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Smoking Cessation

Facilitator's Guide

The Facilitator

Your Responsibilities:

As facilitator, you are responsible for seeing that all participants are involved in the process. It is your responsibility to summarize the program content. It is also your responsibility to see that group sessions begin and end on time. Finally, it is your responsibility to keep a record of the participant's smoking progress.

The program consists of four one-hour group sessions that take place twice weekly over a two-week period. Studies have demonstrated that a program of this length will yield as many successful ex-smokers (assessed on a long-term basis) as will a longer program stretched out over many weeks.

The program address the behaviors, thoughts, and feelings of the smokers, as well as making use of group interaction to encourage and support change, but it does not foster group dependency among the participants.

Format for Each of the Four Group Sessions

Each group session includes four phases: (1) Individual Attention, (2) Strategies and Information, (3) Review and Discussion, and (4) Assignment. About 15 to 20 minutes should be spent on each of the first three phases, and a maximum of five minutes spent on the final phase, Assignments. The following describes each phase.

Individual Attention

Open each session, except for the first, with a request for questions and sharing of experiences. Smoking-group participants are usually eager to share their experiences.

In the event that the members of the group are quiet, you can stimulate discussion by asking questions such as, "How do you feel today compared to how you felt last week?" "Are you finding it easier than you expected?" "How is this time different from your previous attempts at stopping?"

When the time allotted for Individual Attention is up, mention that anyone with a pressing personal question can see you at the end of the session.

Session I is an exception to the usual session format because it does not begin with the Individual Attention phase. Open the first session by introducing the Guide and program. Follow this with a description of the three aspects of smoking (addiction, habit, and psychological dependency), and an explanation of the issue of ambivalence about stopping versus continuing smoking. These topics are described below.

Three Key Questions

In the *Individual Attention* phase, ask participants to introduce themselves in turn. As part of these introductions, ask each participant questions such as:

Can you name the benefits that you hope to achieve by quitting smoking?
Do you know the triggers that make you want to smoke?
You've taken the first step toward quitting by joining us here. What motivated you to come?

If you intend to take notes, explain to the group in the first session that you will be doing so. State that the notes are for your personal use in planning the subsequent sessions. Do not take excessive notes. It is most important to maintain eye contact and focus attention on the participants. Jot down occasional key words, phrases, and names which will serve to trigger your memory of the complete details after the session.

Strategies and Information

The second phase of each session consists of your presentation of Strategies and Information. Emphasize, however, that participants should always feel free to ask questions necessary to clarify material.

Review and Discussion

In the Review and Discussion phase of each session you should briefly review the material you have just presented in the Strategies and Information phase.

Most of each Review and Discussion phase should be devoted to an open discussion among the participants of the material you have just presented.

Assignments

There are two parts to the Assignments phase. The first task is telling the participants their assignments. The second task is to call attention to the individual goals participants have set for themselves. Ask participants to select a Quit Date and a n approach to quitting before the next session.

Agenda

Introduction

Introduce the *Participant's Guide* and the *freshstart* program.

Announce the Session 1 Objective: To understand why I smoke and how smoking affects me.

Describe ambivalence.

Individual Attention

Introduce individuals.

Strategies and Information

Describe approaches to stopping: cold turkey, postponing, and tapering.

Describe physiological effects of smoking.

Review and Discussion

Briefly review the material described.

Assignments

Ask participants to select a personal quit date.

Begin by congratulating them on their desire to stop smoking. Introduce yourself and describe your professional and personal experiences with smoking. If you are an ex-smoker, share how you feel about being successful at stopping smoking. If you have never smoked, briefly share a situation which will let the new participants know that you empathize with smokers. For instance, you may have a close friend who struggled to stop and finally make it; you may have a parent who developed a tobacco-linked disease.

Talk with participants about the structure of the *freshstart* program, highlighting the fact that this program is for adult smokers. By focusing on the first thing that participants have in common, you are encouraging a sense of camaraderie among the group.

Talk briefly about meeting protocol. Outline the rules of keeping the discussions upbeat, adhering to the agenda, and recognizing raised hands as a way to keep discussions equitable shared among group members. Stress the importance of attending all four group sessions.

