



Tobacco Cessation

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1.1 INTRODUCTION

In this section, you will learn about the history of tobacco use in the military. Tobacco and smoking have short-term benefits but very long-term consequences for your body and overall well-being. You will also learn about the benefits of quitting smoking and tobacco.

1.1.1 Smoking In The Military

In the 1980's, more than half of service members smoked (51%). While that number declined by 2005 (32%), the overall percentage was still well above the national rate of smoking among adults. And nearly 30% of Veterans Affairs (VA) patients smoke. Service members also use other tobacco products, including chewing tobacco and snuff.

This high smoking rate leads to:

1. **Health Problems.** Smoking-related illnesses such as heart and lung disease and cancer take a toll on physical readiness and quality of life for service members, veterans, and their families.
2. **Work-related Problems.** Smokers are more likely to miss work, have poorer motor and perceptual skills, and less endurance.
3. **Financial Problems.** The Department of Defense spends an estimated \$875 million annually on smoking-related health care costs and financial losses due to work absences from and decreased productivity. The Veterans Affairs (VA) estimates that health care costs for smoking-related problems will be as much as \$2 billion per year within the next decade.

Many service members report that being in theater led them to smoke more. Service members say they smoke to relax, to relieve stress or boredom, and to fit in socially. Added stress during

deployments may lead to higher levels of smoking. .

Service members who smoke heavily report a variety of stressful and emotional issues. The following table shows rates of reported problems by service members, separated by smoking status.



	Current Heavy Smokers	Current but not Heavy Smokers	Former Smokers	Never Smoked
Work Stress	29.8%	23.4%	17.6%	15.4%
Family Stress	51.0%	38.3%	31.4%	26.9%
Anxiety Symptoms	32.2%	20.7%	16.1%	15.6%
Depression symptoms	36.3%	26.9%	19.6%	18.5%
Suicidal Thoughts	9.3%	6.5%	3.6%	3.8%
Serious Distress	14.5%	10.0%	6.0%	6.5%
Combat Stress Reactions	4.0%	2.0%	0.7%	0.9%

1.1.1.1 Other Tobacco Use In The Military

Service members also use other tobacco products, such as chewing tobacco and snuff. Many people believe chewing tobacco is safer than smoking it. However, smokeless tobacco products are as addictive as cigarettes, causing the same type of dependence.

Between 2002 and 2005, the rate of smokeless tobacco use in the military increased from 12.2 percent to 14.5 percent. This is much higher than the national rate of 6 percent among men. Studies showed the highest rate of use was among men between the age of 18-24, with 16.8 percent using smokeless tobacco. Studies also found 13.7 percent of male service members began using smokeless tobacco after joining the military.



1.1.2 Tobacco Use And PTSD

Some service members experience emotional challenges after the traumatic events of their deployment. Sometimes these challenges lead to Post Traumatic Stress Disorder (PTSD). People with PTSD often have difficult memories of the traumatic event, physical and emotional problems, and may try to avoid reminders of the trauma. PTSD has been called “a normal reaction to abnormal events.”

The rate of smoking among service members with PTSD doubles that of civilian smokers. Service members and veterans with PTSD also smoke more heavily than other service members and veterans. But, while smoking may cause a short-term decrease in anxiety, research shows that nicotine can make PTSD symptoms worse. Many service members with PTSD claim that smoking reduces their stress. In fact, nicotine stresses the nervous system just like a life threatening situation: there is an increase in heart rate, blood pressure, and adrenaline and parts of the body no longer get adequate blood supply.

In addition to physical addiction, many people say they keep smoking because it helps them cope with negative moods and stress. Service members with PTSD say they smoke to cope with PTSD symptoms. People with PTSD may smoke to cope with uncomfortable feelings, feeling numb, and feeling distant from others.

While smoking may cause a short-term decrease in anxiety, research shows nicotine can make **PTSD** symptoms **worse**.

1.1.3 Short-Term Benefits, Long-Term Costs of Smoking Use

Smokers may experience positive short-term effects of smoking. For example, nicotine makes some people feel calm and satisfied. It may also increase alertness and the ability to focus. As people smoke more, however, they have greater difficulty not smoking.

Without nicotine, tobacco cravings and nicotine withdrawal symptoms set in. Symptoms include irritability, restlessness, and problems with sleep and concentration. Continued smoking reduces the stress caused by withdrawal symptoms.

