



set
your
self
free

Deciding How to Quit: A Smoker's Guide



Maybe you're tired of being herded
outside whenever you want to smoke.

Maybe your **five-year-old**
daughter has come home
from school **asking why**
you want to kill yourself –
and her too.

Maybe a good friend has come down
with a smoking-related illness like lung
cancer. Maybe you're just sick and
tired of paying higher and higher prices
for a product you know you're being
manipulated to buy. Or maybe your
doctor has urged you to stop smoking.

Whatever the reason,
you've come to the **right place**
for **information**
about different ways to
quit smoking.

If you quit you'll live longer and stay healthier – and so will your family. When you quit smoking, you will start showing signs of physical recovery almost immediately.

effects of quitting after:

20 minutes

Your heart rate drops.

12 hours

Carbon monoxide level in the blood drops to normal.

2 weeks to 3 months

Circulation improves. Your lung function increases up to 30%.

1 to 9 months

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

1 year

Your risk of having coronary artery disease is half that of a smoker's.

5 years

Stroke risk is reduced to that of a nonsmoker five to 15 years after quitting.

10 years

Your risk of dying from lung cancer is about half that of a continuing smoker; risks of cancer of the mouth, throat, esophagus, bladder, kidney, cervix, and pancreas decrease.

15 years

Your risk of coronary heart disease is that of a nonsmoker.



It's true – the evidence keeps getting stronger that cigarettes are bad news.

The Federal Trade Commission warns that cigarette labels such as “low tar” and “light” may mislead smokers into believing these cigarettes are safer than others. But research shows they are no safer than “regular” cigarettes.

Smoking is responsible for about 87% of lung cancer deaths and is associated with cancers of the mouth, pharynx, larynx, esophagus, pancreas, cervix, kidney, colon, and bladder.

Smoking accounts for at least 30% of all cancer deaths, and is associated with conditions ranging from colds and allergies to asthma, chronic bronchitis, emphysema, and heart disease.

This brochure will tell you about methods that make it easier to quit smoking. But first, because what you don't know in this case can definitely hurt you, look at these myths about smoking.

Myth 1

It's just a matter of will power.

Wrong. The nicotine in cigarettes is addictive, and it isn't easy to break that addiction. But it can be done; half the people who once smoked have now quit.

Myth 2

Smoking low-tar cigarettes is healthier.

Not so. So-called “low-tar” cigarettes only seem that way in machine tests. People don't smoke like machines. They smoke low-tar cigarettes differently than high-tar cigarettes, inhaling more deeply and smoking more of them, making them no safer than “regular” cigarettes.

Myth 3

If you fail to quit the first time you try, you'll never be able to quit.

No. It takes, on average, six quitting attempts before a person actually succeeds in breaking the habit. You learn something each time you try, and each time you try, you are more likely to succeed.

new ways to quit smoking

Nicotine Replacement Therapy and Bupropion (Zyban®)

Most people stop smoking by either cutting down on cigarettes gradually and then stopping smoking, or by going cold turkey – quitting smoking all at once. These methods are covered later.

Today, however, smokers don't have to tough it out alone. Especially if you have tried and failed to quit on your own, or if you smoke more than 20 cigarettes a day, it's good to know there are other ways to quit. In the past few years, many smokers have used nicotine replacement therapy and/or bupropion to help. These medicines are safe for most people and can generally double the chances of quitting successfully.



Nicotine replacement therapy is supplied as a gum, skin patch, nasal spray, or inhaler. It works by providing a substitute source of nicotine, without the other harmful components of cigarette smoke. Nicotine replacement therapy can reduce or eliminate the withdrawal symptoms many people have when they quit smoking. That makes it easier for smokers to stay off cigarettes, especially those who smoke a pack a day or more. People sometimes don't want to try nicotine replacement therapy because they are afraid they will become addicted to that instead of cigarettes. However, this rarely happens. That's because:

- You get much less nicotine through these products at a much lower peak dose than through smoking.
- It is recommended that most nicotine replacement therapy products be used over a three- to five-month period. To help you gradually taper off the nicotine, you use less and less of these products over time.



Bupropion hydrochloride (Zyban®), a pill available by prescription, is a non-nicotine-containing drug that reduces the symptoms of nicotine withdrawal by acting on chemicals in the brain related to nicotine craving. (It is also prescribed under another name, Wellbutrin, to treat depression.)

Bupropion is easy to use. You begin taking it two weeks before quitting smoking to make sure it reaches the right levels in your body to be effective, and you continue taking it for at least seven to 12 weeks after you quit. You take one pill in the morning and one in the late afternoon. Studies have shown that people who use bupropion doubled their chances of quitting smoking. There is evidence from some studies, including one in a March 1999 *New England Journal of Medicine*, that combining bupropion and nicotine replacement therapy can be effective in helping people stop smoking.

