

STOP SMOKING FOR GOOD

# ANOVERVIEW

BOOKLET 1

# Congratulations on deciding to quit smoking!

This is one of the most important steps that a person can take. The fact that you are reading this means that you want to become tobacco-free.

That commitment along with the Forever Free® information should increase your chance of success!

# **CONTENTS**

About <i>Forever Free</i>	2	
Seven Facts About Smoking and Quitting	3	
The Stages of Quitting	7	
Getting Ready to Quit	9	
'Risky" Situations for Ex-Smokers	12	
How to Handle Urges to Smoke	15	
A Non-Smoking Lifestyle	17	
What If You Do Smoke?	19	
The Most Important Messages	21	

# About

# FOREVER FREE®

he goal of the Forever Free® program is to help smokers quit smoking and then stay off cigarettes. Every year 17 million Americans try to quit smoking, but only 1.3 million of these smokers are able to stay off cigarettes. That means that over 90% of smokers who try to quit cannot stay tobacco-free. Yet over 60 million Americans have successfully quit smoking.

More and more places (restaurants, hospitals, work places, sporting venues) do not allow smoking. Ads to stop smoking are everywhere --- TV and radio, the internet, newspapers and magazines, and billboards. They tell smokers to quit. But they do not tell them **how** to do it. These Forever Free: Stop Smoking for Good booklets should help you quit and stay quit. The first booklet covers all the main points of quitting smoking. The later booklets focus on more specific topics.

We ask that you read the Forever Free: Stop Smoking for Good booklets and then save them. Some of the information may be a review for you; other information may be new. We suggest that you re-read the booklets from time to time.

# **7** Facts About Smoking and Quitting

# wit .

#### Nicotine is addicting.

Most smokers are physically addicted to nicotine. You are probably addicted if you smoke a half a pack or more per day. Addicted means your body got used to having nicotine in it. And when that happened, you slowly smoked more and more. Also, when you stop, you feel bad because your body has to get used to *not* having nicotine in it. This is called **nicotine withdrawal**. Common withdrawal symptoms that you may feel when you quit are:

- lightheadedness
- headache
- sleep problems
- nausea (sick to your stomach)
- decreased heart rate
- depression (feeling sad)

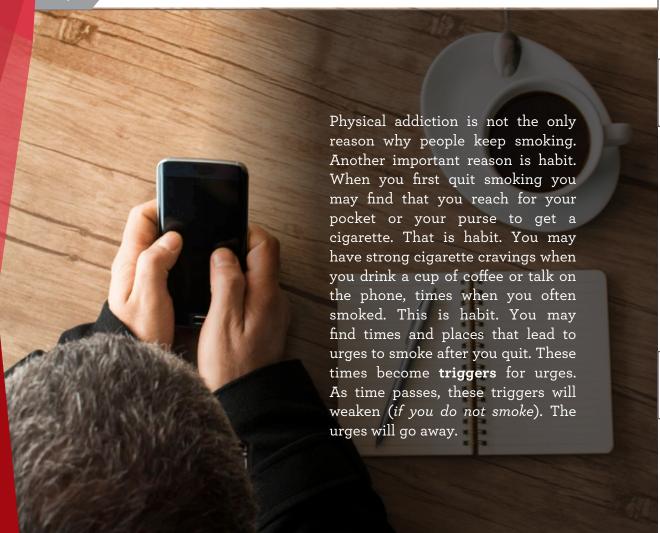
- craving for cigarettes
- irritability
- increased appetite
- anxiety (feeling tense)
- difficulty thinking
- constipation

These feelings do go away. After a week or so of not smoking, nicotine withdrawal has mostly ended. Your body is now used to not having nicotine. But having cigarettes – even one – during this time only makes withdrawal longer and harder.

Nicotine withdrawal is why many smokers have trouble quitting. Withdrawal does not feel good. You may be tempted to smoke to reduce withdrawal symptoms. This only helps for a short time. Fortunately, we now have many medications (such as nicotine replacement products) that can help reduce nicotine withdrawal. These medications make quitting much easier. And many provide nicotine in a way that is much safer than smoking. We will discuss these medications and products later in this series of booklets.