Nicotine Dependence/Addiction

The overwhelming majority of people who smoke have a strong, physiologic need for the nicotine contained in cigarettes and other tobacco products. People who are nicotine dependent experience withdrawal symptoms upon quitting.

Psychological Reasons for Smoking

In addition to nicotine dependence, most people have psychological reasons for smoking. Their cigarette use has become automatic—a habit. They may have learned to use cigarettes to cope with certain situations.

Cigarettes are used to help cope with stress, or to deal with uncomfortable situations, or in many cases to deal with loneliness, boredom or frustration.

Consider these psychological reasons that cause people to smoke. Which apply to you? Ask participants to list some situations/activities in which they would be likely to smoke.

Ambivalence About Stopping vs. Smoking

Let the group participants know that you recognize that many of them may feel ambivalent about stopping. They want to stop and yet they want to keep on smoking—they have not yet quit. Explain that it is not necessary to get rid of the desire to smoke before stopping. An individual needs only to decide which he/she wants most: to smoke or to stop. The most important point to remember in this regard is that once you decide that you want to quit more than you want to smoke, you can change ambivalence into action by actually stopping smoking.

Individual Attention: Introductions

Ask each participant to introduce himself and to answer the three key questions.

Strategies and Information: Approaches to Stopping

Define “abrupt cessation:” if you regularly smoke two packs of cigarettes a day, abrupt cessation means two pack today, zero cigarettes tomorrow. Any gradual method of stopping is not abrupt cessation.

Advise the participants that most successful ex-smokers quit through abrupt cessation, but that either approach—abrupt or gradual—is fine. Emphasize that if participants choose to prepare to stop gradually, they should spend only a few days with that approach. Cutting down for a longer period of time, such as several weeks, can be counter-productive.

Describe two gradual approaches to stopping. The first is “tapering,” which means that the individual counts cigarettes and smokes a predetermined fewer number each day. The smoker might decide to reduce the number of cigarettes by five each day for six days—until the personal quit date. On the first day of this

period the smoker may smoke the usual 30 cigarettes; on the second day, 25; on the third day, 20; fourth day, 15; fifth day, 10; and the sixth day, 5. The next day, the seventh day, is the quit date, and first day with no cigarettes. Advise the participants to keep in mind that cutting down by just one cigarette a day is insufficient, unless they are already light smokers.

A second gradual approach to quitting is “postponing,” which means that the individual postpones the time to start smoking by a predetermined number of hours each day. Once smoking begins each day, there is no need to count cigarettes nor to focus on reducing the number smoked. The smoker might decide to postpone the time to start smoking by two hours each day for six days, until the personal quit date. On the first day, smoking might begin at 9 a.m.; on the second day, 11 a.m.; third day, 1 p.m.; fourth day, 3 p.m.; fifth day, 5 p.m.; and sixth day, 7 p.m. The next day, the seventh day, is the quit date, and first day with no cigarettes.

A gradual approach often is recommended for individuals who are especially anxious about stopping, who lack confidence about their likelihood of succeeding. Seeing that they can get by, either on fewer cigarettes (tapering) or with longer periods of time with no cigarettes (postponing), can boost their confidence. Stopping gradually is not likely, however, to reduce the withdrawal symptoms of individuals who are addicted to nicotine.

You should end this presentation with the fact that, for most smokers, abrupt cessation is the best approach to quitting.

Assignments

Ask participants to decide on a personal quit date. This day should be any day from the present day, up to the day before the third session. All participants are expected to come to the second session knowing when and how they will quit.

Session 2

Individual Attention

Encourage participants to share their recent experiences.

Strategies and Information

Announce objective

Master the first few days off cigarettes.

Conduct a discussion of withdrawal symptoms.

Explain how to use deep breathing to relax.

Present three brief relaxation exercises.

Define assertiveness and discuss it in relationship to stopping smoking.

Introduce stress management.

Describe constructive thinking.

Encourage participants to make this time unique.

Review and Discussion

Briefly review the material described.

Ask for questions and encourage discussion.

Assignments

Encourage participants to choose quit dates, if they haven't.

Individual Attention

Ask each participant what quit date was selected.

Strategies and Information: Withdrawal Symptoms

Explain that some, but not all, smokers experience withdrawal symptoms. The symptoms are all time-bound; most will disappear within 1 ½ to 2 weeks.