Smoking and Your Physical Health

- About 40 percent of smokers **die prematurely** from smoking related illnesses, such as cancer, heart disease, stroke, and lung disease.
- On average, smoking **shortens life spans** by 8 to 15 years.
- Smoking puts **others at risk**. Every year, 53,000 Americans die from second hand smoke. Second-hand smoke can cause breathing problems (like asthma) and heart disease in non-smokers. Spouses, children, and others exposed to second-hand smoke get colds, the flu, ear infections, and lung infections much more easily than people who aren't exposed to second-hand smoke.
- Children of smokers are more likely to smoke and suffer the same negative health consequences.
- Smoking worsens chronic diseases like **diabetes, high blood pressure, heart disease, hepatitis-C, kidney disease, and lung disorders**.
- Smoking makes it more **difficult to maintain an erection** or function sexually.
- Smoking makes people **physically unattractive** by causing gum disease, yellow teeth, and prematurely aged skin.

Smoking and Your Psychological Health and Well Being

- Smokers **suffer more anxiety** and **panic** symptoms than non-smokers, since nicotine increases heart rate, blood pressure, and difficulty breathing problems.
- Smokers have **higher stress levels** than non-smokers, due to nicotine withdrawal between cigarettes. They are also more likely to be **depressed**.
- Smokers **don't sleep as well** as non-smokers because nicotine withdrawal disrupts restful sleep.
- Many smokers can't participate in physical activities because they don't have the **energy, stamina, or breath!**
- Many smokers resent being controlled by the **inconvenience** and **expense** of their addiction.

Any short-term benefits of smoking are outweighed by the long-term negative effects.

Smokers are at higher risk for:

- Lower quality of life
- Depression
- Anxiety
- Shorter life expectancy
- Lung disease
- Cancer
- Heart disease and stroke
- Sexual Impotence and infertility
- Cataracts
- Skin wrinkling and discoloration
- Higher risk of drug and alcohol use
- Complications with pregnancy
- Unhealthy families

REMEMBER, THERE ARE

LONG-TERM COSTS

FOR SMOKING AND TOBACCO USE.

1.1.3 Short-Term Benefits, Long-Term Costs of Smoking Use (cont.)

Smoking and Dating

- A recent Glamour magazine poll asked readers, “Would you date a smoker?” Fifty-three percent said “no way, no how!”
- One online dating website reports their users find non-smokers more attractive. Given the choice, users prefer dates who don’t smoke.
- A smoking helpline in Britain found 57 percent of those surveyed disliked kissing smokers. And 12 percent of smokers said they “hated kissing” fellow smokers.

1.1.4 Short-Term Benefits, Long-Term Costs of Tobacco Use

- **Cancer** of the esophagus, pharynx, larynx, stomach and pancreas.
- **Leukoplakia**, a disease of the mouth, characterized by white patches and lesions on the cheeks, gums, and tongue. It can lead to oral cancer and occurs in over half of all users within the first three years of use.
- **Oral Lesions** (lesions in the mouth). Studies found 60 to 78 percent of smokeless tobacco users have oral lesions.
- **Gum Disease, tooth decay and tooth loss.**
- **Stomach ulcers.**
- **Cardiovascular disease.** Coronary artery disease, peripheral vascular disease, hypertension, heart attacks.
- **Nicotine addiction.** Smokeless tobacco products are as addictive as cigarettes and cause the same type of dependence.

1.1.5 Benefits Of Quitting Smoking

Physical Health Benefits of Quitting Smoking

- Improved circulation and blood flow
- Improved sleep
- Improved taste, smell, and enjoyment of food
- Improved breathing and less shortness of breath
- Reduced risk of home fires
- Improved effectiveness of medication
- Greatly reduced risk of death by heart attack, stroke, or cancer of the lungs or other organs
- Reduced risk of lung disease (emphysema and bronchitis)
- Slowed progression of diseases like diabetes, heart disease, asthma, bronchitis, or kidney failure.

WAYS YOUR BODY HEALS AFTER YOU STOP SMOKING...

