



BY

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Cigarettes are killers that travel in packs. –Author Unknown

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Why another stop smoking book when there are so many out there?

As a nurse, I have seen many people, including fellow co-workers struggle with the smoking habit. As I began pursuing my interest in becoming a nurse practitioner, I knew that this was an area I wanted to understand so I could do more than give advice. I wanted to empower smokers with every tool possible.

This led to the review of scientific literature regarding smoking's effects—not just nicotine addiction but the collateral health effects as well. My goal is to arm you with everything you need to conquer your smoking habit.

While this book is by no means a comprehensive treatment of the subject, I have designed it to lead you through the steps that lead to freedom from tobacco. First, we will look at the facts about smoking and the reasons

you really do need to quit. Then we will take a realistic look at the challenges you will face and the different clinical options that address these challenges.

We will move on to preparing for that first smoke-free day and developing your own personal strategy for success. Only then will I encourage you to take action.

I'll walk you through the quitting phase itself with encouraging quotes and reminders that will help you keep your goal in focus. As you proceed through that most difficult first month, we will provide a place for you to record your experiences.

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Medical Disclaimer

While the information that is contained within this eBook was as accurate as possible at the time of writing, the author makes no representation as to the current accuracy of the information contained within. Information within the medical field is subject to change without notice.

This information is not intended as a replacement to the advice available from a medical professional. The author encourages you to speak with a qualified health professional before starting any stop-smoking program.

The information herein is provided for general information purposes only.



WE ALL KNOW SMOKING'S BAD. WHAT'S NEW?

Cigarette smoking is the #1 preventable cause of disease and premature death in the United States (U.S.).¹ If you have heard that information before, and it hasn't motivated you to stop smoking, you are not alone. The tobacco companies were still denying that there was any medical proof that cigarettes caused lung cancer less than 40 years ago, though no one argued about cigarettes being addicting.

Gradually, over the years, more and more evidence has surfaced connecting smoking and exposure to tobacco smoke with premature death from a long list of chronic diseases in adults—heart disease, stroke, and lung cancer among a long list of cancers. Smoking is the primary causal factor for at least 30% of all cancer deaths, for nearly 80% of deaths from chronic obstructive pulmonary

disease, and for early cardiovascular disease and deaths.

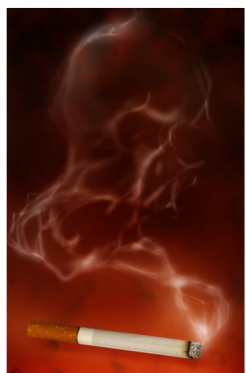
Smoking contributes to many health problems that reduce the quality of life—peripheral artery disease, adult onset diabetes, macular degeneration, cataracts, GERD, stomach ulcers, sinusitis, gum disease, osteoporosis and more recently senile dementia. Psoriasis, an autoimmune disease that affects the skin, is seen twice as often among smokers and those exposed regularly to second-hand smoke.² Smoking also accelerates the aging of skin all over the body, not just the face.

Then there are the risks to family members who don't smoke. Children of smokers are more likely to die suddenly

from sudden death syndrome. They also have more respiratory illnesses—bronchitis, colds and pneumonia.³ Asthma and allergies are more prevalent. The effects of cigarette smoke exposure continue into adulthood. Children of smokers have a higher risk of developing early emphysema even if they never smoke.

The economic losses to society and the substantial burden on the U.S. health-care system are too great to measure. Yet, knowing all this rarely motivates anyone to stop smoking in the face of the reality of withdrawal from an addicting cocktail.

So why are you going to share the health information that follows? Am I



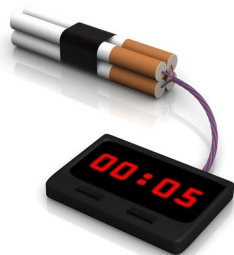
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It is common knowledge that smoking is considered one of the nation's leading causes of preventable death, but it's less widely known that cigarettes are also the leading cause of fatal fires. – Ed Markey

determined to make you feel guilty because you smoke? Am I trying to scare you? Am I trying to take away your freedom to live your life as you choose?

Some the information that follows may cause some guilt. That's not the reason I'm sharing it. Some of the information might scare you. It scares me! My goal in gathering all this information in one place is not to take your freedom away, but to hand the freedom of smoke-free future to you—freedom from the increased risk of cancer, freedom to make an additional house payment or two each year, freedom to... you complete the sentence.

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HARMING EVERY ORGAN IN YOUR BODY—THE HIDDEN CURSE OF TOBACCO.

The connection between smoking and lung cancer has been common knowledge for years. It doesn't matter whether the exposure is direct or second-hand, 15–20% of those exposed to cigarette smoke will develop lung cancer, and 90% of all lung cancer cases are connect to cigarette smoke exposure.

Lung cancer remains the leading cause of cancer deaths in the United States. While a new gene-expression test could possibly identify pre-cancerous changes in the lung earlier than ever before, the risk of the cancer remains if exposure continues.

For years, filters that reduce tar exposure have been sold as a way to reduce lung cancer. The filters do trap tar, but this has not reduced the risk of lung cancer significantly. While tar is a carcinogen, other constituents in the smoke are the real bad guys.