# Lait

#### Smoking is a habit.





# Smokers use nicotine to control their moods.

Smokers learn that cigarettes can help control their moods and they become very good at getting just the right amount of nicotine to get the right effect. With time, smokers use cigarettes more and more to control their moods. When they are tense, they have a cigarette. When they are sad, they have a cigarette. When

they are angry, they have a cigarette. Over time, they want a cigarette when they want to change their mood. This happens a lot in times of stress. This is another reason why many smokers have trouble quitting. In times of stress, they want a cigarette. They may not know how to deal with stress without smoking.

# LEST TO THE PARTY OF THE PARTY

#### Quitting smoking can be hard.

Smoking is a hard addiction to give up. Most alcohol and drug abuse patients say that smoking is the hardest addiction to stop. For example, Sigmund Freud gave up his cocaine addiction but could never stop smoking despite 33 operations for mouth cancer.

In the past, penalties for smoking included flogging, castration, death, and excommunication from the church. Yet none of these punishments could completely stop smokers. No country that has been introduced to tobacco has ever given it all up. Over 90% of quit attempts fail.

# Les Co

#### People do quit smoking.

Tobacco is very addicting, but millions of people have quit smoking. It can be done! People can succeed, even if it takes many tries. Over half of the people in the United States who ever smoked have now quit.



#### Quitting smoking is a longterm process.

There are several stages to quitting smoking (see page 8). A mistake that smokers often make is to think that the job is done after a week or two, when most withdrawal feelings end. In fact, most smokers who make it to that point end up smoking later on. Yet there are steps you can take to help you become and stay smoke free.

,

AN OVERVIEW

# Quitting smoking improves your health and quality of life.

There is nothing
that causes
more death
and disease
in the USA
than tobacco
smoking.
Each year,
about 500,000
Americans die
from diseases caused

by smoking. Smoking causes more deaths than alcohol,

cocaine, heroin, car accidents,

homicides, suicides, fires, and

AIDS combined! Smokers are nearly 3 times more likely to die before age 65 than non-smokers. Smokers have 3 times the risk of heart disease and 10 times the risk of lung cancer. Smokers are at greater risk for many cancers, breathing diseases, and ulcers. The good news for you is that your health begins to get better as soon as you quit smoking. The carbon monoxide in your blood goes down, your heart rate and blood pressure decrease, and your lungs start to get clean. If you go 10 years without smoking, your risk for many of the diseases stated above returns to almost the same risk as someone who never smoked! Think about that.

Of course, this is only true if you quit smoking before any of these diseases start. But even if you are ill and smoke, quitting slows down the illness and can make you feel better. By quitting smoking, you will take the most important step that you can take to improve your health.

# The Stages of Quitting<sup>1</sup>

Quitting smoking does not occur all at once. It happens over time. Researchers have found that there are stages to quitting.

#### **STAGE 1** CONTEMPLATION

This is when you first start thinking about quitting smoking. You are not sure about it yet. Your reasons for quitting are adding up. You are starting to think that your life would be better if you did not smoke.

#### **STAGE 2** PREPARATION

This is the stage when you decide for sure to try to quit smoking. You are thinking more and more about quitting. You think of a quitting plan. Your plan may include quitting on your own or seeking help (joining a group, using a nicotine patch, reading a self-help book, etc.). You may decide to slowly reduce your smoking or to quit "cold turkey" (which most people find easier). Then, you pick a quit date – the first day that you will go without any cigarettes!

#### **STAGE 3** ACTION

This is it! You try to quit smoking! If you have prepared well, you have made plans that make quitting easier. You have set your schedule so that you have fewer urges to smoke, and you are avoiding as much stress as possible the first few days. You have bought food to eat when you have an urge to smoke. You have told friends that you have quit so that you may get their support. You have thrown away all your cigarettes so that you are not tempted to smoke when you see them. (By the way, this is very, very important to do.)

This is also the stage when you will have nicotine withdrawal. This lasts about a week **if you do not smoke**. It will last longer if you do smoke, and it can be reduced with medication. This is the stage when you are excited about quitting smoking and when you spend much of your time thinking about quitting. During this stage, urges to smoke are very strong at first. They will become less strong over time. How long does the action stage last? It depends on the person, but it lasts about six months on average.