- **Within 20 minutes**, blood pressure and heart rate drop to normal
- **Within 8 hours**, oxygen in the blood increases to normal, increasing energy
- **Within 48 hours**, the sense of smell and taste improve and risk of a heart attack decreases
- **Within 2 weeks**, lung function improves up to 30%, making physical activity easier
- **Within 1-9 months**, coughing, sinus congestion, fatigue, and shortness of breath decrease
- **After 1 year**, risk of a heart attack becomes half that of a smoker
- **After 2 years**, heart attack risk drops to almost normal rate
- **After 5 years**, risk of lung cancer goes down by 50%, risk of stroke becomes the same as that of a non-smoker, and cancers of the mouth, bladder, kidney, and pancreas decrease dramatically.
- **After 10 years**, risk of death by lung cancer is about half that of a smoker. Risk of cancers of the bladder, kidney, and pancreas continues to decrease.
- **After 15 years**, risk of coronary heart disease is back to normal rate.



1.1.5 Benefits Of Quitting Smoking (cont.)

Benefits of Quitting Smoking on Your Quality of Life and Well Being

- **Less emotional stress**, lower blood pressure, better heart rate, and no withdrawal symptoms
- **Improved memory** and ability to think clearly
- **Greater energy** and **stamina** for activities and chores
- **More money** for things you enjoy
- Pride as a **good role model** for others
- **Freedom** from nicotine addiction
- **Better physical appearance** (breath, teeth, and skin)
- Greater potential for new friends and romantic partners.

1.1.6 Benefits Of Quitting Other Tobacco

Health Benefits to Quitting Other Tobacco Products Including Reduced Risk Of:

- Cancer (esophagus, pharynx, larynx, stomach and pancreas).
- Leukoplakia, a disease that causes white patches and lesions on the cheeks, gums, and tongue.
- Gum disease
- Tooth decay, tooth loss, and stained teeth.
- Bad breath
- Cardiovascular disease
- Nicotine addiction

Other benefits of Quitting Tobacco Products

- Improves breath
- Boosts Social acceptance. (Spitting chew is unattractive.)
- Saves money
- Sets an example for others



1.2 QUITTING TOBACCO USE

In this section, you will learn about withdrawal symptoms and specific steps you can take to quit nicotine addiction and stay free. You will learn how to create a plan for the sole purpose of quitting tobacco usage.



1.2.1 Understanding Withdrawal

Nicotine is the addictive chemical in cigarettes and other tobacco products. “Withdrawal” can occur when a substance that the body has become dependent on, such as nicotine, is discontinued. Common withdrawal symptoms include:

- Feeling depressed
- Difficulty sleeping
- Feeling cranky, frustrated, or mad
- Feeling anxious, nervous, or restless
- Having trouble thinking clearly
- Feeling hungry or gaining weight
- Craving cigarettes
- Cough, sore throat, post-nasal drip

Almost all people who quit nicotine will experience some kind of withdrawal symptoms. The longer a person has smoked or has used smokeless tobacco, the more severe the withdrawal symptoms may be. Withdrawal symptoms tend to be strongest the first week after quitting; as a result, this is the period when many people start using tobacco again.

Physical symptoms of withdrawal typically begin very soon after quitting and peak in intensity 3-5 days after quitting. Most physical symptoms (hunger, sleep difficulty) disappear after a couple of weeks. Emotional dependence can last longer.

Most treatment options for quitting smoking and smokeless tobacco are designed to help manage withdrawal symptoms. There are effective medicines and support groups that reduce nicotine cravings.

1.2.2 Steps For Quitting

While nicotine addiction can be hard to break, success is improved with preparation. Before you quit, take these important steps:

1. **Set a date to quit**
2. **Talk to your doctor**
3. **Tell family, friends, coworkers**
4. **Prepare for the challenge**
5. **Get yourself psyched up**
6. **Set things up to make quitting easier**

1. Set a Date to Quit:

- The best time to quit is as soon as possible. Don't pick a date too far in the future but give yourself some time to make a plan.
- Although there never is an ideal time to quit, you should consider personal commitments that may make it hard for you to quit, like a stressful work deadline or a big party where others will be smoking. Choose a quit date when the first few days won't have any big obstacles.

Remember

**CREATING A PLAN
increases YOUR CHANCES
OF quitting
SMOKING OR TOBACCO.**

1.2.2 Steps For Quitting (cont.)

2. Talk to Your Doctor:

- Get advice about medication or nicotine replacement products (described in the next section).
- Ask about 'quit-smoking' groups in your area. These groups can help you learn more about why you use tobacco, help you deal with stress and withdrawal, and teach you tips to resist urges to use tobacco.