This is why lung cancer isn't the only cancer connected with smoking. Smoking's causal effect in leukemia has been known for over six years as well.⁴ Do you realize that just on that cigarette introduce more than nicotine into your blood. This powerfully addicting compound carries at least 50 known carcinogens along with it.

Benzene is clearly connected to leukemia and so is formaldehyde, polycyclic aromatic hydrocarbons and the tobacco-specific α -nitrosamines (TSNAs) present in both smokeless tobacco products and cigarettes. Add the tar, arsenic, cadmium and acrolein, and you irritate every cell in your body with a toxic mix with every inhalation.

This may explain why smokers are at high risk for so many additional cancers. Do you realize that cigarette smoke or tobacco doesn't have to make contact with cells directly? The harmful chemicals are in the tobacco itself. When these chemicals enter the bloodstream, they impact every organ.

The list of cancers that are more prevalent among smokers is a long one.

- ☠ Cancers in the mouth—seen more in cigar smokers and users of smokeless tobacco products, especially when combined with the habit of drinking moderately.⁵
- ☠ Cancer of the pharynx—seen more in cigar smokers especially when combined with the habit of drinking moderately.⁶
- ☠ Cancer of the larynx—seen in both cigar and cigarette smokers, especially when combined with the habit of drinking moderately.⁷
- ☠ Cancer of the esophagus—seen in both cigar and cigarette smokers, especially when combined with the habit of drinking moderately.⁸
- ☠ Cancer of the stomach—seen in both cigar and cigarette smokers.
- ☠ Cancer of the breast—seen in both cigar and cigarette smokers, especially when combined with the habit of drinking moderately.⁹
- ☠ Cancer of the pancreas—seen in both cigar and cigarette smokers.
- ☠ Cancer of the cervix—seen in both cigar and cigarette smokers.
- ☠ Cancer of the kidney—seen in both cigar and cigarette smokers.
- ☠ Cancer of the ureter—seen in both cigar and cigarette smokers.
- ☠ Cancer of the bladder—seen in both cigar and cigarette smokers. *Scientific Daily* reported on November 23, 2009 that bladder cancer risk was approaching 5 times that of non-smokers in New Hampshire.¹⁰

Anyone who is exposed consistently to second-hand smoke also faces increased risk for these cancers.

YOU MIGHT NOT LIVE LONG ENOUGH TO GET CANCER.

Not all the effects on the body lead to cancer. Many smokers don't live long enough to get cancer. This is because smoking is also connected to diseases of the cardiovascular system—your heart and blood vessels.

- ☠ Atherosclerosis and vascular disease—Smoking accelerates the development of tiny injuries in the artery walls. Deposits of fat and plaque build up on the roughened surface. Many times these deposits are unstable. If they break free, the clots can lead to:
- ☠ Heart attack (myocardial infarction). If a fatty deposit breaks free or a blood clot forms, whole sections of the heart's blood supply can be totally cut off.

When this happens, you have a heart attack. Unfortunately, for almost 50% of those who have a heart attack their only warning is sudden death. Others are more fortunate and are given some warning that they have

☠ Heart disease. The arteries that supply the heart can become narrow as a result of atherosclerosis. This makes it more difficult for the blood to carry oxygen freely to the heart muscle. Exertion can cause shortness of breath and the chest pain known as angina.

☠ Stroke. You might call a stroke a “brain attack.” Instead of the heart muscle being starved for oxygen by a clot, it’s a portion of your brain that gets starved. If enough of your brain gets destroyed, you may be fortunate

enough to die. Many stroke victims spend the rest of their lives totally dependent upon others, unable to speak, unable to move freely. Others do recover most of their abilities after months of physical rehabilitation.

☠ Aneurysm. An aneurysm is a weak blood vessel that bursts in the brain. Smoking has been linked with a higher risk of developing weakened blood vessels. Aneurysms in the brain can only be detected through an MRI. This isn’t a standard diagnostic procedure, so the chance that you will die after the rupture of an undetected aneurysm is extremely high.

WHO ENJOYS ULCERS?

Every time you swallow a bite of food, it travels down the esophagus into the stomach. A special valve made of muscle, the lower esophageal sphincter, keeps the contents of your stomach from coming back up the esophagus. This is a good thing, because the acid your stomach releases to digest the proteins in your food is very irritating to the esophagus. Unfortunately, smoking weakens the esophageal valve. The resulting acid reflux can be extremely painful.

Smoking also increases your risk of developing a peptic ulcer, though what causes the increased risk is still a mystery. One theory suggests that smoking inhibits bicarbonate production in the pancreas, making it harder for the body to neutralize acid in the lower part of the stomach where it connects to the small intestine,

WILL YOU ENJOY YOUR OXYGEN TANK?

Your smoking habit may cause chronic obstructive pulmonary (lung) disease, COPD for short. COPD severely limits the activities of most of its victims. In addition, to the chronic bronchitis connected to this condition, the airspace enlargement and wall destruction from the associated emphysema makes breathing difficult. Having to live life attached to an oxygen tank is less than free.

