

# **SMOKING CESSATION**

## **The Effect of Smoking on Your and Your Body**

Cigarette smoking is the most important preventable cause of premature death in the United States. It accounts for more than 440,000 of the more than 2.4 million annual deaths. Cigarette smokers have a higher risk of developing several chronic disorders. These include fatty buildups in arteries, several types of cancer and chronic obstructive pulmonary disease (lung problems). Atherosclerosis (buildup of fatty substances in the arteries) is a chief contributor to the high number of deaths from smoking. Many studies detail the evidence that cigarette smoking is a major cause of coronary heart disease, which leads to heart attack.

Cigarette and tobacco smoke, high blood pressure, high blood cholesterol, physical inactivity, obesity and diabetes are the six major independent risk factors for coronary artery disease that you can modify or control.

Cigarette smoking is so widespread and significant as a risk factor that the Surgeon General has called it "the leading preventable cause of disease and deaths in the United States."

Cigarette smoking increases the risk of coronary heart disease by itself. When it acts with other factors, it greatly increases risk. Smoking increases blood pressure, decreases exercise tolerance and increases the tendency for blood to clot. Smoking also increases the risk of recurrent coronary heart disease after bypass surgery.

Cigarette smoking is the most important risk factor for young men and women. It produces a greater relative risk in persons under age 50 than in those over 50.

Women who smoke and use oral contraceptives greatly increase their risk of coronary heart disease and stroke compared with nonsmoking women who use oral contraceptives.

Smoking decreases HDL ("good") cholesterol. Cigarette smoking combined with a family history of heart disease also seems to greatly increase the risk

Studies show that cigarette smoking is an important risk factor for stroke. Inhaling cigarette smoke produces several effects that damage the cerebrovascular system. Women who take oral contraceptives and smoke increase their risk of stroke many times. Smoking also creates a higher risk for peripheral arterial disease and aortic aneurysm.

People who smoke cigars or pipes seem to have a higher risk of death from coronary heart disease (and possibly stroke), but their risk isn't as great as that of cigarette smokers. This is probably because they're less likely to inhale the smoke. Currently there's very little scientific information on cigar and pipe smoking and cardiovascular disease, especially among young men, who represent the vast majority of cigar users.

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The link between secondhand smoke (also called environmental tobacco smoke) and disease is well known, and the connection to cardiovascular-related disability and death is also clear. About 22,700 to 69,600 premature deaths from heart and blood vessel disease are caused by other people's smoke each year.

Your heart will thank you for quitting smoking, so don't waste any time. The health benefits start almost immediately, and within a few years of quitting your risk of stroke and coronary artery disease are similar to non-smokers.

### **Why Quit Smoking?**

*You can reduce your risks.*

Smoking is the most important preventable cause of premature death in the United States. Smokers have a higher risk of developing many chronic disorders, including atherosclerosis — the buildup of fatty substances in the arteries — which can lead to coronary heart disease, heart attack (myocardial infarction) and stroke. Controlling or reversing atherosclerosis is an important part of preventing future heart attack or stroke.

You can modify or control six major independent risk factors for coronary heart disease:

- Cigarette and tobacco smoke
- High blood cholesterol
- High blood pressure
- Physical inactivity
- Overweight or obesity
- Diabetes

*Smoking by itself increases the risk of coronary heart disease.*

When it acts with the other factors, it greatly increases your risk from those factors, too. Smoking decreases your tolerance for physical activity and increases the tendency for blood to clot. It decreases HDL (good) cholesterol. Your risks increase greatly if you smoke and have a family history of heart disease. Smoking also creates a higher risk for peripheral artery disease and aortic aneurysm. It increases the risk of recurrent coronary heart disease after bypass surgery, too.

Smoking is also an important risk factor for stroke. Inhaling cigarette smoke produces several effects that damage the cerebrovascular system. Women who take oral contraceptives and smoke increase their risk of stroke many times. Cigars and pipes aren't a "safer" alternative to cigarettes. People who smoke cigars or pipes seem to have a higher risk of death from coronary heart disease (and possibly stroke), even though their risk isn't as great as that of cigarette smokers.

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### *Breathe clean air*

It's also important to avoid other people's smoke. The link between secondhand smoke (also called environmental tobacco smoke) and disease is well known, and the connection to cardiovascular-related disability and death is also clear. Each year about 38,000 people die from heart and blood vessel disease caused by other people's smoke. Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25–30 percent.