Review these common withdrawal symptoms:

Craving cigarettes

Tension

Tingling sensations. The tingling sensations represent the improved circulation taking place as a result of stopping. As soon as the body is back to normal, the tingling will stop.

Lightheadedness or dizziness

Cough: the cilia at first have to work overtime, cleaning out the debris from the lungs.

Headaches, tightness in the throat, dry mouth

Suggest that participants fight cravings by practicing the 4D's.

Tips For Quitters: The Four D's

1. Take **Deep** breaths. Breathe in through your nose, forcing the air all the way to your diaphragm, then slowly exhale through your mouth until all the air is released. Repeat until cravings pass.
2. **Drink** plenty of water, milk, or fruit juice. Forcing fluids helps flush the nicotine out of your system and makes withdrawal symptoms go away faster.
3. **Do** something else. Play with a pencil or rubber band, suck on a straw, chew sugar-free gum, take a walk, say a prayer, call a friend. Do anything except smoke.
4. **Delay** and the urge will pass. Most cravings last only a minute or two. Granted, it may seem longer, but cravings will eventually disappear as long as you don't reinforce them by smoking.

Practical tips:

- Drink a lot of water
- Always carry stick cinnamon or another no- or low-calorie item with you
- Do physical exercise
- Do deep breathing

Deep Breathing

Explain to the participants that the correct way to breath is by allowing the abdomen to expand as you inhale. Take a minute and let the group members try this to see if they are breathing correctly. Next, add that when you are taking a deep breath with the intention to relax, you should be certain to take considerably more time in exhaling than in inhaling.

Emphasize that the participants should increase their physical exercise gradually. The benefits of brisk walking are a healthy exercise that is:

- less strenuous than most other forms of exercise;
- an effective aerobic exercise (benefits the heart and lungs and helps to improve overall health);
- burns up calories;
- helps reduce the cravings for cigarettes

Relaxation Exercises

Deep-breathing exercise: Stand and get as comfortable as possible. Have your feet apart and comfortable. Now close your eyes and let your head bend forward; dropping your head further now, slowly inhale through your nose. Draw your breath deep into your abdomen, allowing your abdomen to expand as you inhale. Hold your breath gently, and now exhale slowly. Breathe out through your nose. Repeat this exercise four times at your own pace. Do it slowly. Stop for a few moments if you get dizzy. Take your time, and when you feel ready to stop, just slowly open your eyes.

Muscle-relaxation exercise: Continue standing with your feet firmly planted on the floor. Now close your eyes again. Tense your feet and grab the floor with your toes. Tighter. Now run the tension up through the ankles to your calves, tighter, through your thighs. Up through your abdomen and chest. Make them tense: tighter and tighter, and then move on to your shoulders. Drive the tension down through the arms to the hands; clench fists. Now, up through the neck, face mouth, and even make your eyes tight. Now your scalp. Hold the tension now—hold it—and now relax. Quietly relax. Take your time and relax all over. When you feel relaxed, slowly open your eyes.

Fantasy exercise: You can sit down for this exercise. Make yourself completely comfortable. Close your eyes. Uncross your legs and place your arms comfortable in your lap or at your sides. Inhale deeply and exhale slowly. Think only of letting your body relax like a rag doll.

Picture yourself now walking quietly and slowly down a path by a mountain meadow, down by a quiet, still lake. It is early morning and the sun is shining warmly and the air is cool and sweet. You can smell the sweet pines and the grass and occasionally a fish jumps in the lake; the lake is deep, deep blue and very still. You sit down slowly in the grass at the edge of the lake and relax. A gentle breeze rustles the grass very softly and you look up at the blue sky and there are white clouds floating by. You lie and watch the clouds and then you begin to float up to the clouds. And you are able to walk around on the clouds, and it is fun. It is warm, and the air is clean and fresh, and the sky is blue and the clouds are soft and white and springy. You feel warm sun and as you breathe in, you feel your whole body fill with the fresh, clean air, and you are extremely relaxed. Now, you begin to slowly wake up and you are here in your chair, and you still feel good: very relaxed and with lots of energy stored up. When you are ready, slowly open your eyes and smile.