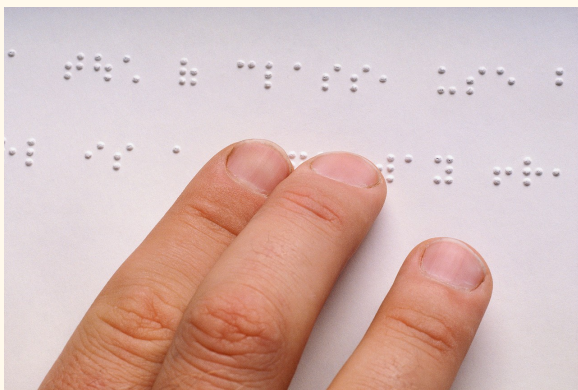
Nobody should smoke cigarettes—and smoking with an ulcer is like pouring gasoline on a burning house.

—Sara Murray Jordan

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the duodenum. Because smoking also promotes the movement of bile salts, which are very caustic, into this same area of the stomach, researchers think that this may explain why smokers are much more likely to develop a duodenal ulcer and fail to respond to treatments that are effective in non-smokers.

The damage doesn't stop with the stomach. Smokers are at a higher risk for developing Crohn's disease, an inflammatory bowel disease that causes severe pain and diarrhea. If the problems become severe enough, whole sections of your intestines may need to be removed.



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IS TODAY'S CIGARETTE WORTH GOING BLIND?

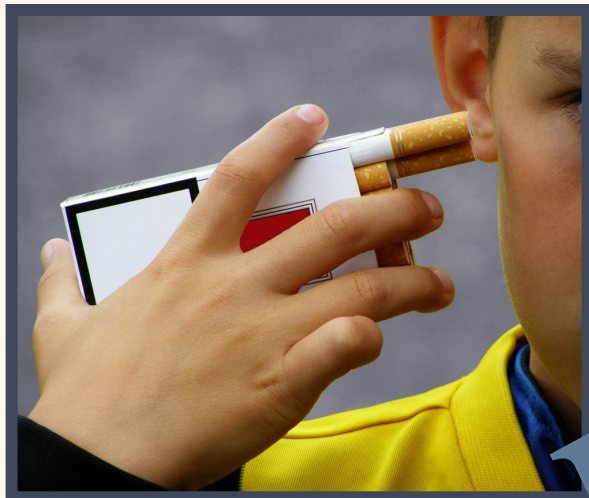
Cataracts have been connected with smoking for over 20 years. Smokers who smoke 1-1/2 packs per day are at significant risk of causing damage to the lens of the eye that is non-reversible. Those who smoke less than 1-1/2 packs per day are less likely to see lens damage. Unfortunately, this is one type of damage that does not reverse itself. The sooner you quit, the better.¹¹

Unfortunately this isn't the only type of eye damage caused by smoking. Age-related macular degeneration (AMD), the deterioration of the central portion of the retina, is the leading cause of legal blindness in adults over the age of 55 in the United States. Smoking is a known causative factor. The more packs a day you smoke, the higher your risk.¹²

Smoking 20 cigarettes (one pack) per day for 365 days equals one pack year. If you have smoked the equivalent of 10 pack years your risk of AMD is 0.8 times higher than a never-smoker. After 30 pack years, your risk goes up to 2.1 times more than a never-smoker. Then a major jump occurs. When you reach 40 pack years, your risk is almost 5 times higher than a never-smoker. Remember, if you are a two-pack a day smoker, you are adding up those pack years twice as fast. Risk keeps on climbing the longer you smoke and the more you smoke.¹³

If you are fair-skinned, with fair eyes, beware. These factors contribute to AMD separately. The person at highest risk for AMD is a blue-eyed smoker, though family members exposed to second-hand smoke are also at increased risk. You may not have a genetic weakness for AMD, but your spouse or child may. There are many smokers who find what could have been golden years with their spouse has been marred by their spouse's inability to do anything with them because of their failing eyesight.

Women naturally exhibit a higher risk for AMD than men.¹⁴



SAY HELLO TO A SILENT WORLD

Observant physicians were making the connection between tobacco and hearing loss as far back as 1836. In 1998, Peter Fried responded to the publishing of an article in the Journal of the American Medical Association (JAMA) on "Cigarette Smoke Exposure and Hearing Loss." He said there is a clear link between a mother smoking during pregnancy and the hearing of her children.¹⁵ The evidence continues to pile up. Smoking is bad for your hearing as well as your sight.¹⁶

While hearing technology has improved over the years, hearing aids will

never measure up to what most people are born with. Another study published in JAMA in June 1998 looked at 3,753 people between the ages of 48 and 92.

Almost half of the study participants had never smoked. Almost 40% were former smokers, and the rest still smoked. They found that smokers and former smokers were 70% more likely than non-smokers to have experienced hearing loss. This was after they took into consideration other factors such as work exposure to noise and age.

