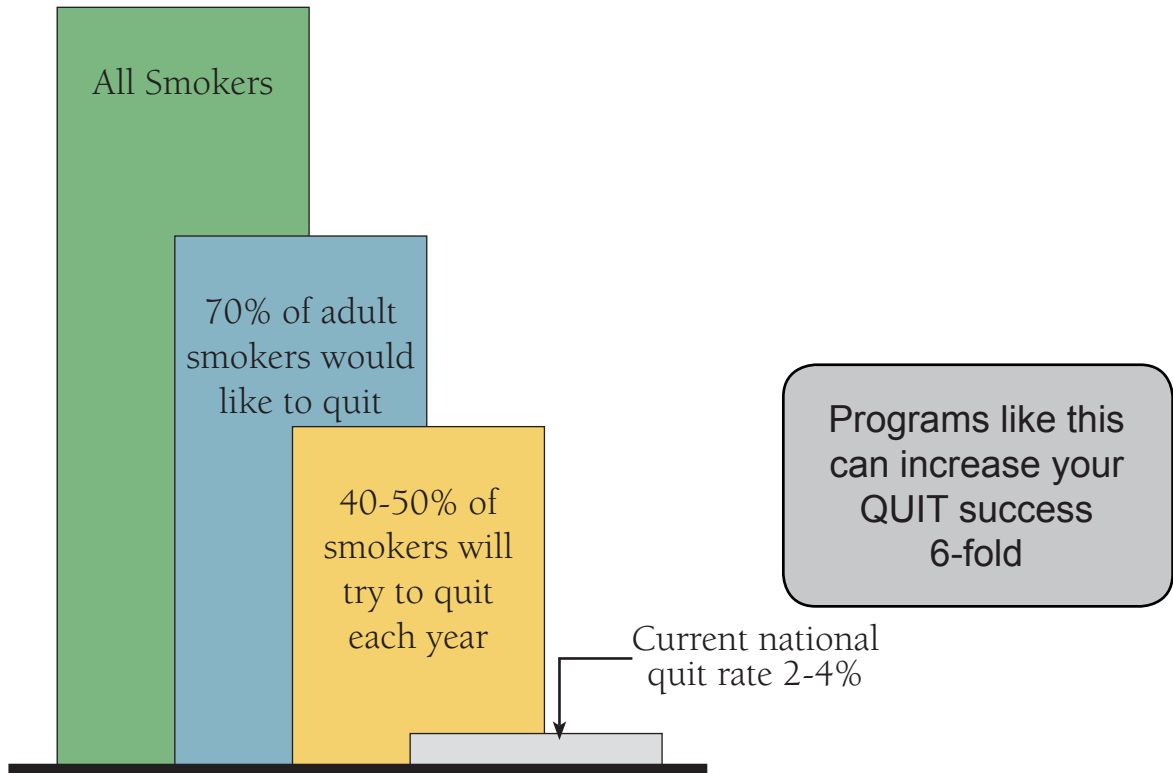
My triggers to use nicotine are:

I will use the following coping strategies to deal with my cravings:

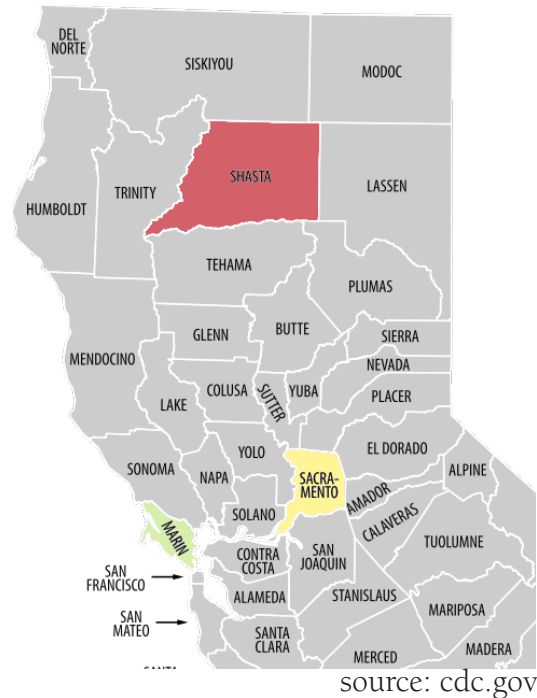


Quit Rate of Smokers

Educational programs can aid in the success of quitting.



Smoking Prevalence in California



In 2015, the percentage of people in California that smoked was 11-12%, but when you break it down by county, statistics show the following:

- Marin county 9.7% lowest
- Shasta county 25.1% highest
- Sacramento County 14.6%

Adults with lower levels of education and living below the poverty level have the highest smoking prevalence.

Your Quitting History

QUITTING TAKES PRACTICE!

The more quit attempts you have made, the more likely you are to be successful this time.

Reviewing your quitting history can help you determine how and why you relapsed. You learn and gain knowledge from each relapse, which will support your success this time.

The goal is to move you forward in your decision to quit.

RELAPSE REVIEW



How many times have you quit?

How long did you quit before you relapsed?

What events led up to using nicotine again?

Where did you get the nicotine?

What were you thinking/feeling when you began to use nicotine again?

What will you do differently this time?

**“He who fails to plan is planning to fail.”
-W. Churchill**

Smart Phone Applications



These are great tools to use to stay positive and to continue to monitor your progress as a nicotine-free person. Apps are also available for smoking and smokeless tobacco.