Assertiveness

Define assertiveness as being able to express what one thinks or feels. Passive people do not express what they think and feel. Aggressive people, on the other hand, express their thoughts and feelings in a way aimed at controlling, dominating, or hurting other people. The goal is to be assertive rather than either passive or aggressive. Characteristics associated with assertiveness include the following:

- Speak in short, direct sentences
- Use phrases such as “I think,” “I believe,” and “In my opinion,” to show that you assume responsibility for your thoughts
- Ask others to clarify what they’re saying when you aren’t certain you understand them
- Describe events objectively, rather than exaggerating, embellishing, distorting, or lying
- Have direct and extended eye contact
- Reach out eagerly to shake someone’s hand

Many individuals experience more anger when they stop smoking. This is sometimes a part of an overall increased emotional lability that characterizes withdrawal from cigarettes. Some individuals may also cry very easily for a few days. The anger may come from a feeling of frustration at the difficulty of stopping or at the experience of “being deprived” of something desired. Increased anger may come from the fact that the smoker is no longer using cigarettes to mask emotions—to suppress anger.

Talk with participants about experiences that are stressful to them and how they normally deal with those situations. By discussing specific situations that often trigger smoking, you help participants decide in advance to deal with stress without relying on cigarettes. One exercise that participants can do at home is to list three events that are stressful to them. Across from the row of events, draw three columns marked, Assertive Response, Passive Response, and Aggressive Response. In those columns, have participants list ways that they have dealt with the situations in the past. The point of this exercise is to encourage the use of assertive behavior instead of passive or aggressive behaviors that do not solve the problems.

Constructive Thinking

The issue is constructive thinking; the key concept is that one's thoughts produce one's feelings. Ask the group members to keep this concept in mind, and should they find themselves feeling "down" or tense, to ask themselves what they are thinking that is producing those unpleasant feelings. What thought is producing the feeling? Once they have answered that question, the task is to see if they can think of a more constructive thought. Constructive thoughts will then produce more positive emotions.

Making This Time Unique

Ask them to think constructively about ways in which they can master stressful situations and how they can use their own sense of mastery to succeed in stopping smoking.

Review and Discussion: Assignments

1. Encourage participants to keep their individual quit dates.
2. Remind participants of the four practical tips: water, stick cinnamon, physical exercise, and deep breathing
3. Encourage participants to complete the assertiveness training chart at home.

Session 3

Agenda

Individual Attention

Encourage participants to share their recent experiences.

Strategies and Information

Announce the Session 3 objective: to master all obstacles to staying off cigarettes.

Ask what physical improvements participants have experienced since stopping.

Describe the causes of weight gain following cessation.

Discuss the use of low-calorie snacks.

Briefly discuss the use of alcohol in relationship to stopping smoking.

Conduct a discussion of good versus bad interpersonal support.

Review and Discussion

Briefly review the material described.

Ask for questions and encourage discussion.

Assignments

Encourage participants to use relaxation exercises.

Remind participants of the four practical tips.

Individual Attention

By now everyone will have reached their quit date. Most of the participants probably will have quit smoking. Individualize your congratulations to each participant. Relate your comments to each individual's personal circumstances. Strongly encourage anyone who has not yet stopped to stick with it.

Physical Improvements Following Cessation

Ask the group, “Who is already feeling better as a result of stopping?” If no one replies, you can mention increased energy, easier breathing, improved taste and smell, and greater alertness as common physical improvements.

You can also list some facts that are supported by both the American Cancer Society and the Centers for Disease Control and Prevention. The entire list can be photocopied and distributed to group members.

When Smokers Quit

20 Minutes After Quitting

- Blood pressure drops to a level close to that before the last cigarette.
- Temperature of hands and feet increases to normal.

8 Hours After Quitting

- Carbon monoxide level in blood drops to normal.

24 Hours After Quitting

- Chance of heart attack decreases

2 Weeks to 3 Months After Quitting

- Circulation improves
- Lung function increases up to 30%

1 to 9 Months After Quitting

- Coughing, sinus congestion, fatigue, shortness of breath decrease.
- Cilia regain normal function in lungs, increasing ability to handle mucus, clean the lungs, reduce infection.

1 Year After Quitting

- Excess risk of coronary heart disease is half that of a smokers.