The study found that the risk of hearing problems increased as the number of cigarettes smoked went up. Almost 26% of the smokers between 48 and 59 were experiencing hearing loss, almost twice that of non-smokers. And almost 23% of former smokers were likewise having hearing problems. Family members who didn't smoke were also impacted by their second-hand smoke exposure. Non-smokers in the study who lived with a smoker were almost twice as likely to have hearing problems compared to the other non-smokers in the study.

There is scientific evidence that this happens because smoking makes your ears more sensitive to loud noises.

Smokers who are exposed to loud noises will experience more severe damage to the hearing than a non-smoker will. If your job exposes you to loud noises, you are 10 times more likely to go deaf than your non-smoking friend.¹⁷

Cigarette smoke is also connected with other hearing related problems. For example, tinnitus (ringing in the ears) has been connected to smoking. Vertigo (the feeling like you are moving even though you are standing still) is another problem nicotine causes within the inner ear.

Health charts indicate that if you are an obese smoker, the odds are really stacked against you. Because both conditions disrupt the flow of blood to the ear, damage is even more likely to happen. And once the damage is done, there is no reversing it. But you can stop the damage from getting any worse by quitting.

***Almost 26% of smokers
between 48 and 59
experience hearing loss.***

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Consider Your Diabetes Risk if You Continue Smoking

- ☠ You are 11 times more likely to die from the complications of a cardiovascular event—heart attack or stroke. Diabetes by itself increases the risk for both by 3 times. When the two are combined, the mix is deadly.
- ☠ Management of your blood sugar becomes far more complicated. Just one cigarette increases insulin resistance by 15% while raising blood sugar at the same time.
- ☠ Smoking reduces the flow of oxygen to all of your body tissues. This means that a heart attack or stroke's effects are amplified.
- ☠ Smoking slows poor circulation which makes it twice as likely that an injury to your extremities will not heal properly. Amputation could be the only way to preserve your life if a wound becomes infected, and sometimes even this doesn't work.
- ☠ If you are a diabetic who smokes, you are more likely to develop painful nerve damage (neuropathy) in your feet. Loss of feeling in the fingers also occurs.
- ☠ If you are smoking diabetic, your risk of kidney failure increases. This is already a risk factor because the kidneys become diseased after long-term exposure to high blood sugar levels.
- ☠ Smoking already increases your risk of becoming impotent. Add diabetes and you have no guarantee that Viagra® will do the job.
- ☠ Continuing to smoke after you are diagnosed with diabetes, increases your risk that you will develop gum disease. This is yet another link to the increased risk of having a heart attack or stroke you face as a diabetic smoker.¹⁸

LET'S SAY HELLO TO DIABETES AND IT'S COMPLICATIONS.

Nicotine suppresses insulin output from the pancreas, which means that your blood sugar will always run a little on the high side. This is one reason that smoking contributes to type II diabetes. Damage to the pancreas itself may be another contributing factor.

While there have been reports recently that quitting smoking will actually raise your risk for developing type II diabetes, the truth is the real cause of developing diabetes after quitting is the weight gain many people experience when the toxic chemical mix from the cigarettes no longer keeps the metabolism in hyperdrive.

When considering a smoker's diabetes risk, it is important to put things in perspective. You are already 31% more likely to develop diabetes than your non-smoking neighbor. If you try to quit without developing a strategy that does not allow food to become your new

addiction, your risk of developing diabetes will go up close to 73%. We will discuss strategies for preventing the weight gain associated with smoking cessation later.

Just in case you are thinking that quitting isn't worth the risk of diabetes, remember your risk of developing the disease anyway if you continue smoking is already significant. If you are tempted to think, "The diabetes is going to get me anyway," consider this. If you get your diabetes under control, you can prevent, or at least delay almost all of the complications we listed on the previous page.

You don't have to face a life of injections, pricks and glucose monitoring supplies. You can stop smoking.



INCREASE YOUR RISK FOR MULTIPLE SCLEROSIS.

If you have ever met someone who has multiple sclerosis, you know it isn't a disease you want to develop. It has now been found smoking cigarettes at a young age increases the risk of developing multiple sclerosis (MS). The study findings were released February 20, 2009 by the American Academy of Neurology stated that investigators found that early smokers, those who started experimenting with cigarettes before the age of 17 years, were more than twice as likely to develop MS compared with nonsmokers.²²

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DO YOU WANT TO REDUCE YOUR CHILD'S RISK OF EMPHYSEMA OR ASTHMA OR CRIB DEATH?

If you are a smoker your child is at a higher risk for developing emphysema or COPD in later life, even if he or she never smokes. That early exposure to cigarette smoke damages the lungs in ways that have only been discovered in the last few years.¹⁹ The more exposure in childhood, the more likely early onset emphysema becomes. Early life exposures to tobacco smoke (ETS) could pass on a sad future for your child.

Asthma is another problem that children are more likely to experience in a smoking home. It is something you need to consider seriously. The National Institute for Allergy and Infectious Diseases (NIAID) reports that there are approximate 5000 deaths a year from complications caused by the airflow obstruction caused by asthma.