3. Tell Family, Friends, Co-workers:

- Quitting is more successful when you have social support. You don't have to tell everyone. Tell people you know will support you.

4. Prepare for the Challenge.

- For one week, keep a journal or list of when and why you smoke or use tobacco. This helps you identify and prepare for situations that will be hard for you. We have tips for dealing with situations that trigger smoking and tobacco use later in this chapter.

5. Get Psyched About Quitting.

- Write down all the reasons (health, emotional, family, financial) why you want to quit. Put this list where you will see it often (the kitchen, your car, the bathroom)

6. Set Things to Make Quitting Easier.

- Remove cigarettes and other tobacco products from your home, car, and work.
- Keep a supply of substitutes handy: gum, carrots, lollipops, mints, or toothpicks.

1.2.3 Medications and Nicotine Replacements

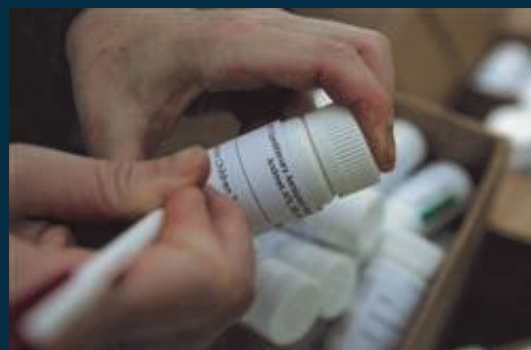
For effectiveness and safety, talk with your doctor and use these replacement products as directed.

BUPROPION (or Zyban) helps people stop smoking by reducing cravings. Many people say cigarettes don't taste as good after using Bupropion. The medication cuts down on cravings, irritability, frustration, anger, anxiety, concentration problems, restlessness, and depression.

While Bupropion is FDA-approved to help in quitting smoking, it's unclear whether it helps quit other kinds of tobacco as well. Talk to your doctor to see which treatment is right for you. Doctors often recommend smokers start taking Bupropion **two weeks before their quit date.**

NICOTINE GUM (NICORETTE) is used to help people stop smoking or tobacco. It acts as a substitute activity for your mouth instead of smoking or chewing. It provides a source of nicotine to reduce withdrawal symptoms. You should not use nicotine gum longer than 6 months without talking to your doctor.

Because Nicotine Gum is potentially addicting, be sure to follow the instructions carefully to avoid any harmful side effects or addiction.



STEPS TO QUIT:

1. Set a date to quit
2. Talk to your doctor
3. Tell family, friends, coworkers
4. Prepare for the challenge
5. Get yourself psyched up
6. Set things up to make quitting easier

1.2.3 Medications and Nicotine Replacements (cont.)

NICOTINE INHALER (NICOTROL) temporarily replaces the nicotine you were getting from smoking or chewing so you don't experience uncomfortable withdrawal symptoms. The inhaler is a mouthpiece that looks like a cigarette. Users put nicotine-filled cartridges into the mouthpiece, allowing them to breathe nicotine-filled air. Nicotine inhalers provide users with about 30 percent of the nicotine in a cigarette, without the tar and carbon. By reducing your nicotine intake, you begin to reduce your overall nicotine craving. And since the nicotine inhaler looks like a cigarette, it gives smokers something to hold in their hand while trying to quit. To avoid the risk of nicotine overdose, do not use tobacco products with the nicotine inhaler.

Nicotine Patch gradually reduce your nicotine intake so you don't suffer withdrawal symptoms. The patch steadily releases nicotine through your skin into your bloodstream. The amount of nicotine in a patch is less than you'd get from using, but enough to keep you from intense cravings or other withdrawal symptoms.

Follow *all* Instructions when using the NICOTINE patch.