#### **STAGE 4** MAINTENANCE

This is the last stage for a successful quitter. It begins about six months after quitting smoking. This happens slowly, rather than a fast change. By this stage, life is pretty much back to normal. You find that you hardly ever think about smoking. Urges occur far less often than in the past. You can deal with them pretty well. They are not like they used to be when you first quit.



But this stage has risks too. One of them is feeling too confident. Ex-smokers must be prepared for urges. Urges may occur at times of great stress (e.g., loss of job, or death of a family member) or at happy times (e.g., at a wedding). As time passes, even these risks get smaller and smaller.

There is one other stage that should be mentioned - the **relapse stage**. This stage can occur anytime during the action or maintenance stages. It happens when an ex-smoker starts smoking again. The relapsed smoker returns to an earlier stage of quitting and then tries again to guit.

One ex-smoker compared these last two stages to being in the army. He said that the action stage (Stage 3) was like fighting a battle. He was ready to go. It was scary but exciting. In contrast, he said that the maintenance stage (Stage 4) was like being on guard duty. Most of the time everything was all right, but he never knew when an attack (urge) would come. He had to be ready in case an urge to smoke would sneak up and take him by surprise.



# Getting Ready to Quit

If you have read this far, you probably want to quit smoking. Good for you! Now, what can you do to get ready to quit? Here are some tips:

#### Think of your reasons for quitting smoking.

Why do you want to quit smoking? Here are some of the most common reasons:

- Feeling worried about the health problems caused by smoking (cancer, heart disease, lung disease).
- Having some of the bad health effects of smoking (shortness of breath, coughing, sore throat).
- Feeling worried about exposing my children or other family members to the dangers of my second-hand smoke.
- · Smoking is no longer socially acceptable.
- It is hard to find a place to smoke.
- · Smoking is just not OK in a lot of public places.
- Smoking costs too much money.
- Smoking is controlling my life.

•

Circle the reasons above that are most important to you. Or add your own reasons to the list. When you are tempted to smoke, it might be helpful to look at your list. Remind yourself often why you want to guit.

#### 2 Choose a quit date.

Pick a date that will be your first day without smoking.

Don't put off quitting because you are waiting for the perfect day. No matter which day you pick, there will be reasons why it isn't perfect. Some people

choose a quit date that has special meaning to them: a birthday, a birthday of someone close, a holiday. But it should be a date that is soon – within the next couple of weeks. So pick a date, and then stick with it!

#### Write your quit date here:

MM/DD/YYYY

#### Think about using a quit-smoking medication.

Quitting smoking can be hard because of nicotine withdrawal symptoms and cravings to smoke. But there are some medications that can make quitting much easier. They work by reducing withdrawal symptoms and cravings. Seven medications have been approved by the FDA. Because these medications have been proven to help smokers quit, doctors strongly recommend that you use them.

One type of medication is called "nicotine replacement therapy" (NRT). There are five different NRT medications available for quitting smoking. These all work by giving your body a small amount of nicotine to lessen the shock of suddenly quitting. Although they contain nicotine, people rarely become addicted to NRTs.

Nicotine Chewing Gum – The gum, which comes in several flavors, slowly releases nicotine as you chew it.

Nicotine Skin Patch – The patch allows nicotine to be absorbed through your skin, which gives you a steady amount all day long. As time goes on, you then change to smaller patches.

**Nicotine Lozenge –** Nicotine is released as you suck on the lozenge drop.

**Nicotine Nasal Spray –** This sprays nicotine into your nose, where it is absorbed.

**Nicotine Inhaler –** You inhale nicotine into your mouth and throat, where it is absorbed.

The two other FDA-approved medications do not have nicotine. These are pills that also work to reduce withdrawal and cravings to smoke.

**Bupropion SR pills –** This drug is sold under the name "Zyban." It is a pill that you take twice a day.

Varenicline pills – This drug is sold under the name "CHANTIX." It too is a pill that you take twice a day.

All seven medications work about equally well – doubling your chances of quitting smoking. But each has a different set of benefits, warnings, and side effects. Some of them require a doctor's prescription. Others do not. It is important that you talk with your doctor or pharmacist about which one would be best for you. Also, be sure to read the directions and use the medication correctly.