Asthma frequently occurs because of genetic factors that make a person susceptible to the condition. Environmental factors are frequently triggers that start or escalate the severity of an asthma attack. Exposure to tobacco smoke is a proven risk factor for new cases and increases the severity of childhood asthma. The apparent pathway that triggers asthma attacks in both children and adults is the cigarette smoke's irritating qualities.²⁰

While sudden infant death syndrome (SIDS) has been connected with a number of potential causes, including recent vaccination and sleep position, it is important to not overlook another causal factor—smoking. The risk is the highest for babies whose mothers smoke during pregnancy—three times that of the non-smoking population. If a mother resumes smoking after the birth of her child, the risk of SIDS is twice as high as for a baby living in a non-smoking household.

Part of the problem may stem from the effect nicotine has on the brainstem. It suppresses the instinctual arousal mechanism that triggers the baby's

“I used to smoke in my home, but since I have stopped, my kids don't get ear infections anymore and the colds are fewer. Not to mention how my computer hardware has benefited. The nicotine and tar is hard on fans, etc.” – Ed Wenthe

righting reflex. This vital reflex, which lasts for life, causes even the smallest infant to bob his or her head if the nose or mouth is blocked. Death is inevitable if a baby is deprived of vital oxygen.²¹

If you are among the estimated 18% women in the United States who smokes during your pregnancy, you need to realize that nicotine readily crosses the placenta

with concentrations in your baby reaching as much as 15% higher than your own blood levels. During the last trimester, the more you smoke, the more damage occurs to the neural pathways in your baby's brain stem.

You might also not realize that exposure to cigarette smoke ups the risk of hearing loss for your children. Children in homes where they are exposed to second-hand smoke are 50% more likely to get ear infections. This time it's not the nicotine that's to blame. It's the other particles in the smoke. They clog up the Eustacian tube that allows the middle ear to drain. When the ear doesn't drain properly, infection of the middle ear is a frequent complication.

Unfortunately, even if you smoke outside, those harmful particles settle on your hair and clothes to come back into the house with you. While this reduces some of the exposure, some babies and children are extremely sensitive. Even light exposure aggravates swelling of the Eustacian tubes which can make drainage sluggish. Too many ear infections can damage hearing.

SAY HELLO TO HIDDEN MALNUTRITION.

When you think of malnutrition, you probably think of starvation victims with pot bellies. Smoking doesn't cause that kind of malnutrition, but it does cause serious vitamin C deficiencies unless you take in at least 2000 mg per day. You won't be able to attain that kind of intake naturally. A supplement is essential.

Unfortunately, the type of vitamin C you get in a tablet contains only one form of the vitamin C complex, so you don't get the same protection you would get from naturally occurring vitamin C. Your cells only get partial protection.

One of the signs that you are suffering from a hidden vitamin C shortage is the increased risk for gum disease. In a full-blown vitamin C deficiency, that gum disease becomes scurvy. Many cases of gum disease are just signs that your tissues don't have enough vitamin C to form healthy connective tissue.

Vitamin C isn't the only nutrient compromised by smoking. Vitamin D is



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also significantly compromised. Not a good thing, because vitamin D has been linked to cancer prevention. Smokers are 50% more likely to have low blood-serum levels of this vital nutrient.²³

Folate is another nutrient that runs lower in smokers. This is not good because this vitamin has earned the nickname, “The vitamin that does it all, everything.” It prevents specific birth defects such as spina bifida and anencephaly. It reduces the risk of high blood pressure during pregnancy. But the benefits aren’t only for women. Adequate folacin helps prevent the build-up of homocysteine, a chemical which our bodies produce which has been linked to a higher risk of heart attack.

Folate also helps protect cells from dividing abnormally and becoming renegade cancer cells. This nutrient has a protective effect on the cervix, reducing a woman’s risk of cervical cancer. If you drink and smoke, you give this nutrient a double hit.²⁴

Vitamin E, which appears to inhibit the laying down of fatty deposits in the

arteries, is also a nutrient at risk in smokers. Taking vitamin E supplements can be problematic. If you take too much, the damage is worse than if no vitamin E is taken.

Smoking causes deficient calcium absorption. That’s not good for your bones. The National Institute of Arthritis and Musculoskeletal and Skin Diseases reports that both older women and men who smoke have a higher risk of fractures. If a broken bone occurs, smokers take longer to heal.²⁵



DO YOU REALLY WANT TO SAY GOODBYE TO YOUR SEX LIFE?

Smoking damages blood vessels and is an important cause of erectile dysfunction in men that smoke versus men who never smoke.³ Smokers are 2.7 times more likely to experience erectile dysfunction than former smokers and nonsmokers. And if you think men are the only ones who find their sex life damaged by smoking, women do as well.

After smoking for cervical cancer, something smoking women are at increased risk for, many women report that their ability to reach orgasm is hindered. The ability to reach orgasm is also hindered by the reduced blood flow connected with smoking. When blood flow to the sexual organs is reduced, the ability to experience arousal and orgasmic release is also reduced.²⁶

What may have started out as a way to enhance sex will bite you in the end.