### *Let healing begin today*

If you already have heart disease, you may think, "What good will it do me to quit smoking now?" But don't be discouraged. Your lungs can begin to heal themselves as soon as you stop harming them with more smoke. Heart disease can be prevented and controlled, but you must follow your treatment plan — and quitting smoking is a big part.

### **Getting Ready to Quit Smoking**

Congratulations! You've decided to quit smoking. This is one of the best things you can do to improve your overall health and add years to your life. People who quit smoking generally live longer than people who continue to smoke.

You're more likely to quit smoking for good if you prepare for two things: 1) your last cigarette and 2) the cravings, urges and feelings that come with quitting.

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## **Five Steps to Quitting Smoking**

### *1. Set a Quit Date and Sign the No=Smoking Contract*

Choose a date within the next seven days when you'll quit smoking. Complete and sign the No-Smoking Contract (last page of this handout) in front of witnesses who will support you. Use the time until your Quit Day to prepare and to gradually cut down on the number of cigarettes you smoke.

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### *2. Choose a Method of Quitting*

There are three ways to quit smoking. Choose the method or combination you think will work best for you.

- "Cold turkey": Just stop smoking all at once on your Quit Day. This method doesn't prolong the quitting process.
- Reduce the number of cigarettes you smoke each day until you stop smoking completely. For example, if you smoke 20 cigarettes each day now, cut down to 10 per day for two or three days. Then cut down to five cigarettes for two or three days. On your Quit Day, stop smoking completely.
- Smoke only part of each cigarette. It helps to count how many puffs you take from each cigarette and reduce the number every two or three days. Two days before your Quit Day, you should smoke no more than 1/4 of each cigarette.

### *3. Decide if You Need Medicines to Help You Quit*

Sometimes medicines can help make your first few weeks easier. Take this quiz to find out if medicines might help you.

#### 1. How many cigarettes do you smoke per day?

- 0–5
- 6–10
- 11–15
- 16–20
- 21–25
- More than 25

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2. When you are home sick and stay in bed all day, do you still smoke?

Yes

No

3. After you wake up in the morning, do you have your first cigarette within 30 minutes?

Yes

No

If you smoke more than 25 cigarettes per day, and you answered "Yes" to question No. 2 or No. 3, you may be addicted to nicotine. A nicotine replacement medicine (gum, spray, patch or inhaler) may help you stop smoking.

There are also non-nicotine replacement medicines that can help curb your withdrawal symptoms. However, the FDA has notified the public that the use of varenicline or bupropion has been associated with reports of behavior changes including hostility, agitation, depressed mood, and suicidal thoughts or actions. The FDA is requiring the manufacturers of these products to add a new Boxed Warning to the product labeling to alert healthcare professionals to this important new safety information.

- While taking these drugs, if you experience any serious and unusual changes in mood or behavior or feel like hurting yourself or someone else, you should stop taking the medicine and call your healthcare professional right away.
- Friends or family members who notice these changes in behavior in someone who is taking varenicline or bupropion for smoking cessation should tell the person their concerns and recommend that he or she stop taking the drug and call a healthcare professional right away. .

### *Medicines to Help You Quit*

Medicines are most helpful when they're used correctly and combined with a behavior-modification program like this one. Call your doctor's office to discuss which medicine is best for you, and to get instructions about how to use it.

Medicines can help you quit smoking when you use them correctly. Nicotine replacement medicines contain gradually decreasing doses of nicotine to help reduce the headaches and irritability you may have when you quit smoking. Non-nicotine prescription medicines can also help you quit by making nicotine cravings less severe.

Your doctor or nurse can help you decide if one of these medicines might help you. Your doctor may also decide that using both a nicotine replacement medicine and a non-nicotine replacement medicine may work better for you.

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When you talk to your doctor or nurse, ask how to use the medicine. Studies show that many people don't use their quit-smoking medicines correctly. If you don't use the medicine properly, it won't work well for you. The information sheet that comes with your medicine tells you exactly how to use the medicine.

### **Nicotine Replacement Medicines**

You can't use nicotine replacement medicines if you keep smoking or use other tobacco products. The combined use of nicotine can be dangerous. You must stop smoking completely when you begin using a nicotine replacement medicine.

Nicotine replacement treatment usually lasts from two to three months. Even though you can buy many products without a prescription, talk to your doctor first about which medicine is best for you.

### **Nicotine Chewing Gum or Lozenges**

Nicotine gum has helped people quit smoking for 20 years. You can buy the gum or lozenges in a drug store without a prescription. Be sure to read the instructions and use the gum or lozenges correctly.