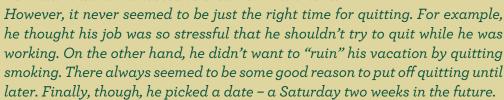
Remember, these medications are simply aids to help you quit smoking by reducing withdrawal symptoms and cravings. They are not magic. They cannot make you quit smoking. But they certainly can help, so we suggest them.

#### 4. Change your daily routine.

You may have noticed how smoking is tied to many things in your life. Driving your car. Talking on the telephone. Drinking coffee. After a meal. What else? At first, these things will act like triggers. You will be tempted to smoke. So, during the first days after quitting, try to change your daily routine. Drive a different way to work. Talk on the phone in a different room. Have tea instead of coffee. And so on. Any changes can reduce your cravings to smoke.

### One ex-smoker's "getting ready to quit" story:

**Tom** smoked two packs of cigarettes per day, but he had many reasons for quitting. The most important reason was Francesca, his 3-year-old daughter. Tom didn't want Francesca to breathe in his smoke.



After talking to his pharmacist, Tom decided to try the nicotine patch. He bought a starter kit and carefully read the directions. On the night before his quit day, Tom had his last cigarette and then threw away all remaining cigarettes that he could find in his home, car, and office. Then he threw away his lighters and ashtrays too. No need for those anymore! Saturday morning he placed the first patch on his arm and spent the day at the library with Francesca. He knew that he couldn't smoke there. He felt good about spending time and reading a book to Francesca.



## "Risky" Situations for Ex-Smokers

Once you stop smoking, there are certain situations that are likely to cause urges to smoke. We know this because we have asked hundreds of ex-smokers who returned to smoking, "What happened when you started smoking again?" Ex-smokers need to be aware of these risky situations. We believe that being "forewarned is forearmed." Think about these situations ahead of time because they are likely to trigger urges to smoke. What are some of these risky situations?

#### 1. Habit Situations (Triggers)

— These are situations in which you used to smoke. They are very much related to the act of smoking, so they tend to cause urges to smoke. When you don't smoke during these situations, the urges become weaker and weaker. After a few weeks you will have had many of these situations enough times without smoking to get rid of most of these urges. For



example, drinking coffee, after a meal, talking on the phone, driving your car, and seeing other people smoke should get easier. However, every once in a while, these things may still cause an urge.

More risky are those situations that happen less often, but that are still closely tied to smoking. For example, you may have a smoking friend or relative with whom you used to smoke, but who you have not seen since quitting. The first time you see this person-even if it is many months after quitting-you may have a strong urge to smoke. Once again, as you have these situations without smoking, the urges will lessen and go away. Pretty soon you'll be able to spend time with your smoking friends without thinking of cigarettes.

2. Stress and Negative Moods — Stress and negative mood are special types of habit situations. But they are very risky situations. How risky are they? Most smokers who went back to smoking did so because of stress and negative mood. You may have learned to deal with stress by smoking. So, when you have stress after you quit, you may want a cigarette.

What kind of stress causes urges? During the first few weeks after quitting even small stresses can lead to urges. As time goes on, it tends to take larger and larger stressful things to cause relapse problems.

Some examples of stresses that have led to relapse are:

#### Early on:

- getting a traffic ticket
- fight with spouse
- bad day at work
- problem with the children

#### Later:

- getting fired
- breakup of marriage
- a serious injury
- · death of a loved one

Of course, some of these events are quite serious. When they happen, you will have other things to think about besides staying off cigarettes. You will want to smoke, because you will remember how cigarettes helped you deal with stress in the past. And besides, starting smoking again will seem like a small problem compared with the current situation. The urge to smoke may be very strong!

However, within a few days of the problem things will look different. If you smoked, you will begin to see that starting smoking did not really help you. In fact, it only gave you one more problem and one more reason to feel bad.

Negative moods can cause urges to smoke. Among the common negative moods are depression (feeling sad), anxiety (feeling tense or nervous), anger, and boredom.

#### One ex-smoker told us about the death of his wife:

"I thought that if I smoked, not only would I be a widower, but I would be a widower who smoked. My wife's death would be a double tragedy then. Besides, my relapse would not be a good memorial to my wife. She would not have wanted her last act on earth to make me start smoking again."