5 Years After Quitting

- Stroke risk is reduced to that of a non-smoker’s 5-15 years after quitting.

10 Years After Quitting

- Lung cancer death rate about half that of a continuing smoker’s.

15 Years After Quitting

- Risk of coronary heart disease is that of a nonsmoker's.

Weight Gain

After stopping smoking, some smokers gain weight—often a considerable amount. The reasons for this are:

- You feel a need to put something in your mouth to replace cigarettes;
- You decide to treat yourself by indulging in extra food as a reward for stopping smoking;
- Your sense of taste and hence pleasure in eating, is improved;
- Your overall health is improved, so that you have a better appetite.
- In a small percentage of new ex-smokers, there may be a change in metabolism sufficient to lead to significant weight gain even with no increase in eating.

Low-Calorie Snacks

The individual could use stick cinnamon instead of sweets to put in the mouth. The individual could select a non-food reward for stopping smoking. In all cases, the person can avoid weight gain by adding physical exercise and focusing on adding low-calorie foods, such as raw vegetables, to the diet.

Alcohol

For people who drink alcohol on a regular basis, there is usually a very strong bond between having a drink and having a cigarette since alcohol is a depressant and tobacco, a stimulant. The bond is one of habit. Heavy drinkers generally find it very difficult to stop smoking because of this strong bond, but also because alcohol lowers one's resistance to temptation.

Some people find it helpful to avoid alcohol during the first few days after stopping, until they feel stronger about resisting the temptation to smoke.

Mention that alcohol itself can be hazardous to one's health and that the American Cancer Society recommends moderation in the use of alcoholic beverages. You might mention that marijuana, since it is also smoked, should be avoided as part of breaking away from the smoking habit.

Interpersonal Support

All successful ex-smokers “do it on their own.” Nonetheless, it can be helpful to obtain support from others during difficult times. Encourage the participants to talk about their smoking—bad times and good times—with people who will be constructive, and to avoid discussing their experiences in stopping with individuals whom they feel will not be constructive. Basically, an individual who is constructive will not encourage the participant to seek comfort or to take the easy way out and have a cigarette when the going gets rough. Instead, a friend will encourage the participant to persevere. If the participant has a cigarette, a constrictive friend will not criticize, but will simply encourage the participant to get back on the right track.

Review and Discussion

Assignments

1. Encourage participants to use a relaxation exercise daily.
2. Remind participants of the four practical tips: (1) water, (2) stick cinnamon, (3) physical exercise, and (4) deep breathing.

Session 4

Agenda

Individual Attention

Encourage participants to share their recent experiences.

Strategies and Information

Announce the Session 4 objective: to enjoy staying off cigarettes forever.

Define ripple benefits and ask participants for example.

Describe the main pitfalls to avoid in order to stay off cigarettes.

Describe long-term benefits of stopping smoking.

Review and Discussion

Ask questions and encourage discussion.

Assignments

Ask participants if they want to exchange phone numbers. If so, distribute notepaper pens.

Encourage any non-stoppers to continue trying.

Strategies and Information

Ripple Benefits of Stopping Smoking

Explain that ripple benefits refer to unexpected benefits that occur as part of an overall process. For instance, a smoker may feel proud of having stopped smoking and may experience as a ripple benefit an increase in self-esteem. Or, the ex-smoker may become more assertive so that he or she is more outgoing and hence derives more pleasure from social situations. An individual may discover a new sport that becomes a lifelong recreation.

Avoiding Returning to Smoking

The following are the main reasons that many individuals return to smoking even after they've been off cigarettes for some time. Planning ahead is the key to avoiding all of these pitfalls.

An ex-smoker may experience a crisis: e.g., the death of a loved one; an automobile accident. An automatic response to the crisis may be to ask for a cigarette. Other people, wanting to comfort, may offer a cigarette. Many individuals relate to the idea that "no matter how bad things are, smoking will only make them worse." Suggest to the participants that each think of a sentence that represents their strongest reason for never wanting to smoke again. Suggest that the sentence be private, rather than shared with others.

Another reason some ex-smokers end up smoking again is that they feel so good about stopping—so totally removed and unhooked from cigarettes—that they imagine that they can have a cigarette or two just for fun. The rule here is: avoid the one cigarette and you will avoid all others.