THE CHALLENGE OF THE ADDICTED BRAIN

Have you ever felt that reaching for that cigarette was almost compulsive—you just have to do it? That is what addiction is—compulsive seeking and using a substance, even when you know there are negative health consequences. Why do you reach for that cigarette knowing it is killing you? The secret is in brain chemistry. Your brain is a sensitive factory that alters easily in response to the chemicals delivered by the bloodstream.

The next section may seem a bit technical. It is. If you can wrap your mind around this information, you will understand why your brain turns into your enemy when you try to give up smoking. I hope this information will give you power, because even if you have an addicted brain today, it can be changed through the choices you make.

THE BRAIN CHEMISTRY OF NICOTINE ADDICTION

As an addictive drug, nicotine is one of the most widely abused substances in the U.S. Since the 1988 U.S. Surgeon General's Report recognized chronic tobacco use as a form of addictive behavior, the desire to understand what makes it addictive has been a subject of frequent scientific study.²⁹

Nicotine addiction is one of the hardest addictions to break. There are more than 4,000 chemicals found in the smoke of tobacco products. Of these, nicotine, first identified in the early 1800s, is the primary reinforcing component of tobacco that acts on the brain.

Research has shown how nicotine acts on your brain to produce a number of effects. Of primary importance to its addictive nature are findings that nicotine activates reward pathways, via neurotransmitters, in your brain's circuitry and regulates feelings of pleasure and elation.

Many neurotransmitters play a role in addiction. These include noradrenaline, serotonin and dopamine. Noradrenaline

improves memory, concentration, and alertness. Serotonin elevates your sense of well-being. Because nicotine produces an immediate increase in serotonin levels, it is not surprising that you feel the urge to light up if you feel a blue mood approaching or face a stressful situation.³⁰

The neurotransmitter dopamine is one of the key brain chemicals involved in mediating the desire to consume drugs. Research shows that nicotine increases levels of dopamine in the reward circuits of your brain.³¹ This reaction is similar to that seen with other drugs and is thought to underlie the pleasurable sensations experienced by many smokers.

When you smoke a cigarette, it produces a rapid distribution of nicotine to your brain, with nicotine levels peaking within 10 seconds of inhalation. This rapid onset is a known liability factor for whether you will become addicted to smoking or other drugs.³² Immediately after exposure to nicotine, you experience a "kick" caused in part by the stimulation

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of your adrenal glands and the resulting release of epinephrine.

The calming effect of smoking reported by many users is usually associated with the decline in withdrawal effects. Cessation of nicotine intake for even a short time causes withdrawal symptoms that many smokers find intolerable, thus frequent relapse is common. Nicotine only calms your nerves because your brain starts to scream when nicotine levels start to fall.



Approximately 85 – 90% of the nicotine in your blood is metabolized by the liver and excreted through the kidneys. This happens rapidly. The estimated half-life for nicotine in the blood is two hours, but because of the multiple dosing involved, nicotine blood levels can persist at significant levels for 6-8 hours after the last cigarette.³³

Brain scan research shows that some other psychoactive ingredient in tobacco causes a marked decrease in the levels of monoamine oxidase (MAO) in the brain. MAO is an important enzyme that is responsible for the breakdown of dopamine. This decrease in MAO results in higher dopamine levels in the brain which may enhance the “feel good” after effects of smoking.³⁴ This may be another reason that relapse is so common.

Acetaldehyde, another chemical found in cigarette smoke, plays a role in addiction as well. It reinforces the addictive nature of nicotine, especially in brains that are still undergoing development. This means that adolescents



who experiment with smoking are far more likely to form an aggressive addiction than someone who takes up smoking as an adult.³⁵

Nicotine suppresses insulin output from the pancreas, which means that your blood sugar always runs a little on the high side. Whether the reduction of insulin comes from damage to the pancreas or as a direct result of the nicotine, the brain also becomes addicted to the higher level of glucose. Meanwhile, if Type II diabetes

develops, blood sugar management becomes even more difficult.

Researchers recently identified genes that predispose some people to tobacco addiction. Scientists hope that by identifying if you have these genes, they may be able to predict how you will respond to different smoking cessation treatment options. These findings, and many other recent research accomplishments, mean that if you don't succeed at breaking the habit the first time, science is going to continue trying to discover and develop new ways to break free from tobacco addiction.

In 2007, the National Health Interview Survey (NHIS) determined that 39.8% (13.4 million) of everyday adult smokers had tried to stop smoking for more than one day during the preceding 12 months. Among the estimated 86.8 million adults who had smoked at least 100 cigarettes in their lifetime (defined as "ever smokers" in the survey), 52.1% (47.3 million) were no longer smoking at the time of the study.³⁶

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THE FIRST TIME MAY NOT BE THE CHARM

More than 68% of smokers report that they want to quit smoking, and of those, an estimated 70% of smokers seek annual medical attention from primary care providers.³⁷ This is encouraging news. You are not alone and there are professionals who want to help you overcome the obstacles that are facing you.