Nicotine replacement products and bupropion both offer extensive stop-smoking program materials, including an audiotape and a support system that can be tailored for you. To benefit the most from these products, take advantage of the whole program.



This chart describes each type of nicotine replacement therapy and bupropion. All have been shown to help smokers quit.

Type	Available without prescription?	How used	Dosage
Nicotine gum	Yes	Chew briefly, then “park” in mouth. After about one min., start chewing again. Repeat this every 30 min. Nicotine absorbed through the mouth lining.	Begin with two or four mg, no more than 20 pieces/ day. Taper dose before stopping. Use for two to three mos. (maximum of six mos.)
Nicotine patch	Yes for some brands	Apply to skin every day; releases steady dose of nicotine through skin.	Begin with either 21 or 14 mg. Taper to 7 mg. Use for two to three mos. Available as 16-hr. or 24-hr. patch.
Nicotine nasal spray	No	Every one to two hours, take a deep breath; spray once into each nostril and exhale through mouth.	Use for three months and gradually taper off. Use no longer than six months.
Nicotine inhaler	No	Inhale nicotine by bringing inhaler to mouth when urge hits.	Use at least six cartridges per day for first three to six weeks, then taper off. Use for three months, no more than six months.
Bupropion hydrochloride (Zyban)	No	For first three days, take one pill a day, then take one pill in morning, one in late afternoon.	Start taking two weeks before quitting; after quitting, continue for seven to 12 weeks.

Benefits	Drawbacks	Cost per each two weeks of use (2005 figures)
Convenient, lots of flexibility. Delivers nicotine more quickly than patch.	Can't eat or drink while chewing. If you have dental/jaw problems, talk with your dentist. Bad taste, throat irritation.	Approx. \$120
Very easy to use. Few side effects.	Releases nicotine more slowly than other systems; can cause skin irritation, racing heart beat, and vivid dreams.	Approx. \$50
Delivers nicotine most quickly, good at reducing sudden cravings.	Nose and sinus irritation common at first but usually goes away; those with allergies, asthma should not use.	Approx. \$130*
Delivers nicotine as quickly as gum; addresses "comfort" of hand-to-mouth; few side effects.	May cause coughing or mouth or throat irritation; not for people with asthma or chronic lung disease.	Approx. \$150*
Easy to use, few side effects. May be more helpful when used with patch.	Do not use if you have seizure/eating disorders, are taking Wellbutrin or MAO inhibitors, or are pregnant or breast-feeding.	Approx. \$60*

**Plus any prescribing doctor's fee*

stopping smoking on your own

If you do not want to or aren't able to use nicotine replacement products or bupropion, you can still stop smoking. Many free materials are available to help you quit on your own, including information you can use to create your own stop-smoking plan. They'll help you understand your own smoking patterns, set a target date for quitting, resist urges to smoke, think of alternative activities to smoking, limit weight gain after quitting, relax and reduce stress, and handle any slips after you quit.

Call any of the organizations listed on the next page for current information, advice, and suggestions for stopping smoking, or visit their Web sites.

You can also buy books, videotapes, and audiotapes designed to help you quit.

Once you've decided to quit, plan your strategy. You can benefit from what has been learned from two common approaches – going cold turkey or gradual withdrawal.

For Information Call:

Cold Turkey

Going cold turkey means that you stop smoking all at once.

Even though ex-smokers often say they quit cold turkey, usually they had thought about stopping before they actually did. It is easier to quit this way if you smoke fewer than 10 cigarettes a day.

Gradual Withdrawal

Gradual withdrawal can help reduce nicotine withdrawal symptoms.

Here are some ideas:

Set a firm quit date.

But make sure it's no longer than four weeks from the time you begin cutting down.

Smoke fewer cigarettes each day.

When you reach half the number you usually smoke, stop smoking altogether.

Quit by "tapering down."

For some very heavy smokers, tapering down can help. Pick a day to stop altogether – maybe one or two weeks from now – and cut out one or two cigarettes a day until then. By quit day, you'll be smoking less, and you may have fewer cravings when you stop altogether. One problem is that many people begin to smoke more, not less, if they start to have cravings.

American Cancer Society

1-800-ACS-2345
(www.cancer.org)

National Cancer Institute

1-800-4-CANCER
(www.cancer.gov)

American Heart Association

1-800-AHA-USA1
(www.americanheart.org)

American Lung Association

1-800-LUNG-USA
(www.lungusa.org)

Office on Smoking and Health, Centers for Disease Control and Prevention

1-770-488-5705
(www.cdc.gov/tobacco)

Agency for Healthcare Research and Quality

1-800-358-9295
(www.ahrq.gov)

Call your state's Department of Health to see if there is a state-sponsored stop smoking program.

other helpful options

Whether you plan to stop smoking with the help of nicotine replacement therapy and/or bupropion or on your own, there are ways to help support your decision.