Some ex-smokers return to smoking because their experience off cigarettes was bad, usually either in terms of gaining weight or having difficulty in managing stress. Briefly review the tips given Sessions 2 and 3 for managing stress and controlling weight.

Review and Discussion

- Encourage participants to continue reviewing material.
- Remind participants who did not quit that many successful ex-smokers have a history of failed attempts before they finally succeed

Commonly Asked Questions

What is the success rate of this program?

People are successful, not programs.

Are there people who just can't quit?

No. There are people for whom quitting is more difficult and for whom the withdrawal period is relatively more painful. And there are individuals whose life situations make stopping more difficult.

How old do you have to be or how long do you have to smoke before smoking becomes a real health problem?

If you have smoked as much as just one cigarette a day for only one year, you have increased your chances of developing lung cancer.

I set my quit date and I tried to stop but I just didn't stop. Doesn't this mean that I really don't want to stop smoking?

No, that is a common but irrational idea. Remember that the most likely reason for your not stopping is that you did not apply enough concentrated effort. This is good to know because it means that with more focus or more effort, you will be likely to succeed.

Don't I need smoking to keep me thin?

No. A stick of cinnamon or a glass of water or a celery stick, instead of a cigarette and instead of a sweet or high-calorie food, will serve the same purpose of helping you to stay thin. Planning ahead to avoid snacking, substituting sweets, or over-eating at mealtime is the key to avoiding weight gain.

Why is it that some people smoke all their lives and live to be 100, while others never smoke and die young?

The odds against living a long, healthy life are great for every smoker.

Can I stop smoking if my husband/wife/roommate smokes?

Yes. It is often more difficult to stop smoking if you live with someone who smokes, but it is certainly achievable. You should discuss stopping smoking with your mate. If you both decide to stop at the same time, be sure that you are constructive in supporting each other. Beware of using the other person's smoking as an excuse to go back yourself. If your mate does not want to stop smoking now, don't nag. Be supportive by letting him or her know that you will be glad to help out when they do decide to quit. Meanwhile you might want to ask the people you're living with to limit their smoking to certain parts of your home.

I've been smoking steadily for 30 years now. Isn't the damage done already?

Yes, there is probably damage done. However, most of the damage from cigarette smoking is reversible. If you stop before you have emphysema or lung cancer you can most likely count on your risk for these diseases reverting to that of a non-smoker (never-smoker) in less than seven years. The painful symptoms of emphysema are diminished for individuals who stop smoking. Chronic bronchitis disappears completely for many ex-smokers.

Isn't it okay for me to get down to five cigarettes a day and keep that as my maximum?

Clearly five cigarettes a day are not as damaging to you as are 50 cigarettes a day. However, there are three important facts that you should keep in mind. First, very few individuals who have previously smoked more cigarettes on a daily basis are able to keep their rate down to just five or so a day. Second, even one cigarette a day increases your risk of dying before your time. And third, it ordinarily requires continual, concentrated effort to keep your cigarette rate down that low, when you had been used to smoking more. The person who quits smoking applies effort and sweats it out for a few days or so. The person who strives to keep his quota very low applies effort and sweats it out forever—otherwise, the number of cigarettes quickly creeps up to his former level.

Nicotine Replacement Therapy: A few Common Side Effects

Nicotine Patch Side Effects	Possible Solutions
Redness, swelling or itching around patch site	Place patches on different sites each day; remove patch if redness or swelling become pronounced; see your doctor.
Vivid, bizarre dreams to bed;	Remove patch at night before going Not recommended for those who crave Nicotine immediately upon awakening.
Accelerated heartbeat or high blood pressure	Reduce dosage or discontinue use; see your doctor; <i>never smoke while on the patch!</i>

Nicotine Gum Side Effects	Possible Solutions
Nausea	Nicotine gum in not designed to be chewed like regular gum; chew only until “tingling” sensation is felt, then “park” the gum along-side cheek or gums; never swallow nicotine gum; reduce dosage (i.e., chew only ½ piece) or discontinue if nausea persists; see your doctor.
Mouth sores	When “parking” gum, move to different sites in the mouth; reduce dosage or discontinue if symptoms persist; see your family physician or dentist.
Accelerated heartbeat or high blood pressure	Reduce dosage or discontinue use; see your doctor; <i>never smoke while using nicotine gum!</i>