Features of applications:

- Works with any smart phone
- Free
- Monitor number of days nicotine free
- Logs your habits and cravings
- Counts cigarettes not smoked
- Calculates money saved
- Gives details on how your health is improving
- Sends motivational statements

Ready to Quit

We never say “good luck.” Quitting has nothing to do with luck. It’s about being:

- Educated
- Empowered
- Prepared



Assignment

- Review your binder
- Review your treatment plan
- Download smart phone app
- Your last hit of nicotine is at 11:59 pm



Relapse Prevention

Relapse is going back to a pattern of an unwanted behavior, which in this case is using nicotine. To prevent having a relapse follow the steps below.

1. Identify your high risk situations.
2. Have strategies in place for cravings. For example, nicotine gum, mantras, take a walk, support, etc.
3. Prevent a lapse from becoming a relapse.

THE STORY OF THE NICOTINE VILLAIN:

An important first step is to understand how your mind tries to negotiate while withdrawing from nicotine. Your addiction voice may sound like mental chatter bargaining to use nicotine. Here is an example of a way to think about that mental chatter or addiction voice:

Thoughts of nicotine use are the Nicotine Villain who is dying. Nicotine cravings are the Nicotine Villain struggling to get you to feed them. The longer they go without being fed, the dimmer their voice will get. They will eventually starve to death. As they get weaker, the strength they are losing is being transferred to you. You are gaining strength each time you are successful at not using nicotine. If you were to light up, the Nicotine Villain would smile their evil smile and say, "I tricked you into feeding me, so now I'm going to be in control again!" Don't let this happen! Think of that mental chatter or your addiction voice about using nicotine as a sign of healing taking place within you. Thoughts of nicotine use come often when quitting but will fade away with time. Remember, these are your brain receptors being triggered.

Think of that mental chatter or your addiction voice about using nicotine as a sign of healing taking place within you. Thoughts of nicotine use come often when quitting, but will fade away with time. Remember, these are your brain receptors being triggered.

Prevent Relapse - Step 1: High Risk Situations

High risk situations are a time when you are most vulnerable to use nicotine. **Identifying them is the key to your success.**

Examples:

- Being emotionally upset
- Drinking alcohol
- Engaging in social settings
- Unexpectedly encountering a smoking situation/cigarettes
- Feeling stressed

What are your high risk situations?



Prevent Relapse - Step 2: Coping Strategies

When life becomes stressful more cravings can happen. Strategies help you deal with a craving instead of using nicotine:

STRATEGY TO BE NICOTINE FREE	EXAMPLE
Use nicotine replacement	<ul style="list-style-type: none"> ▪ Use gum, lozenge, or patch.
Ask for what you need	<ul style="list-style-type: none"> ▪ Plan to be more direct about what you need and want throughout this journey.
Engage support	<ul style="list-style-type: none"> ▪ Identify someone that you confide in and who will encourage you.
Focus on your new non-smoking image	<ul style="list-style-type: none"> ▪ Smelling good. ▪ Having fresh breath and a healthier glow.
Establish a new routine	<ul style="list-style-type: none"> ▪ Drink your coffee in a different place. ▪ Take work breaks with different people. ▪ Buy your gas at a different place.
Plan activities/projects	<ul style="list-style-type: none"> ▪ Clean the garage. ▪ Organize kitchen. ▪ Go to a movie.

**Say good bye to spending money on cigarettes, and a smelly car/garage/house.
 Say *hello* to being in control!**

Prevent Relapse - Step 3: Lapse Strategies

Prevent a lapse from becoming a relapse.

A lapse is a slip or mistake. For example, having one cigarette or one chew.

A relapse means going back to your pattern of unwanted behavior, for example, going back to smoking a pack or chewing tobacco every day.

When you have a lapse don't be hard on yourself or call yourself a failure. This is your addiction voice.



TIPS FOR LAPSE RECOVERY


- 1. Forgive yourself** - stop the negative self-talk. Don't let shame or guilt drive you to a relapse. Don't turn to "old friends" (nicotine) for support. This is not a failure.
- 2. Identify what was not in place to allow this lapse to happen.**
For example, did you not have your nicotine replacement with you, did you have too much alcohol, were you with someone unpleasant, were you feeling stressed, low mood, or out-of-control?

Do not look at a lapse as a failed attempt. Be mindful of what had happened, and learn from it. This experience will make you stronger.

Relapse Plan

Visualize a potential relapse situation that you can control the outcome. Visualize this scenario like an olympian visualizes winning her event.

By completing this relapse plan, you will be prepared for a possible relapse. Your plan will give you a nicotine free outcome.

If I were about to relapse, here is a likely situation I might be in: 

Where: _____

When: _____

With whom: _____

Doing what: _____

Thinking what: _____

Feeling what: _____

Remember, the end of this plan is “you are nicotine free.”

Find the moment in the plan that you can get “derailed and turn to nicotine” and put working strategies in place so you remain nicotine free.

Relapse Plan

What coping strategies will you use to avoid a relapse?