- Try to chew a piece of gum or suck a lozenge every one to two hours that you're awake, but don't use more than 20 pieces per day if you use 4 mg gum or lozenges, or 30 pieces per day if you use 2 mg gum or lozenges. The number of pieces you use per day will decrease over time.
- Don't drink coffee, orange juice, cola or alcohol for 15 minutes before or while using a piece of gum or lozenge. These drinks make the nicotine replacement less powerful.
- If you don't use nicotine gum or lozenges correctly, you may have side effects such as mouth and throat discomfort.
- You may need to use nicotine gum or lozenges for three months.

### **Nicotine Patch**

You don't need a doctor's prescription to buy the nicotine patch. The patches may come in different strengths: some brands are available in 5, 10 and 15 mg strengths; others may come in 7, 14 and 21 mg strengths. Read the package to determine what strength you should start using, depending on the amount you smoke. Taper down to the lower-strength patches on the recommended schedule.

- Wear the patch on your chest or high on your arm.
- Put on a new patch every 16 or 24 hours. If you have trouble sleeping or have disturbing dreams, remove the patch when you go to bed and put on a new one as soon as you get up.

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- You may swim, shower and perform physical activity with the patch.
- Side effects may include redness and soreness under the patch. To reduce these side effects, change the location of the patch each day.

### **Nicotine Spray**

To buy the nicotine spray, you need a prescription from your doctor.

- The spray goes in your nose, one or two times per hour, when you're awake.
- The spray may cause coughing, runny nose or watery eyes during the first week or two. These side effects get better over time.
- You may need to use nicotine spray for up to six months, but taper off starting at or before three months.

### **Nicotine Inhaler**

The nicotine inhaler is a vapor (mist) that you breathe into your mouth and upper chest.

- You'll use between six and 16 cartridges (tubes) each day.
- When you first use it, the nicotine inhaler may cause mild throat or mouth discomfort.
- You may need to use the inhaler for up to six months, but taper off starting at or before three months.

No tobacco product is safe. Smokeless tobacco should not be used for smoking cessation because long-term use moderately increases the risk of a fatal heart attack, fatal stroke and certain cancers. It is also addictive – smokeless tobacco users often experience the same withdrawal symptoms as individuals who stop smoking cigarettes.

Funding for comprehensive tobacco control and prevention programs in many states remains inadequate. The American Heart Association strongly advocates increased funding for effective and accessible tobacco cessation programs. Approximately one-third of tobacco users will die prematurely because of their dependence on tobacco unless treatment efforts are increased.

### **Non-Nicotine Prescription Medicines**

*Some of the major types of commonly prescribed smoking-cessation medicines are summarized in this section. For your information and reference, we have included generic names as well as major trade names to help you identify what you may be taking; however, the AHA is not recommending or endorsing any specific products. If your prescription medication isn't on this list, remember that your healthcare provider and pharmacist are your best sources of information. It's important to discuss all of the drugs you take with your doctor and understand their desired effects and possible side effects. Never stop taking a medication and never change your dose or frequency without first consulting your doctor.*

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Bupropion hydrochloride is a medicine for depression, but it also helps people quit smoking. Brand names include Zyban®, Wellbutrin®, Wellbutrin SR® and Wellbutrin XL® but this medication is also available as a generic.

Varenicline is a relatively new medicine that may help smokers quit. It is currently available under the brand name Chantix®.

- Both medicines work by blocking the flow of chemicals in the brain that make you want to smoke.
- Both medicines come in pill form. You start out with a low dose and gradually increase up to the full dose.
- It takes about a week for these medicines to work, so you need to start taking them before you quit smoking.
- Each of these medicines may interact differently with other medicines you're taking. Make sure your doctor and pharmacist have a complete list of all your medicines, including over-the-counter drugs, supplements and herbal medicines.
- You may need to use a non-nicotine prescription medicine for seven to 12 weeks or longer, as your doctor recommends.
- When you get ready to stop taking a non-nicotine prescription medicine, you may need to take a gradually decreasing dose before you stop completely.
- The FDA notified the public that the use of varenicline or bupropion has been associated with reports of behavior changes including hostility, agitation, depressed mood, and suicidal thoughts or actions. The FDA is requiring the manufacturers of these products to add a new Boxed Warning to the product labeling to alert healthcare professionals to this important new safety information.
- While taking these drugs, if you experience any serious and unusual changes in mood or behavior or feel like hurting yourself or someone else, you should stop taking the medicine and call your healthcare professional right away.
- Friends or family members who notice these changes in behavior in someone who is taking varenicline or bupropion for smoking cessation should tell the person their concerns and recommend that he or she stop taking the drug and call a healthcare professional right away.
- For more information about the FDA's warnings about varenicline and bupropion,

#### *4. Plan For Your Quit Day*

Use this checklist on the day before your Quit Day. If you can check off all three items, you're well prepared.