1.2.4 Staying Tobacco Free

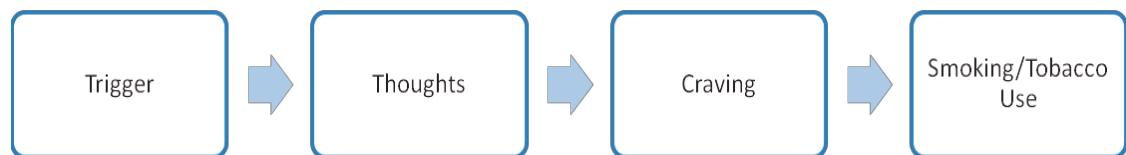
Tips to help you stick with it:

1. Stay busy.
2. Reward yourself for not smoking or using tobacco.
3. When you have strong cravings:
 - Remember: the urge to use usually lasts only 3-5 minutes. (Try to wait it out.)
 - Think of your list of reasons to quit.
 - Eat a healthy snack (such as carrots or sunflower seeds).
 - Take a walk. (Walking reduces stress and gives you something to do.)
 - Wash your hands or the dishes.(Or take a shower.)
 - Take deep breaths. Take 10 slow, deep breaths and hold the last one. Then breathe out slowly.
 - Light a candle or incense.
4. Remember the benefits of quitting: for example, after you've quit smoking, your body starts healing within 20 minutes of your last cigarette. The poison gas and nicotine start to leave your body. Your pulse returns to normal. Your blood oxygen returns to a normal level.
5. Find new activities like Swimming, jogging, playing tennis, or riding a bike. Keep your hands busy. Do crossword puzzles, paint, write a letter, or garden.
6. Stick with it: Beating nicotine addiction takes willpower and determination. You should feel great about making it so far. Now focus on sticking with it. Having social support from friends, family, co-workers, or support group can help you to stay tobacco and smoke free..
7. Stay upbeat. As you go through the first days and weeks without smoking or tobacco, keep a positive outlook. *Don't* blame or punish yourself if you use again. Take things one day at a time. Remember that quitting is a learning process.

After quitting you will likely notice *cravings* or *ongoing thoughts* about smoking or tobacco.

1.2.5 Dealing with Triggers and Cravings

Almost everyone has cravings soon after they quit using tobacco. Because individuals learn to associate life experiences with tobacco use, cravings come to be triggered by people, places, objects, situations, times of day, and feelings.



Breaking the ‘vicious cycle’ between triggers and the act of smoking involves stopping the craving dead in its tracks. Do the following::

- 1. Identify triggers.** Pay attention to different experiences that trigger the urge to use. There are three types of triggers:
 - **Internal Emotional Triggers:** feeling depressed, stressed out, or bored. You may smoke to calm down when you’re stressed or to pick yourself up when you feel down.
 - **External Situation Triggers:** being around others who smoke or use tobacco, watching TV, or drinking alcohol or coffee. You may have used “automatically” in these situations, even though you didn’t even really feel like it.
 - **Internal Nicotine Craving Triggers:** craving the taste of a cigarette or tobacco, or having withdrawal symptoms after not using for a while. Sometimes you may use because your body craves nicotine and you respond by telling yourself you “need” a cigarette/ tobacco.
- 2. Avoid triggers (whenever possible).** For example, avoid places such as bars where other people are using. Temporarily leave situations where the urge to use comes over you. Instead of using after meals, brush your teeth or go for a walk. Get rid of reminders (ashtrays, lighters, cigarettes, spittoons).
- 3. Deal with triggers without smoking/ using tobacco.** Keep your mouth and hands busy by chewing gum or hard candy, or calling a friend. Do a crossword puzzle or squeeze a rubber ball. Carry a stone, precious coin, or some other object you enjoy handling. Use the “5-Minute Time Out” Rule. (Each time you have a craving, wait 5 minutes before reaching for a cigarette or tobacco. Notice that your urge to use often passes.) Relax in situations where you usually use (listen to soothing music or take a hot bath). Distract yourself by engaging in a hobby, pleasurable activity, or a walk. Ask for help. Call a friend or talk to an ex-tobacco user.

BREAK THE CYCLE BY:

1. IDENTIFY TRIGGERS
2. AVOID TRIGGERS
3. DEAL WITH TRIGGERS WITHOUT SMOKING/ TOBACCO

1.2.6 Dealing with Trigger and Cravings (cont.)

To mentally cope with triggers:

- Take things “one urge at a time.”
- Remind yourself that urges usually pass in 3-5 minutes (using makes urges come back).
- Review your list of reasons to quit and the benefits of quitting.
- Think about how you got through this situation before without using.
- Imagine your future if you keep using. Then imagine how your life will change if you stop.
- Say things to yourself to strengthen your resistance to smoke or use tobacco. Things like:
 - “I’m sick of having my life controlled by cigarettes or chew!”
 - “I can beat this urge. I’ve done harder things in my life than this!”
 - “I may want a cigarette or dip, but I really don’t need it.”
- Concentrate on what you most dislike about using (the way your clothes smell, the cost, smoker’s cough, yellow teeth, bad breath).