ACTION STRATEGIES EXAMPLES:

- Use nicotine replacements
- Take a walk
- Read a book

THINKING STRATEGIES EXAMPLES:

- Mantras/positive thoughts
- Imagery/visualization

FEELING STRATEGIES EXAMPLES:

- In control
- Empowered
- Free/liberated

Action Strategies

- _____
- _____
- _____

Thinking Strategies

- _____
- _____
- _____

Feeling Strategies

- _____
- _____
- _____

HALT

To prevent a lapse or relapse never get too

Hungry

Angry

Lonely

Tired

If you can identify that you are too hungry, angry, lonely or tired, then address it and find the solution. These are considered high risk situations for you to use nicotine. This could put you at risk for a lapse or relapse.

Be kind to yourself,
you deserve it!



A New Story

Notice and record how your body is healing from nicotine use. Talk or write down what the “new” you looks and feels like every day. This could be a journal entry for yourself or to share with your support person. Some examples of a new story are:

“Today I noticed that I could take the stairs and I was not short of breath.”

“Today I noticed I did not have a craving when I drank my coffee.”

Every day, acknowledge the positive changes. Review your new story daily, when you feel like you could be at risk for a lapse, or if you are in a low mood. Your addiction will make you forget your successes.

The benefits of being nicotine free have to outweigh the “pleasure/addiction” of using nicotine.

In two weeks or two months, you may struggle with being nicotine free; you can review your “New Story” journal and see how far you have come!



STAY POSITIVE

- Be careful of “the heck with it,” this can be “El Nico”
- Certain places, people, or events can trigger a strong urge to smoke even years after quitting!
- Use the skills you’ve learned to get through your urges without using nicotine



Assignment

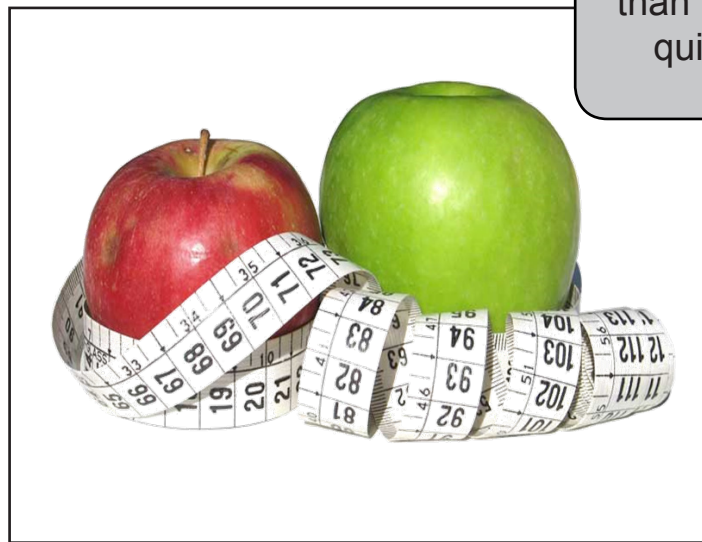
- Review your binder
- Continue using your app every day
- Write your new story
- Track your cravings

DAY 6

Weight Maintenance After Quitting Nicotine

THE FACTS

Many nicotine users who quit experience some weight gain, but most of the time the weight gain is less than 10 pounds. Much of this weight gain happens in the first 1-2 years after quitting.



Most people gain less than 10 pounds after quitting nicotine.

It's very important to focus on staying nicotine free. By using the tips from this class, you can minimize the amount of weight you gain.

Reason for Weight Gain After Quitting

When you use nicotine, the high doses gives your body a burst of energy and your metabolism is revved up. You actually burn more calories when you use nicotine.

Nicotine from tobacco suppresses appetite and is believed to increase metabolism.

As your body adjusts to being nicotine-free, your metabolism will return to normal. You may need to adjust your food intake and increase your activity, so you do not gain weight. A good strategy is to be aware of what you are eating and to make healthy choices.

WHY THERE IS WEIGHT GAIN AFTER QUITTING

- Metabolism returns to normal, which means you will burn less calories than you did as a tobacco user.
- Tobacco is no longer suppressing the appetite. This causes more hunger.
- Senses of taste and smell return to normal soon after quitting nicotine. This makes food taste and smell better.
- The hand-to-mouth ritual is still present. This may increase snacking as cravings are replaced with food.
- Some individuals may use food for comfort, as they did with nicotine in the past.
- Meal times may last longer now that you are not rushing through meals to use nicotine.

TWO KEY COMPONENTS OF WEIGHT MANAGEMENT

By making small changes in your eating behavior and increasing physical activity you can help minimize the amount of weight you gain.

Visit www.choosemyplate.gov to get detailed recommendations for you.

Change your Eating Behaviors


SMALL CHANGES IN EATING BEHAVIORS

- Keep a food journal - this will help you increase awareness of what food and beverages you consume and the amount of each.
- Practice relaxation and stress management
- Set goals and make realistic plans to keep them

KEEP HEALTHY, LOW-CALORIE FOODS AVAILABLE

By having healthy, low calorie foods available, you will decrease your chances of eating foods high in calories that can contribute to weight gain.