 $\mathbf{1}$ 

#### 3. Positive Moods and **Celebration** — Besides moods. negative positive moods can also lead to problems. In the past, how did you react to good news? Did you smoke? Good times can cause urges to smoke once you quit. One quarter (25%) of relapsed smokers told us that they started smoking again when they were feeling really happy or relaxed. Events like weddings and parties can be very risky because there may be other smokers around. Also, if you drink alcohol (see next paragraph), you may feel that you do not want to fight urges to smoke.

AN OVERVIEW

4. Alcohol — Nearly half of the smokers who relapsed told us that they had been drinking alcohol during or right before relapsing. Why is alcohol so risky? There are a number of reasons: (1) habit – you are used to smoking when drinking alcohol; (2) after a few drinks it is harder to resist; (3) cigarettes are often found at the places where people drink (bars, restaurants, bowling alleys, parties).

We are not saying that you need to avoid all of these risky situations all your life. Our advice is just the opposite. Avoid these risky situations during your first week or two of quitting. After that, facing situations causing urges can help each urge go away. Our advice is that you prepare for risks as well as you can. Think about how you would deal with these situations. If you can plan ahead for a risky situation (such as going to a bar), know that you may have strong urges. More details about dealing with urges are coming up in the next section.

## How to Handle Urges to Smoke

Urges, or cravings for cigarettes, are a normal part of quitting smoking. Some people worry that they will have urges to smoke for the rest of their lives. This will not happen. When you first quit you may have strong urges for about a week or so. Then urges should slowly go away. They should start occurring further apart and less strongly.

Most people also notice a change over time in the type of urge to smoke that they get. Early on, cravings are part of withdrawal. They are often described as being physical. Ex-smokers feel the craving in their chest or heart or throat. As physical withdrawal goes away, ex-smokers often describe urges as being more emotional. They have habit-related urges, and at times they miss smoking. Later, smokers tend to describe their urges as thoughts or memories of smoking that are easy to handle and that go away fast.

The good news is that urges will lessen until they go away. But, as we stated before (see "Risky Situations for Ex-Smokers"), even after you have quit for weeks or months, stress, negative and positive moods, alcohol, and other situations can produce strong urges to smoke-especially if you have not had these situations much since quitting. These urges will be rare: you may go weeks or months without any urges. But when they do occur they can be very risky because they are unexpected. Urges after quitting can be a bit like a roller coaster: lots of ups and downs before the urges end at last.

Finding new ways to deal with urges to smoke is important – even months after quitting. Researchers compared successful and unsuccessful quitters to find out what makes them different. What did they find?

Successful quitters use **coping skills** when they have an urge. A coping skill is something that gets your mind off the urge. There are two main kinds of coping skills:



**Behavioral Coping Skills -** are actions that you take or things you can do. **Examples include:** 

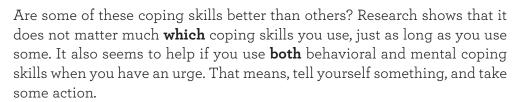
- Leave the situation
- Take a deep breath
- Chew gum
- Use nicotine gum, lozenge, or other NRT
- Go for a walk
- Call a friend
- Exercise
- Eat something

These are just a few examples. Can you think of some others?



## **Mental Coping Skills -** are things that you tell yourself. **Examples include:**

- Tell yourself, "I can do it. Smoking is not an option."
- Think of the reasons you wanted to quit.
- Think of how much progress you have made so far.
- Tell yourself that smoking will not solve the problem.
- Think about what smoking does to your health.



What does not work? Researchers have found that ex-smokers who try to use "willpower" alone tend to fail. Those are the ex-smokers who just say, "I am not going to smoke," but do not do anything to take their mind off of cigarettes. At some point, they get worn down by urges. The other people who tend to fail are those who "beat up" on themselves for having urges to smoke. They tell themselves things like, "I am weak for wanting a cigarette," or "I will never get over wanting to smoke." Those kinds of thoughts just make them want to smoke even more.

Take some time to think about some coping skills that you could use if you were to have a strong urge to smoke tomorrow. Think about this ahead of time. Be prepared to stay quit!

Write down at least two coping skills of each type that you will use when you have a strong urge to smoke:

Behavioral: (What can I do?)	Mental: (What can I say?)