Multiple researchers have shown that you want and expect health care providers to ask you about your smoking habits and provide you with the necessary interventions when you are ready to quit.³⁸

There are many physical and psychological obstacles to giving up cigarettes. Chronic nicotine use appears to contribute to the development of tolerance, meaning you have to smoke more often to suppress the urge to smoke. Furthermore, addiction and tolerance may never resolve completely. This is one of the realities of cessation. Even after prolonged abstinence, exposure to second

hand smoke can trigger the urge to smoke.³⁹

As you consider breaking free from your smoking habit, recognize that smoking cessation is often on a continuum of success and failure. The critical



component to ultimate success is working past any relapses.⁴⁰

If you have ever tried to stop smoking before, you already know there are many distressing symptoms that occur after you stop putting cigarettes to your lips. Some of your symptoms are due to nicotine withdrawal. Because nicotine over-stimulates the dopamine receptors in the nervous system, your dopamine receptors become less sensitive to dopamine.

The axons in your brain try to maintain a balanced level of cell activity—homeostasis—regardless of how much nicotine you take in. The first time you smoked a cigarette, the changes began. You may have already noticed that it takes more and more nicotine to maintain the equilibrium where you feel good.⁴¹

Smoking has literally rewired your brain to need the nicotine to activate the reduced number of receptor cells in your brain. When you stop smoking, your brain is going to be working against you, urging you to smoke.

You will most likely feel depressed because nothing is stimulating your dopamine receptors, and it will take your brain some time to turn the sleeping receptors back on. If you are already predisposed mental health problems, such as depression, the symptoms may worsen.

Because our brains have also come to associate food with pleasure, you can expect your appetite to increase, especially for sugar which raises dopamine levels in the brain through the same chemical pathway that nicotine uses. Alcohol uses an as yet unidentified pathway to also stimulate dopamine. If you want your brain to return to a non-smoking equilibrium as quickly as possible, avoid resorting to foods that are high in refined flour and sugar, and alcohol of all types.

You can expect trouble sleeping, crankiness, frustration, anger, feeling anxious, difficulty concentrating, and restlessness.⁴²

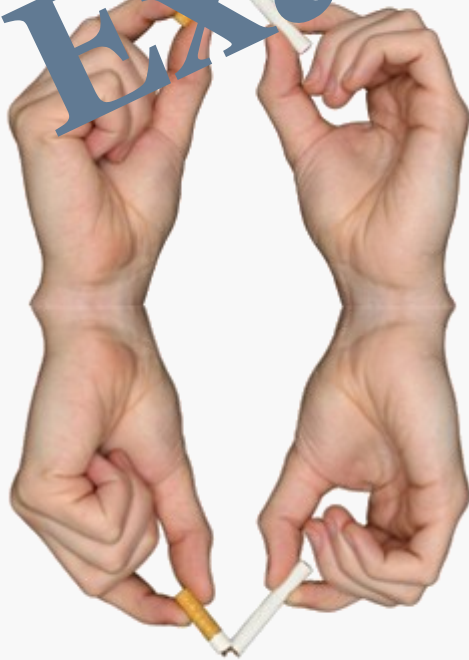
Not everything you will experience is bad. Right from the start, some positive things will start to happen in your body. Your heart rate will go down. Within days of your last cigarette, your blood pressure will begin to decrease. You will begin regaining much of the normal cardiac function that was damaged by smoking. If you don't start indulging on sugary foods, your triglyceride levels will start to drop.

Within weeks your sense of taste and smell will recover from tobacco's numbing effects. You'll be amazed at how much better your food tastes.

Within months any symptoms of bronchitis you may have been living with will decrease, and within a year, your lung function will have improved. Over the next two to five years your risk of myocardial infarction (heart attack) and cerebral vascular accidents (stroke) decrease. Once you reach the five year mark of remaining smoke-free your risk of lung and other cancers drops substantially.⁴³

The most important thing you can tell yourself, today, if you have tried to stop smoking before and failed is this, "I have failed, BUT I AM NOT A FAILURE."

Keep on reading. You may discover the secret weapon you've been missing in our Easy Quit-Smoking Tool Kit.



FORGET ONE SIZE FITS ALL!

No two people are alike. We all know that, but somehow when it comes to smoking cessation, you may feel like the medical community sees all smokers as though there is one size fits all. Part of this may stem from the fact that many medical professionals have never struggled with smoking and have a hard time relating to the many ways the addiction grips different people.

At the same time, medical professionals have an arsenal that can help you as a smoker kick the habit. Doctors and nurse practitioners can help you identify medication-based assistance that can make the process of breaking free from nicotine's stranglehold on your brain easier. Therapists can help you discover behavioral techniques that help you overcome the habits you have formed during years of smoking.

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MEDICATION-BASED TREATMENT OPTIONS

In 2008, the U.S. Public Health Service (PHS) released a clinical practice guideline identifying new counseling and medication treatments that have proven effective for helping people just like you quit smoking. A 24-member, private-sector panel of leading national tobacco treatment experts reviewed more than 700 research articles published between 1973 and 2007. Their summary of the research was compiled in *Treating Tobacco Use and Dependence: 2008 Update*.