1.3 COMMON PROBLEMS WITH QUITTING AND SUGGESTED SOLUTIONS

In this section, you will learn about seven common problems you may encounter as you try to quit smoking or tobacco and how you can overcome.



1.3.1 Common Problems and Suggestions For Overcoming

The more you are aware of the challenges of quitting the better you will be prepared to face those challenges. Quitting smoking and tobacco will be difficult without the help of family and friends who can support you and keep you accountable. Often service members will find that the absence of tobacco increases the intensity of other unaddressed issues such as PTSD, war memories, or depression. There are ways for you to overcome—learn how.

MOST COMMON PROBLEMS WHEN QUITTING

1. Lack of support for quitting
2. PTSD symptoms and war memories may increase
3. Depression and negative mood symptoms may increase
4. Difficult concentrating
5. Difficulty falling asleep
6. Weight gain
7. Lapses in motivation

1.3.1 Common Problems and Suggestions For Overcoming (cont.)

LACK OF SUPPORT

Many people don't get enough support from friends and family.

You may be embarrassed to tell others you're quitting for fear of failing.

But when you're around people who believe you can quit, your confidence will increase. This can make it much easier to resist cravings and stay on the path to quitting.

To build a support network:

- Choose reliable people in your life to support you.
- Practice asking for support from family, friends, and co-workers.
- Use community resources, such as hotlines and help lines.
- Consider quitting with your spouse, friend, co-worker, or fellow member of a smoking support group.
- Contact your doctor. Your doctor can help you with resources and medication to help you quit.
- Join a group like with Nicotine Anonymous www.nicotine-anonymous.org

Get support online:

- www.Quitnet.com
- www.Ashline.org
- <http://www.smokefree.gov>

WORSENING PTSD OR WAR MEMORIES

Although research shows nicotine use can increase PTSD symptoms in the long term, the short-term effects of nicotine may

relieve anxiety. Without nicotine, your PTSD symptoms may get worse because you don't have anything to relieve your anxiety. That's why you need to develop other coping tools to deal with PTSD symptoms and war memories. You may need to seek additional care for PTSD symptoms when you quit. If you are currently in treatment, tell your provider about your quitting goals. You can also learn more about coping with PTSD symptoms and/or war memories in the **Post Traumatic Stress eLibrary**.

Research shows people with social support while trying to quit are **50% more likely to quit for good** than **people with no social support**.

1.3.1 Common Problems and Suggestions For Overcoming (cont.)

NEGATIVE MOOD OR WORSENING DEPRESSION

People often smoke or use tobacco to cope with low, numb, or depressed feelings. When

you quit, these feelings may get worse. Again, you should develop other coping tools to deal with negative moods, feeling numb, and depression. You can cope with feelings of numbness and depression by doing the following:

- Start doing things you previously enjoyed—even if you don't feel like it at first. “Fake it till you make it.”
- Don't isolate yourself from others. Isolation only makes these feelings worse. Be social. Get involved in activities with friends, family, and co-workers
- If you've lost a buddy, allow yourself time to grieve. Grieving the loss of someone close is normal and necessary.
- Be patient with yourself. Give yourself time to adjust to being back home and get re-connected with friends and family. Over time, your mood should improve.
- Check out the **Depression** eLibrary for more tips on how to deal with feelings of numbness or depression.

DIFFICULTY CONCENTRATING

As a stimulant, nicotine does improve concentration just after use. This is why people who quit say they have difficulty concentrating and focusing.

Here are some tips to restore your concentration:

- Create a “To Do” list before starting your day.
- Break down big projects into small steps.
- Focus on one thing at a time; don't multi-task!
- Record important appointments or deadlines in your planner or PDA.
- Write down things you want to remember.
- If you start to lose focus, take a break.
- Change your workspace and living space to support concentration.
- Minimize distractions (turn off your cell phone and close your email).
- Visit the **Life Stress** program for more tips on handling stress.