## A Non-Smoking Lifestyle

So far we have asked you to think about risky situations that may lead to strong urges to smoke. You should also think about using behavioral and mental coping skills if and when you do have those urges. Also, ex-smokers often find that staying quit is made easier if they make some changes to their lifestyle. Some questions that you might want to ask yourself are:



**Do I need better ways to deal with stress?** All of us have stress in our lives. Most smokers have learned to deal with stress in part by having a cigarette. And, as already stated, stressful times are a big risk factor after quitting smoking.

If you are trying to quit smoking, what else can you do instead of smoking to deal with stress? Ask yourself, "How would a non-smoker deal with this problem?"

- **Deal with the problem right away.** Smokers sometimes use cigarettes as a way to avoid dealing with a problem. Smoking puts distance between themselves and the problem situation or person. Yet it does not solve the problem that is causing the stress.
- Look at the big picture. Sometimes people find themselves getting very upset over problems that are really small. For example, a flat tire is frustrating but it will not have any lasting effect on your life.
- Learn how to relax. Relaxation is a skill that many people have found useful. But it is a skill that requires practice and learning. Your library or bookstore should have books and recordings for you about relaxation. You can also find relaxation tips online.
- Give yourself time to let the mood pass. Once time passes, the problem will often seem less stressful.
- Get support from others. Talking to a friend or to other people with the same problems can be a great relief from stress. For those people who have more severe problems with stress and negative moods, a support group or counseling may be helpful.



**Do I have enough fun in my life?** We can look at what we do in our life in two ways:

- 1. Wants Things we enjoy doing.
- 2. Shoulds Things we feel we have to do.

16

As time goes by, we tend to do more of the "shoulds" in our lives, and forget about the "wants."

Think about your "wants" and "shoulds." Are there things that you enjoy but have not been doing? These may be hobbies, social/family events, sports, reading, and so on. Smoking may have given you some pleasure (at a very high price). When you have quit, try to bring your "wants" and "shoulds" back into balance by finding other (healthier) sources of pleasure.

#### List three fun activities that you want to do more often:

1	
2.	
3.	

?

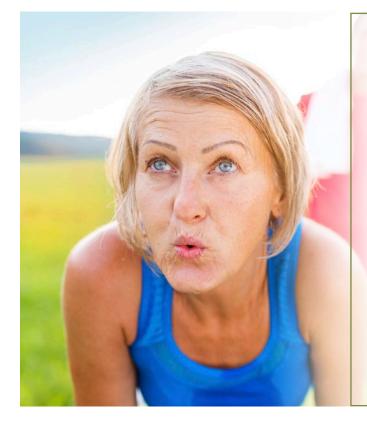
**Am I worried about gaining weight?** Weight gain is a worry of many people trying to quit smoking. Some weight gain is likely. The average is about 6 to 10 pounds, but it might be a lot less or a lot more. Why do ex-smokers gain weight?



- 1. While you were smoking, nicotine increased your metabolism (energy needed for the body's functions) in an unhealthy way. This burned calories. When you quit, your metabolism slows down to normal. For a while, it may even slow down below normal until your body gets used to being free of nicotine.
- **2.** An increase in appetite (especially for fatty and sweet foods) is a common nicotine withdrawal symptom. Like other withdrawal symptoms, it will pass and go away.
- **3.** As a smoker, you were used to having something in your mouth. For a while after quitting, many smokers will eat food instead of having a cigarette.
- **4.** When you are not smoking, food smells and tastes better. You may eat more because you enjoy it more.

Nicotine replacement therapies (NRTs), such as the nicotine patch, may help prevent some of the metabolic slowdown due to quitting smoking. Studies show that those who use NRTs have *less weight gain* when quitting smoking cigarettes.

The good news is that most ex-smokers will lose most of the weight they gained without doing anything. However, there are some things that you can do to lose weight gained after quitting.



- 1.Choose snacks that are low in fat and calories. Many tasty and healthy products are now on the market, like no-salt pretzels or popcorn.
- 2. Exercise. No diet can work without exercise. Even a slight increase in activity (such as taking a walk) can help. Talk to your doctor before making any major changes in diet or exercise.

Also, think about how much better you will look and feel as a non-smoker, even if you weigh a few pounds more. Your skin will be healthier, your teeth whiter. You will not smell of smoke and you will be far more healthy!