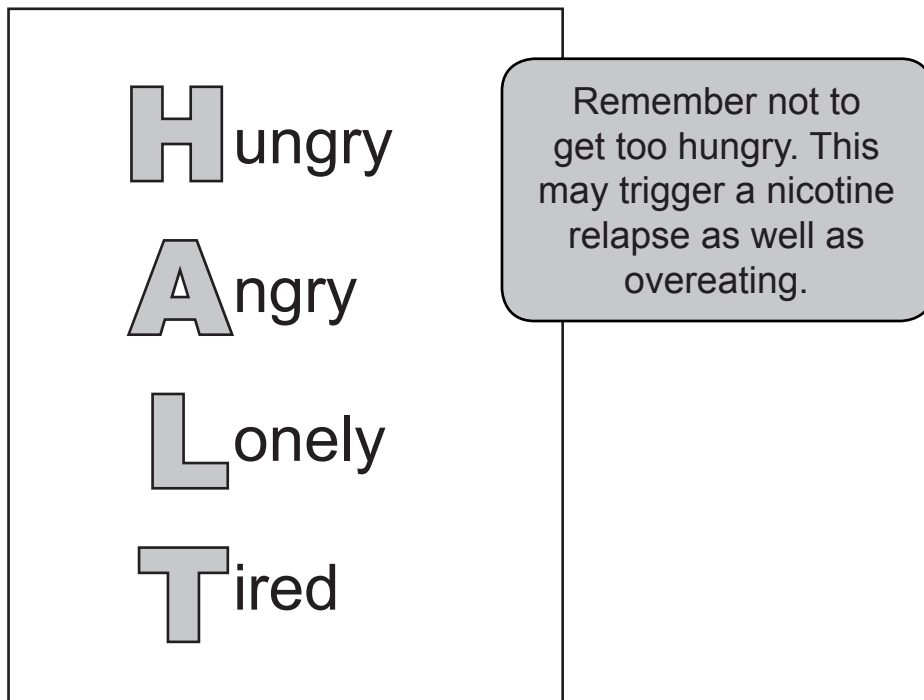
What healthy, low-calorie foods will I try?



CONTROL THE FOOD ENVIRONMENT

- Look for associations between eating and activities
- Plan meals and snacks
- Substitute low calorie foods whenever possible
- Make shopping lists and stick to them
- Control where eating occurs - pick one designated area to eat

Change your Eating Behaviors



REMEMBER TO

- Be aware of daily eating
- Set simple, realistic goals
- Accept that changes in body weight or size take time
- Seek out opportunities to lose weight - see page 8 for weight management classes available

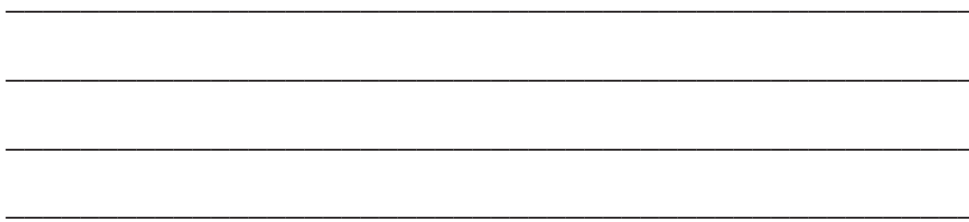
Increase Physical Activity

Physical activity can help manage weight gain after quitting.

- Research studies show that even 10 minutes of walking a day increases success rates of quitting smoking.
- Start slowly and build up the intensity and frequency.
- Brisk walking 30 minutes daily -5 days/week or 150 minutes per week is recommended by the American Heart Association.
- Achieving 30 minutes can be broken into three 10 minute increments. For example, a 10 minute walk in the morning, a 10 minute walk after lunch, and a 10 minute walk after dinner.

Please have a discussion with your Primary Care Physician about any physical limitations you may have.

What are some activities you would like to do?