Goal = develop other coping tools.

1.3.1 Common Problems and Suggestions For Overcoming (cont.)

DIFFICULTY FALLING ASLEEP

People who quit often say they have difficulty sleeping. This is a common symptom of withdrawal. Falling asleep might also become difficult if smoking or using

tobacco was part of your nightly routine. If so, you should create a new bedtime routine. Here are some “do’s” and “don’ts” to help you get a better night’s sleep:

DO

- Listen to soft music or read a light book or magazine.
- Take a warm shower or bath before bed.
- Make your bedroom peaceful and comfortable. This will tell your body it’s time to sleep. Also try:
 - * dimming the lights
 - * reducing the noise
 - * keeping the room at a comfortable temperature
- By following the same sleep routine every night, your body will learn within a few weeks that this routine is a signal for sleep.
- Exercise during the day.
- Check out the Sleep eLibrary to see more tips on how to deal with sleep problems.

DON'T

- Nap for more than 30 minutes or take several naps each day.
- Sleep late in the morning or go to bed early the next day.
- Stay in bed when you’re not tired or can’t sleep.
- Spend time worrying about not sleeping.
- Focus on upsetting things while trying to fall asleep.
- Eat or watch TV in bed.
- Work, study or pay bills just before bed.
- Stimulate your brain just before bed:
 - * Surfing the internet
 - * Reading e-mail
 - * Playing video games
 - * Exercising
- Smoke or use nicotine before bed.
- Drink alcoholic or caffeinated beverages less than 3 hours before bed.
- Use recreational drugs before sleeping.

WEIGHT GAIN

Some tobacco users gain weight when they quit. Most say they gain between 5 and 10 pounds. This happens because your metabolism temporarily slows down when you stop using nicotine. Also, right after quitting, people often eat more than usual. The weight gain often reverses itself after about six months, when the metabolism returns to normal.

Those who quit may avoid weight gain by following a healthy diet after quitting. Plus, if you increase your activity level, you’ll burn extra calories, feel better, and have more energy and stamina.

Here are a few things you should do after you quit:

1.3.1 Common Problems and Suggestions For Overcoming (cont.)

WEIGHT GAIN (cont.)



After you quit:

- Stock up on healthy snacks.
 - Replace potato chips with carrots and celery.
 - Drink a large glass of water before each meal.
 - Replace soft drinks with plenty of water.
 - Limit yourself to low-cal choices when eating outside your home.
 - Eat three well-balanced meals each day.
 - Don't deny yourself an *occasional* food treat.
-
- Replace candy with almonds, sunflower seeds and other nuts..
 - Avoid fast-food restaurants and convenience store junk food aisles.
 - Avoid foods and drinks that remind you of smoking.
 - Eat slowly and mindfully. When you eat, only eat. Turn off the TV and unplug the phone (people tend to overeat when they multi-task). Never eat "on the run" or while driving!
 - Eat small portions until you feel satisfied, not full or stuffed..
 - Take a *daily walk, and work your way up to 30 minutes of brisk exercise every day*. If you exercise three times a week with your new diet plan, your weight gain will most likely be manageable and temporary.

LAPSES IN MOTIVATION

It's normal to lose some of your motivation when quitting. With time, these feelings will pass. To regain your motivation:

- Remind yourself why you quit.
- Remember the last time you felt low in motivation and how you regained your motivation.
- Focus on the rewards you give yourself for not using tobacco.
- Think about the pleasurable activities you do instead of using.
- Consider the health and emotional benefits of not using.

DON'T be *discouraged* if you use tobacco or smoke after you've quit.

1.3.2 Setbacks Happen: When You Use After Quitting

Setbacks usually occur within the first three months of quitting. If you have a setback, accept that you've gotten off track, avoid being too hard on yourself, and get back on track!. And while it's common to have a few setbacks, it's best to not use 'every now and then' no matter how long it's been since you quit. Even though occasional use may seem harmless, occasional use can lead to more frequent use.