### What If You Do Smoke?

Once you quit smoking, your goal should be to **never** have another tobacco cigarette. Many smokers fail because they tell themselves that they "can have **just one**." You must tell yourself that you cannot have "just one." This is even more true of cigarettes than it is of alcohol for alcoholics! Did you know that if you have even one cigarette after quitting, you have a 90% chance that you will return to regular smoking? It might not happen right away. It may take several weeks, but one cigarette almost always leads to another, and another... So, you should do whatever it takes to avoid having any tobacco cigarettes. This is very important.

But, what if you do end up having a cigarette? What then? Some people are afraid to read this part because they fear that it will make them think that they can have a cigarette without cost. But remember, if you do smoke, the odds are against you. We added this section to give you a fighting chance against those odds.

Read on...

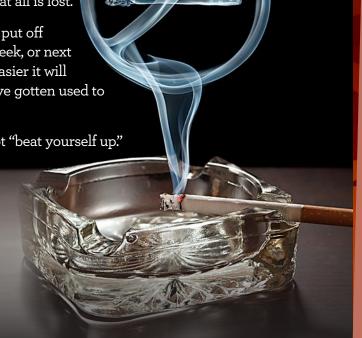
18

Think of it like preparing for a fire. If you have children, you may have taken the time to talk to them about what to do in case of a fire. They should know how to get out. They should feel doors for heat before opening them. They should roll on the ground if their clothes catch on fire. And so on. However, they also should know that a fire is very serious. Just because they now know how to get ready for a fire does not mean that it is OK to play with matches. They still need to prevent fires at all costs. The same is true for smoking. Avoid it at all costs, but know what to do just in case.

Two things tend to happen when people have a cigarette after quitting. First, they think that all is lost, perhaps that there is no point in trying any longer. It is like the dieter who has that first piece of cake: "I have blown my diet, so I may as well finish the cake." Thinking like that only gets you into more trouble. An entire cake is worse than one slice, and a pack of cigarettes is worse than one puff. The second thing that happens is guilt and depression. They tend to "beat themselves up." This makes them feel worse. And remember that one of the big risk factors for relapse is negative mood. This leads to an even greater urge to smoke, and then they often keep smoking.



- 1 Put it out. Get rid of any cigarettes.
- 2. Think of that cigarette as a "slip" instead of a "relapse." It does not have to mean that all is lost.
- 3. Make that cigarette your last. Do not put off quitting again until tomorrow, next week, or next year. The sooner you try to quit, the easier it will be, because your body will not yet have gotten used to nicotine.
- 4. Even though you may feel bad, do not "beat yourself up."
- 5. Learn from it. Ask yourself what led up to your smoking? You now know that this is a high risk situation. You will need to get prepared for it in the future.
- 6. Use your coping skills to deal with urges to smoke.



# The Most Important Messages

You should be proud for deciding to quit smoking and taking a step toward a better and longer life. Once again, congratulations!

We ask that you save this copy of *Stop Smoking For Good* and re-read it many times during the first year or two after quitting. People often forget the important points. To help you remember, here are some important *Stop Smoking For Good* messages.

1

Choose a quit date, and then stick to it.

2.

Get some medication to help you quit smoking. 3

Throw out all your tobacco products.

4

Change your usual routine during the first few days of quitting.

Do not fool
yourself into
thinking, "I can
have just one
cigarette." Avoid
smoking at all costs.

- Remember the situations that are risky for you. Be prepared for them. They may be:
- Habit situations (things you used to do while smoking)
- Stress and negative moods
- Positive moods and celebrations
- Alcohol

When having a strong urge to smoke, use behavioral and mental coping skills to get your mind off smoking.

8

If you do smoke, take action right away to avoid having any other cigarettes. Quit again at once.





Development of this booklet was supported by grants from the:

• American Cancer Society (PBR-94)

• National Institutes of Health (R01CA80706; R01CA134347; R01DA037961)

Produced by the Tobacco Research and Intervention Program at the H. Lee Moffitt Cancer Center & Research Institute

Director: Thomas H. Brandon, Ph.D. 1(877) 954-2548 | projectEASE@moffitt.org

©H. Lee Moffitt Cancer Center and Research Institute

**RL** – 6

The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.