Cigarettes Side Effects	Possible Solutions
Lung Cancer, emphysema and other respirator illnesses;	QUIT SMOKING!

heart disease; stroke; high
blood pressure; poor circulation;
mouth, throat, stomach, cervical,
bladder, and intestinal cancers;
addiction; gum disease; cataracts;
possible hearing loss; stained teeth,
bad breath, wrinkled skin; nervousness;
stress; social ostracism; financial strain;
slow, painful death.

More Tips for Quitters

1. For the first few days after you quit, spend as much free time as possible in places where smoking is prohibited—libraries, museums, theaters, churches.
2. Drink large quantities of water and fruit juice.
3. Avoid alcohol, coffee and other beverages that you associate with smoking.
4. Strike up a conversation instead of a match for a cigarette.
5. If you miss the sensation of having a cigarette in your hand, play with something else—a pencil, a paperclip, a marble.
6. If you miss having something in your mouth, try toothpicks, cinnamon sticks or celery.
7. Avoid temptation by staying away from situations you associate with pleasurable smoking.
8. Find new habits and develop a non-smoking environment around you.
9. Stress constructive, not destructive, thinking to lessen discomfort.
10. Avoid resuming the habit by anticipating future situations/crises that might lead to smoking, and assert your reasons for not giving in.
11. Take deep rhythmic breaths similar to smoking to relax.
12. Remember your goal and that the fact that the urge will eventually pass.
13. Think positive thoughts and avoid negative ones.
14. Brush your teeth.
15. Do brief exercise (isometrics, pushups, deep knee bends, walk up a flight of stairs, or touch your toes).
16. Call a supportive friend.
17. Compile a list of “Urge Activities” and start at the top when it hits.
18. Eat several small meals. This maintains constant blood sugar levels and helps prevent the urge to smoke. Avoid sugary or spicy foods that trigger a desire for cigarettes.
19. Above all, reward yourself. Plan to do something fun for doing your best.

When you get the “Crazies”

1. Keep oral substitutes handy: carrots, pickles, apples, celery, raisins, hard candy, gum.
2. Take 10 deep breaths, hold the last one while lighting a match. Exhale slowly and blow out the match. Pretend it is a cigarette and put it out in an ashtray.
3. Take a shower or bath if possible.
4. Learn to relax quickly and deeply. Make yourself limp, visualize a soothing, pleasing situation, and get away from it all for a moment. Concentrate on that peaceful image and nothing else.
5. Light incense or a candle, instead of a cigarette.
6. Never allow yourself to think that “one won’t hurt,” because it will.

The Facts About Tobacco

1. If two jumbo jets crashed somewhere in the United States every day for a year, leaving no survivors, the death toll still would not exceed the deaths caused by tobacco.
2. Tobacco kills 435,000 people every year. That's more than all the deaths caused by alcohol (including drunk driving), heroin, cocaine, homicide, suicide, auto accidents, fires and AIDS combined.
3. Ninety percent of all smokers become addicted before they reach 18 years of age—the age at which tobacco products can be legally purchased.
4. In 1991, one in every seven high school students admitted to being smokers. In 1992, it had jumped to one in every four. Today it's more than one in three.
5. The younger kids are when they start using tobacco, the less likely it is that they will be able to quit and the more likely it is that they will die prematurely of a tobacco related disease.
6. Every day, 3,000 American kids start smoking. More than one-third will die of a tobacco related disease.
7. In Colorado, approximately 240 kids become addicted to tobacco every single week.
8. Teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine.
9. Studies have found pre-cancerous lesions in the mouths of approximately half of the current teenage spit tobacco users.
10. Eighty percent of high school seniors who smoke claim they want to quit. Sixty percent try to quit. Only one percent succeeds.
11. Tobacco contains more than 4,000 chemicals, including 43 known cancer-causing agents.
12. One-third of all cancer deaths are caused by tobacco.
13. One fifth of all deaths are tobacco related. Every one of these deaths is preventable.
14. Tobacco is the only product on the market that, when used exactly the way it's intended, kills.