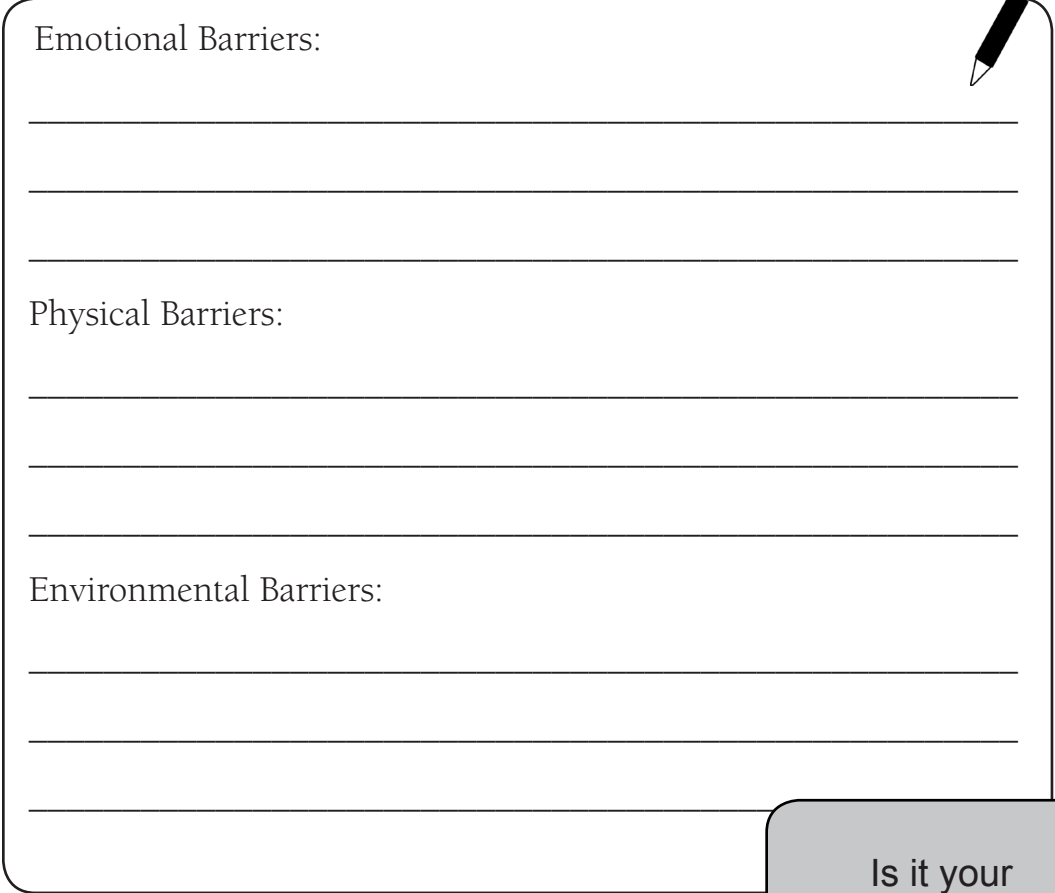
BENEFITS OF PHYSICAL ACTIVITY

- Urge management - when an urge takes place, start moving. For example, go for a walk, stretch, swim, or go to the gym.
- Mood management - you may feel better and have increased energy when you are more active.
- Weight management - you burn calories when you are exercising.
- Relapse management - develop new behaviors to prevent yourself from going back to smoking. For example, join a walking or biking club, do some biking, yoga, or take the “Let’s Get Moving” class.

Barriers to Physical Activity

What are some barriers that may get in the way of you becoming more active?

Emotional Barriers:



Physical Barriers:

Environmental Barriers:

Is it your
addiction voice?

Self-Monitoring

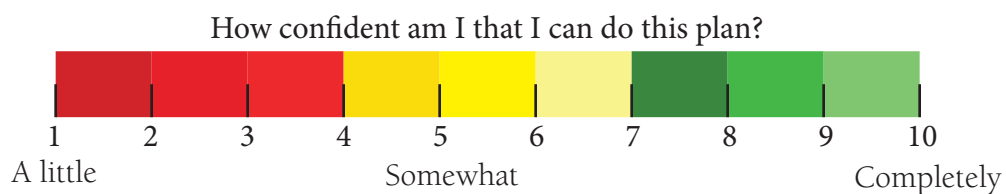
It is important to monitor/track your activity and record your new story. An example, “Today I noticed I could walk 10 more minutes at a faster pace without being short of breath.” This is a good visual, concrete statement of your progress and ensures your victory over your addiction.

SMART Plan

Here are a few steps to help you start/continue being active. Try making a SMART plan to encourage physical activity.

The reason I want to change my health behavior is _____

Specific
The change I will make is
Where will I do it?
Measurable
On which days of the week will I do it?
At what time? For how long?
Ask for Support
What help do I need to be successful?
Realistic
What might get in the way and what will I do about it?
Is my plan achievable?
Trackable
How will I know what I'm doing is making a difference?



Classes and Videos

HEALTH MANAGEMENT AND EDUCATION OFFERS CLASSES TO HELP YOU

- Let's Get Moving! (exercise class)
- Achieving a Healthy Weight - free, 2-hour overview on weight management
- Eating for Health
- Living Light Living Well - comprehensive weight management program, fee applies
- Stress Management
- 8 Weeks to a Healthier You
- And many more!

YOUTUBE VIDEOS BY AMERICAN HEART ASSOCIATION

- Leslie Sansone: Walk at Home (1 mile or 3 mile video)

Putting it all Together

Remember, when you use nicotine your metabolism is revved up. When you become nicotine free, your metabolism will go back to “normal”. This is a high risk time for weight gain!

Healthy food choices and an increase in activity can help with any weight gain, and can also increase your success rate of staying nicotine free.

Set simple, yet realistic goals for activity.

As you continue being active, you may notice positive changes in yourself. Write or talk about it in your “new story”.



Assignment

- Review Binder
- Remove high calorie foods and snacks
- Make a healthy shopping list
- Monitor/track your activity
- Write your “new story” for this week
- Continue to follow your accomplishments daily on your app.



Road to Recovery

Congratulations on starting a journey of being tobacco free! Every day, you develop new strategies to deal with cravings successfully.



There will be bumps and turns on this road to recovery. If you find yourself dealing with a major crisis, and there is an overwhelming desire to use nicotine, STOP at this crossroad! It is a road hazard.

You have a decision to make. If you smoke in response to the crisis, it does not change the crisis, it changes you. Stay on the road to recovery.

Your Toolkit of Strategies

If you have a lapse: make a list of the strategies that work for you. Remember, forgive yourself and notice what was not in place that let this lapse happen. Get back on track and learn from your experiences so you can continue to be successful.



A large rectangular box with rounded corners, containing 20 horizontal lines for writing. The lines are evenly spaced and extend across most of the width of the box.

Nicotine Addiction is a Chronic Disease

Nicotine addiction is managed, not cured. The chronic nature of being addicted should be compared with other medical disorders, such as diabetes, high blood pressure and asthma. Ongoing communication with your doctor is an important step to manage addiction.

WHAT YOUR HEALTH CARE TEAM CAN DO FOR YOU:

- Provide education on addiction, medications and behavior changes
- Adjust medications as needed so your cravings are manageable
- Encourage and teach self-management skills for continued success and relapse prevention
- Refer you to a Quit Tobacco program for help if you relapse
- Offer support groups

We need to look at the addiction to nicotine as a lifelong process.