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\_\_\_\_\_ I have low-fat foods to eat when I quit smoking, such as:

- Fresh fruits
- Fresh vegetables
- Hard candies
- Chewing gum
- Other foods I like: \_\_\_\_\_

\_\_\_\_\_ Each day I don't smoke, I plan to mark my success with one of these activities:

- Watch a movie
- Visit my friends
- Take a walk
- Do a hobby
- Do other activities I enjoy:  
\_\_\_\_\_

\_\_\_\_\_ I got rid of every cigarette, match, lighter, ashtray and butt from my house, office and car.

### *5. Stop Smoking on Your Quit Day*

Congratulate yourself for taking a huge step toward better health!

As soon as you quit, your blood circulation increases, your blood pressure and heart rate quickly improve and the carbon monoxide and oxygen levels in your blood soon return to normal.

Within a few days of quitting, your breathing becomes easier and your senses of smell and taste improve.

Your urges to smoke should decrease daily after you quit smoking. Get a calendar and every day mark the number of days since you've had a cigarette. As the days pass, you'll see how much time you have invested in quitting — one more reason to stay quit.

Get more personalized help if you need it. Quitting smoking is never easy. If you have trouble, ask your doctor, nurse or rehab center staff about more intensive programs to help you. Contact or visit the Web sites of the [American Cancer Society](#)\* or [American Lung Association](#)\* to get information about group programs.

### **Dealing With Urges to Smoke**

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As an ex-smoker, you'll have urges to smoke. Sometimes the urges are physical, as if your body needs a cigarette. At other times, they'll be mental — feeling like you deserve a cigarette. And sometimes you may want to smoke because it's a habit.

### *Physical Urges*

As a smoker, you became addicted to the nicotine in cigarettes. Nicotine can create good feelings that make you want to smoke more. But it also creates bad feelings when you try to cut back. Physical urges are one way your body tells you it wants nicotine. This "craving" for nicotine is part of the withdrawal process, along with symptoms such as headaches and feeling tired or lightheaded. These symptoms go away after one or two weeks, but the urges may keep coming for awhile. As time passes, you'll have fewer physical urges to smoke.

Tip: Time your smoking urges. They will probably last a minute or less.

### *Mental Urges*

Did you used to reach for a cigarette when you were nervous? Or to help you relax? Or as a reward? If so, you may still want a cigarette at those times.

### *Habit*

Smoking is a habit you can change. You learned to use cigarettes to feel "normal." Now you must re-train yourself. In time, you'll feel normal without cigarettes.

- Identify triggers. Think about times when you want a cigarette.
- Select coping skills. How will you cope with each of your trigger situations?
- Put your plan into action. Review the plan, practice and be ready to act when you feel an urge to smoke.

### *Planning for Urges*

Smoking urges can take you by surprise, so it helps to plan for them.

Use the No-Smoking Confidence Assessment and Tips tool to:

#### *Step 1: Identify Triggers*

Read through the 14 situations in the Confidence Assessment. If you're absolutely certain that you would not smoke in a certain situation, write "100%" on the Confidence Score line. If you think you'd have a hard time resisting smoking, assign a low percentage. If you aren't sure, pick a number somewhere in the middle.

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### *Step 2: Select Coping Skills*

You've just identified the situations that are riskiest for you. The next step is to figure out how you'll cope with each one of them. Read the list of tips under each of your risky situations. Decide which tips are most likely to work for you. Mark them with a check so you can find them quickly when you need them. Review your list of tips every day or two so you'll be prepared when a problem situation arises. You may find that some situations you thought would be hard weren't. And you might have trouble with situations you thought you could handle. Take the Confidence Assessment periodically to see how you're doing. Also, visit our the AHA Stress Management Website to learn ways of handling stress (triggers).

### *Step 3; Put Your Plan Into Action*

Now review your plans and prepare to use them.

- Do you need to stock up on anything such as gum, healthy snacks, books, videos or projects?
- Is there anyone you want to talk with about your plans?
- Is there anything you can practice? Try out the tips you chose to see if they work for you.