For example, studies show that people who try to quit smoking almost always do better if they receive support from other nonsmokers. Your family, friends, and coworkers who don't smoke can help, but stop-smoking support groups are also worth considering.

Many **stop-smoking support groups** are free. Others charge a fee. To find the stop-smoking groups in your area:

- Call a Quitline. Some Quitlines have been proven to double your chances of successfully quitting. Quitlines are telephone counseling programs where you can get quitting strategies and support over the phone. To contact the American Cancer Society Quitline,SM call 1-877-YES QUIT or 1-877-937-7848.
- Call any of the **national groups** listed in the section called "*Stopping Smoking on Your Own*" or their local offices.
- Call **local hospitals** to see if there are any stop-smoking groups in your area.
- Look up "**smokers information and treatment centers**" in the yellow pages.

If you choose a **smoking cessation method** that requires a prescription – bupropion or some type of nicotine replacement therapy – you’ll want to talk with health care professionals – doctors, dentists, and their staff. This is important. Pregnant women, nursing mothers, and people under the age of 18 should get medical advice before using any kind of nicotine replacement therapy or bupropion. You should talk with your doctor about whether these medicines are right for you.

But even if you choose to go it alone, it’s a good idea to check with a **health care professional** if you are thinking of stopping smoking.

- **FIRST**, they can review your personal health history and talk about reasons to quit smoking that you may not have thought of.
- **SECOND**, they can give you tips on quitting and offer follow-up support.
- **THIRD**, health care professionals are the ones who usually learn first about new methods of quitting that have been proven to help. By the same token, they can help steer you away from unproven or disproven methods.

The **Internet** has brought a new world of communications to millions of people, including some very helpful stop-smoking chat groups and sites. However, beware of anything on the Internet (or anywhere else, for that matter) that “guarantees” you’ll stop smoking. The only “guarantee” you have when you see that word is that you have probably discovered a scam.

Following is a list of a few chat groups that you might find helpful. Once you start to surf, you’re sure to find more.



- **American Cancer Society**
“Quitting Smoking”
Message Board
(www.cancer.org)
 Go to *“health information seekers,”* then click on *“quitting smoking.”*
- **Foundation for Innovations in Nicotine Dependence**
(www.findhelp.com)
- **Nicotine Anonymous**
(www.nicotine-anonymous.org)
- **Quitnet**
(www.quitnet.org)
 Click on *“Get started now.”*
- **Smokefree.gov**
(www.smokefree.gov)
- **Transformations**
(www.transformations.com)
 Click *“message boards,”* then *“hotline numbers,”* and follow the instructions. In the dropdown menu, find *“smoker’s anonymous.”*

For any method of quitting smoking, incorporating **physical activity** into your quitting can make a world of difference. For example, exercise keeps you from smoking – it’s almost impossible to smoke when you’re riding a bike, swimming, jogging, or lifting weights. Vigorous activity produces a “rush” and thus helps to reduce stress. And exercise helps keep your weight down.

It is a good idea to find several activities that you like and rotate them. These can include walking briskly (the all-around best way to exercise); team sports such as volleyball, tennis, or soccer; or stretching and relaxation exercises, especially yoga.

unproven methods to stop smoking

When people are truly motivated to quit smoking, they may find support in a number of different areas that, to date, have not been proven to be clinically effective in helping people stop smoking.

These methods include acupuncture, hypnosis, and vitamin therapy. Herbal and homeopathic remedies are also part of this group. Lettuce leaf cigarettes are purported to help people stop smoking, but there is no scientific evidence that they work. Mechanical devices, such as special cigarette filters or machines that punch tiny holes in cigarettes, also fall into this category.

tips to help you stay smoke-free

Although this is mostly a guide to help you look at the different ways to stop smoking, not a “how-to-quit” brochure, two tips – gleaned from the experiences of tens of thousands of successful ex-smokers – may be especially helpful:

- Think about how tobacco companies have manipulated you (and millions of others). For example, tobacco industry studies done in the 1960s found nicotine was addictive. Yet these studies weren’t made public until 1994. During the 30-plus years the tobacco industry was keeping this secret, nine million Americans died from illnesses caused by tobacco.
- Don’t despair if you slip. One cigarette is not a relapse. It usually takes more than one attempt to quit smoking for good, but you learn something new each time, and the next time you stop it is easier. **You can do it. You can set your self free.**

good luck!

When you're ready to quit, we're here to help.

Call the American Cancer Society for tips and resources that can double your chances of quitting for good.

The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

No matter who you are, we can help. Contact us anytime, day or night, for information and support.



1.800.ACS.2345
www.cancer.org

Hope.Progress.Answers.®