WHAT YOU CAN DO FOR YOUR HEALTH CARE TEAM:

- If at any time you are struggling with staying nicotine free, reach out to your health care team. You may avoid a relapse. DO NOT WAIT.
- Your doctors should be addressing your tobacco status at every appointment. If they do not ask, you need to tell them. This will be the safety net to catch you if you have fallen into a relapse.

Studies show that most patients that relapse will not seek treatment for years or until they become sick.

Different Deliveries Of Nicotine

DIFFERENT FORMS OF NICOTINE

- Chewing tobacco
- Snus - tobacco filled pouches
- Roll Your Own (RYO)
- Hookah nicotine gel - contains no tobacco but is infused with nicotine
- Cigars
- Nicogel® - gel that you rub on your hands and nicotine is absorbed through your skin. It contains one tenth of the nicotine of a cigarette. This product has not been tested

HOOKAH PIPE

The hookah pipe is not electronic. It burns shisha, a molasses flavored tobacco, or “Lifted” nicotine gel. Hookah bars are growing in popularity in urban areas with college age people. It’s also known as Narghile, Hubble Bubble, or Goza.



What are you Inhaling?

It is difficult to know what vaping products contain. For example, some vaping products marketed as containing no nicotine have been found to contain nicotine and other harmful ingredients. Added flavors can be harmful to the lungs.

Other known contaminants in vaping products include

- Nicotine
- Volatile organic compounds
- Ultrafine particles
- Cancer-causing chemicals
- Heavy metals such as nickel, tin, and lead
- Flavorings such as diacetyl, a chemical linked to a serious lung disease

Dangers of Menthol

Menthol is added to some vape/tobacco products to add a minty taste and smell. The truth is they are not safe for you. Products with menthol are more addictive and can make it more difficult to quit.

MENTHOL RISKS

- The mild flavor and cooling effects make menthol easier to inhale
- Beginner tobacco users prefer menthol
- Menthol numbs the throat so users can inhale more vape/smoke
- Menthol users have a harder time quitting

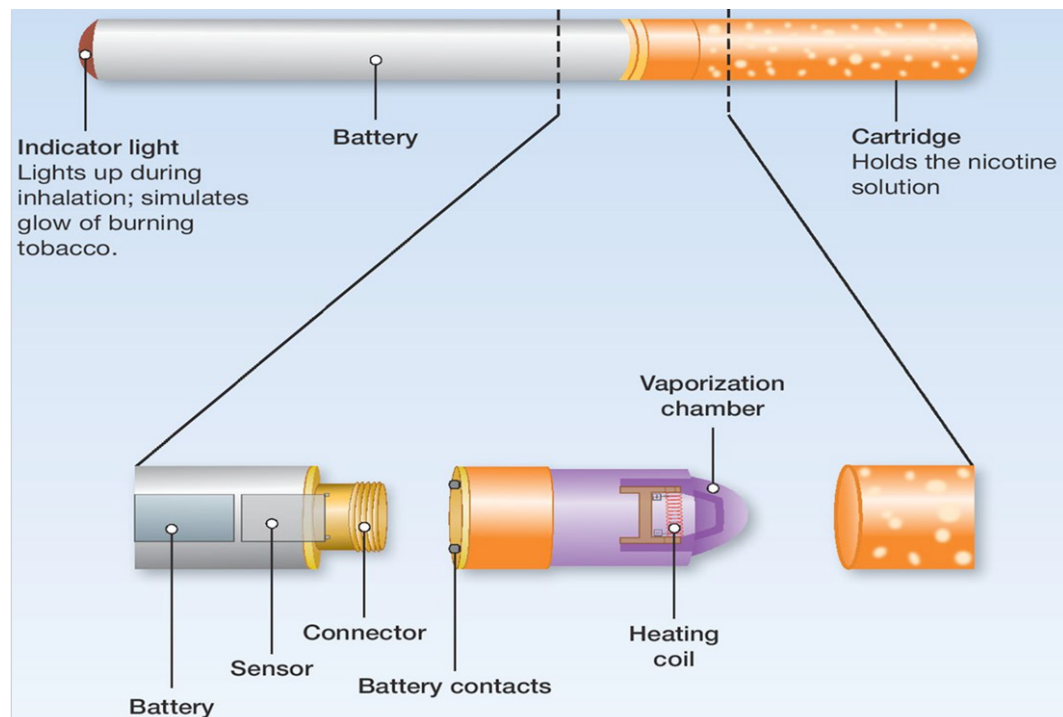
Policy is needed to ban menthol products. If you are not currently using menthol products, do not start. If you are currently using menthol products, it is recommended to stop.

Electronic Nicotine Delivery Systems (ENDS)

ENDS, also known as electronic cigarettes, are battery-operated devices that contain cartridges filled with nicotine, flavor, and other chemicals. They heat nicotine and other chemicals into a vapor that is inhaled by the user.