Tips for when you do have a set-back:

- Accept that you've used. You've had a *small* setback. This doesn't make you a tobacco user again.
- Don't be too hard on yourself. One slip up doesn't make you a failure. It doesn't mean you can't quit for good. Feel good about all the time you went without using.
- Don't be too easy on yourself either. If you slip up, don't say, "Well, I've blown it. I might as well finish the pack." It's important to get back on track *right away*.
- Figure out how to improve your coping skills.
- Find the trigger. What made you use? Be aware of that trigger. Decide *now* how you will deal with that trigger in the future.
- Learn from the experience. What helped you avoid using? Remember this the next time you are tempted.
- Are you using medicine to help you quit? Don't stop using your medicine after a set-back. Stay with it. The medicine will help you to get back on track.
- See your doctor or another health professional. He or she can help motivate you to quit.
- Remind yourself why you quit.

1.3.3 Resources for Quitting

Your Workplace. Military installations and medical facilities have smoking cessation programs for service members and employees who want to quit. Increasingly, civilian workplaces are providing help for workers who want to quit. Some even offer support on the job. Others pay for outside programs for their employees. Ask about your work options.

Your local VA/Vet Center

In-person groups like Nicotine Anonymous. Find a local support group at www.nicotine-anonymous.org

On-line support:

www.Quitnet.com

www.Ashline.org

<http://www.smokefree.gov/>

Local State: Your state may have a toll-free telephone "quitline". Call the quitline for one-on-one help.

National Cancer Institute's Smoking Quitline..1-877-44U-QUIT (1-877-448-7848). This number works anywhere in the U.S. Get one-on-one help quitting. Or ask where to get help in your state.

National Cancer Institute's Smoke Free Web site - <http://www.smokefree.gov>. The site offers science-driven tools, information, and support to help people quit. You will find state and national resources, free materials, and advice from the National Cancer Institute and its partners.

Cancer Information Service (CIS). Toll-free: 1-800-422-6237 (1-800-4-CANCER), TTY: 1-800-332-8615. CIS provides accurate, up-to-date information on cancer. Information specialists can help you quit and explain the latest cancer information in plain English, Spanish, or on TTY equipment.

1.3.3 Resources for Quitting (cont.)

National Cancer Institute's Cancer Web site - <http://cancer.gov>. This website provides information from numerous NCI sources, including *LiveHelp*, an instant messaging service. Specialists provide live, online help to Cancer.gov users. They also provide cancer information and help users navigate the Web site. Click on the *LiveHelp* link, Monday through Friday.

American Cancer Society (ACS) at www.cancer.org or call 1-800-227-2345 (1-800-ACS-2345). Check your phone book to find your local office. The ACS has volunteers and offices throughout the country. The ACS helps people learn about the health hazards of smoking and tobacco. It also provides resources on how to quit. Its programs include "The Great American Smokeout®" in November of each year and the Cancer Crusade every April.

American Heart Association (AHA) at www.americanheart.org or call 1-800-242-8721 (1-800-AHA-USA1). Check your phone book to find your local office. The AHA has thousands of volunteers. It has 130,000 members (doctors, scientists, and others) in 55 regional groups. AHA makes books, tapes, and videos about how smoking affects the heart. AHA has also created a guidebook on weight-control for those quitting.

American Lung Association (ALA) at www.lungusa.org or 1-800-586-4872 (1-800-LUNG-USA). Check your phone book to find your local office. The ALA helps people who want to quit through its Freedom From Smoking® program. The ALA supports laws and campaigns for non-smokers' rights. It also gives public information programs on the effects of smoking.

Centers for Disease Control and Prevention (CDC) at www.cdc.gov or 1-800-311-3435 or (770) 488-5705. The CDC's Office on Smoking and Health (OSH) is the government's lead agency on smoking and tobacco control. OSH produces booklets on relapse, helping others quit smoking, the health hazards of smoking, the effects of parental smoking on teenagers, and other topics.

Other websites to check out:

- **Center for Tobacco Cessation** - <http://www.ctcinfo.org/policy/statefacts.asp>. Lists quit-lines in every state and support pages.
- **National Tribal Tobacco Prevention Network** - www.tobaccopreventionnetworks.org. Provides information for Native Americans.
- **Smoke Free Families** - www.smokefreefamilies.tobacco-cessation.org. Provides information and support to pregnant smokers.
- **Tobacco News and Information** - www.tobacco.org. Provides the latest tobacco-related news.
- **Kill the Can** - www.killthecan.org. Provides support for those trying to quit smokeless tobacco.

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