ANATOMY OF A E-CIGARETTE

- Tip - a LED light
- Lithium battery - heats cartridge
- Cartridge - holds nicotine dissolved in propylene glycol and a flavor
- Low heat vaporizes nicotine



Vaping

VAPING DEVICES

TYPE	DETAILS
 <p data-bbox="297 405 480 443">E-Cigarettes</p>	<ul data-bbox="711 405 1300 716" style="list-style-type: none">▪ Came onto the market around 2007▪ Most had nicotine and were disposable▪ Variations included<ul data-bbox="764 621 1187 716" style="list-style-type: none">• E-hookah• Rechargeable E-cigarettes
 <p data-bbox="297 741 448 779">Vape Pens</p>	<ul data-bbox="711 741 1292 968" style="list-style-type: none">▪ These have batteries that can reach higher temperatures and refillable E-liquid cartridges▪ They allow users to control the rate of inhaling
 <p data-bbox="297 1035 383 1073">Mods</p>	<ul data-bbox="711 1035 1317 1209" style="list-style-type: none">▪ Large size, modifiable E-cigarettes▪ More mist, nicotine, and other chemicals are breathed into the lungs at a faster rate
 <p data-bbox="297 1356 448 1394">Pod-Based</p>	<ul data-bbox="711 1356 1252 1545" style="list-style-type: none">▪ E-cigarettes are shaped like USBs (e.g. flash drives)▪ Contain pods with more nicotine than previous versions

Your Body Immediately After Vaping



Brain - Dopamine levels increase as nicotine from the e-cigarette enters the brain.

Mouth - Some users report cotton mouth, scratchy throat, and coughing.

Heart - E-cigarettes with nicotine raise the heart rate and blood pressure.



Lungs - Nanoparticles from e-cigarette vapor might be embedded in the lungs, causing inflammation and raising risk of infection.



THE POTENTIAL HARMFUL EFFECT OF VAPING

Some vaping cartridges contain diacetyl, a chemical used for artificial flavoring. It is commonly used for artificial butter flavoring of popcorn. A Harvard study showed that 75% of vaping flavorings contain diacetyl, and is common in flavors such as piña colada, cherry, pomegranate, iced berry, and watermelon.

Diacetyl is linked to a condition called “popcorn lung” (also known as toxic fume bronchiolitis obliterans).

- Caused by inhalation of diacetyl.
- It is an irreversible and life-threatening disease.
- Signs and symptoms: dry cough, shortness-of-breath, wheezing, fatigue, fever, night sweats, and weight loss
- Diagnosed by a lung biopsy
- On June, 2016, Environmental Health Perspective issued a warning against vaping due to the dangers of diacetyl.

POISON CONTROL

There has been a dramatic increase in poison control calls in the last few years related to liquid nicotine exposures from e-cigarette cartridges. Over half of the calls involved children under the age of 5 years. This was one of the reasons that prompted the FDA to start regulating.

Dangers of Vaping

EVALI

EVALI (E-cigarette and Vaping Associated Lung Injury) is a medical condition that causes flu-like symptoms. People seek medical attention thinking they have the flu and have been found to have EVALI.

Some of the symptoms are

- Nausea
- Vomiting
- Diarrhea
- Abdominal pain
- Cough
- Shortness of breath
- Chest pain
- Fatigue
- Fever
- Chills
- Weight loss

These symptoms need medical attention because the danger is so high. There has been an increase in illnesses and deaths related to vaping.

The Center for Disease Control came out with a statement saying

- Do not use vaping products with THC (cannabis)
- Do not buy vaping products off the street, change them, or add items
- The only way to not have risk of EVALI is to stop use of all E-cigs or vaping products

To get weekly updates on vaping-related cases visit:

https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

Concerning Facts about E-cigarettes

E-CIGARETTES

- E-cigarettes do not help people quit smoking.
- Dual use of cigarettes and e-cigarettes causes more harm to your lungs than just smoking cigarettes alone.
- Studies have concluded that vaping increases airway resistance.
- Some e-cigarettes are marketed as “green” and “healthy” which may encourage youth to experiment and become addicted.
- In the coming years, the FDA will start regulating e-cigarettes. Ongoing research about the safety of e-cigarettes is affected because the product keeps changing.
- Five minutes of e-cigarette use have lung effects similar to tobacco smoking.

Source: <http://www.lung.org/stop-smoking/smoking-facts/myths-and-facts-about-e-cigs.html>

MARKETING

Many vaping devices and flavors are targeting young people.

Many celebrities use e-cigarettes.

Tobacco industry is using old playbook for advertising.

Is Cannabis Safe?

If smoking cannabis is a trigger for you to smoke tobacco and you are unable to stop cannabis use, you may want to consider using other forms.

Talk to your physician about your cannabis use.

Wrap Up

If you are using vaping products, stop!

New studies are coming out every day about the harmful effects of vaping.

- Do not be persuaded by the multi-billion-dollar tobacco industry advertising
 - Money is the motive, not health or safety
- To quit tobacco, please use what we know is safe and FDA approved
 - Less harmful does not mean harmless!

**If you haven't
vaped, don't!**



Assignment

- List your most effective coping strategy for a nicotine craving.
- What is your “New Story”.
- Review your personal reasons to quit.
- If you have a smart phone, review your APP (Quit It or Smoke Free) and be prepared to share your cost savings, number of cigarettes you have not smoked and how long you have been smoke free.

DAY 8

Moving Forward Nicotine Free



What are some of your worst cravings and what strategies did you use?

If you have had a lapse, identify the two strategies you could use to prevent a relapse from happening.

1. _____

2. _____

New story - what are some changes you have noticed?

Forgive yourself and identify what was not in place.

RED FLAGS FOR RELAPSE

- Lack of support
- Negative talk, mood, depression
- Strong or prolonged cravings
- Weight gain
- Low motivation/feeling deprived
- _____
- _____
- _____
- _____

Stress Management



Identify your top 3 stressors:	Strategies you can use to cope:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

THINGS TO DO BESIDES NICOTINE

- Give the craving 5 minutes to pass
- Call a friend and talk
- Write in a journal
- Listen to music or a motivational CD
- Take a walk
- Exercise/Move
- Try deep breathing exercises
- Meditate
- Drink water
- Take a bath or a shower
- Play with pets
- Work in the garden
- Knit
- Go Bowling
- Sew
- Clip Coupons
- Scrapbook
- Make Jewelry
- Work on car
- Go for a bike ride
- Dance
- Write a letter
- Work on a puzzle
- Clean house
- Watch television or a movie
- Check e-mail
- Play a computer game
- Get a massage
- Read a magazine or novel
- Keep your hands busy
- Pray
- Go outside
- Take a nap
- Go for a drive
- Look at photos
- Drink tea or coffee
- _____
- _____
- _____
- _____

Myths About Smoking

MYTH 1: SMOKING IS JUST A CHOICE.

- The first time? Yes. After just a few cigarettes? No.
- Addiction to nicotine can happen quickly. It changes the chemical balance in your brain. Smoking may seem like it's just a choice or a habit. In fact, most people who use tobacco are addicted.
- Breaking nicotine addiction is harder for some people than others. Quitting can take several tries. But don't give up.
- If you need help to quit, ask your doctor about nicotine replacement, medicines, or coaching.

MYTH 2: FILTERS MAKE CIGARETTES SAFER.

- Filters do not protect you. They are designed to make smoke particles smaller. That makes nicotine easier to absorb. This increases the addiction.
- Cigarettes have been engineered to speed up nicotine's path to your brain. Their design feeds addiction.
- Light or low-tar cigarettes may sound less dangerous. They aren't. These misleading labels are no longer allowed.
- No cigarette is safe. Tobacco smoke contains more than 7,000 chemicals. At least 250 are toxic.

MYTH 3: AN OCCASIONAL CIGARETTE IS NO BIG DEAL.

- Smoking doesn't just cause diseases for heavy or longtime smokers.
- The 2010 Surgeon General's report shows how breathing tobacco smoke can cause immediate harm.
- Tobacco smoke can trigger sudden heart attacks and death, even in nonsmokers.
- Each cigarette you smoke hurts your lungs, blood vessels, and cells throughout your body.
- Smoking a few cigarettes a week can cause a heart attack.
- Cutting back is not enough to protect you. You have to quit entirely.

Myths About Smoking

MYTH 4: IT'S TOO LATE TO QUIT, THE DAMAGE IS ALREADY DONE.

- It's true that the longer you use tobacco, the more you hurt your body. But at any age, the sooner you quit, the sooner your health can improve.
- The 2010 Surgeon General's report shows how using tobacco causes disease almost everywhere in your body.
- Within 20 minutes after quitting, your body starts to heal.
- After 2 to 5 years, your risk for stroke is similar to that of a nonsmoker.
- In 10 years, your lung cancer risk is cut in half.

MYTH 5:

SECONDHAND SMOKE MAY BOTHER PEOPLE, BUT IT ISN'T DANGEROUS.

- Tens of thousands of nonsmokers die every year from breathing secondhand smoke.
- Breathing the chemicals in tobacco smoke changes your blood's chemistry almost immediately. Deadly clots can form and block arteries to your heart or brain.
- When you smoke at work, home, or at a restaurant, everyone there breathes poisons.
- If you smoke in your car, rolling down a window does not protect your passengers.
- It is not healthy to breathe any amount of tobacco smoke.
- Thirdhand smoke remains on surfaces and in dust, re-emit back into the gas phase, and reacts with other chemicals in the environment to make new chemicals.

Myths About Smoking

MYTH 6:

THE LITTLE BIT OF SMOKE THAT MY KIDS GET DOESN'T HURT THEM.

- Don't smoke or let others smoke around your children. They can get bronchitis, pneumonia, and ear infections from smoke.
- Even if you only smoke by an open window, some of the smoke stays in your house and poisons the air your children breathe.
- Children with asthma can have a serious, even deadly, asthma attack from breathing secondhand smoke.
- The best way to protect children is to quit smoking. If you or someone else in your household are not ready to quit, be sure to make your home and care 100% smoke-free.

Support

You are not alone.

It is important to recognize that during the journey of being nicotine free, you may find some days to be harder than others due to the mental chatter of just wanting one cigarette or chew. Remember, always be prepared, and continue to show power over the addiction by not giving in. In this journey, having support is crucial. Support gives you motivation, confidence, and tools to be in control. Attending group support can help you continue to move forward with a positive mindset. You will gain positive validation, and it will remind you that you are not alone.

Smoke Free Support Group

UC Davis Health Smoke Free support group is offered once a month for any patient who is tobacco free. This class is ideal for those who have quit tobacco and desire ongoing support. You do not need to register for this class, you can just drop in.

The group usually meets the 2nd Friday of the month but there are some exceptions, so please check our website for dates.

health.ucdavis.edu/health-education

Class location:
10850 White Rock Road
Rancho Cordova, CA 95670

Class Time is 3:30-4:30 pm

Please fill out this form and return to the instructor if you would like a reminder to attend. For more information, call (916) 946-1449.



Name: _____

Phone Number: _____

Email: _____

Do you use MyChart: YES No

Please print legibly