There are now seven medications approved by the Food and Drug Administration as smoking cessation treatments. These medications can dramatically increase your odds of success. The seven medications are: 1) nicotine gum; 2) nicotine lozenges; 3) nicotine inhalers; 4) nicotine nasal sprays; 5) nicotine patches; 6) bupropion SR; and 7) varenicline.⁴⁴

Three interventions have shown particularly successful nicotine replacement therapy (NRT), bupropion, and varenicline. NRT reduces nicotine withdrawal symptoms. This increases the odds that you will stop smoking 1.5-2.0 fold. If you consume the nicotine equivalent of 15 or more cigarettes per day, you will benefit the most from this strategy.⁴⁵

An added benefit of the NRT approach is that there is less abuse potential since NRT products do not produce the pleasurable effects of tobacco products. Also, NRT does not contain the carcinogens and gases associated with

tobacco smoke.⁴⁶ Reduction of nicotine dependency is the primary focus of the therapy. Whichever form the nicotine is supplied in, be it lozenge, gum, nasal spray or patch, the quantity of nicotine is decreased systematically so that by the end of treatment, you are both nicotine and craving-free. All of the NRT delivery systems are equally effective, if you choose one that fits your needs and preferences.⁴⁷

Nicotine Lozenge and Gum

The FDA approved prescription nicotine replacement gum in 1984. Over-the-counter nicotine replacement gum became legal in 1996. The gum provides smokers with the control they desire over dose and the ability to relieve cravings, but others cannot tolerate the taste and chewing demands.

If you choose to go with a gum-based nicotine replacement, read the detailed instruction sheet included with the gum so you use of the nicotine gum correctly. These detailed inserts provide

instructions for how to use the nicotine gum correctly. This generally includes chewing the gum until you feel a peppery sensation on your tongue. Then you hold the gum in your cheek until the tingling sensation subsides. You chew again until you experience that tingling sensation again, then park the gum in your cheek again. You do this until chewing the gum no longer creates a prickly sensation. While you are doing this the nicotine is absorbed through the lining of your mouth.⁴⁸



It is important to remember that you shouldn't swallow while you are chewing the gum. If you do, your liver will destroy much of the nicotine before it has a chance to reach your brain. Your goal is to keep as much of the nicotine in your mouth as possible until it is absorbed into your bloodstream. If you don't, most of your investment in the gum will be wasted.⁴⁹

If you are worried about quitting all at once, researchers from the University of Pittsburgh and GlaxoSmithKline Consumer Health care found that smokers who want to quit gradually can be helped by nicotine gum. This study evaluated the safety of using nicotine gum while reducing smoking. No unexpected adverse events were observed, even among those who smoked the most heavily and used gum.⁵⁰ Using nicotine gum while smoking carries little to no incremental risk.

This is the first study to demonstrate that smokers who want to quit by gradual reduction can substantially

increase their success by using nicotine gum to make reducing the number of cigarettes they smoke each day easier to tolerate. Nicotine gum can help you reduce the number of cigarettes you smoke until you achieve total abstinence.

The advantages of an active NRT treatment plan is particularly evident if



you are a heavy smoker who needs to use nicotine gum. By including nicotine gum as part of your stop-smoking plan you increase the odds by six times that you will still be smoke-free 6 months later. If you are one of those people who have tried quitting in the past and feel you have a low chance of succeeding, this newer treatment option may be just what you need.

Nicotine lozenges work in your mouth as well. They work by providing a sugar-free hard candy for you to suck on. Mint is the most common flavor, with cherry also available as an option. You place the candy in your cheek and suck on the candy until you taste the nicotine. Stop sucking until the nicotine flavor goes away. Then suck on the candy again. Repeat this cycle until the candy is completely gone. If you have done it right, it will take about 20 – 30 minutes to get rid of the candy.

Because they look like candy, nicotine lozenges should be kept where children cannot get to them. You also need to be aware that you can become addicted to them.

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Nicotine Inhaler

The FDA approved the nicotine inhaler in 1998. You can only get it by prescription. The inhaler is designed to treat more than your addiction to nicotine. It is also meant to help wean you from the ritual components of smoking—drinking that cup of coffee while you smoke, taking the cigarette out of the pack, holding the cigarette in your hand, lighting up, inhaling and exhaling, to name just a few.

Often smokers especially miss the little activities they associate with smoking. Often the most relaxing times in the day are those little mini smoking breaks. Replacing cigarettes with a

cigarette-look alike that doesn't provide nicotine isn't as effective at assisting the adjustment from being a smoker to a non-smoker with a nicotine inhaler. Studies have also shown that the "cigarette-like" appearance of the inhaler and continuing to perform the rituals you have come to associate with smoking rarely creates long-term dependence or abuse of the inhalers.

Each nicotine inhaler looks like a cigarette, and you use it like a cigarette. The inhaler allows you to extract 4 mg of nicotine about the same as 2 – 3 cigarettes. As you breathe in most of the nicotine is delivered mainly to your mouth, throat and nose. A small amount reaches your lungs. The speed at which blood nicotine levels rise and the lower concentration the nicotine inhaler delivers has helped many smokers break free from their smoking habit.

Nicotine Nasal Spray

Nicotine nasal spray (NNS) was approved in 1996. You can only obtain it by prescription. NNS delivers a fixed dose of nicotine and allows you to retain control

over how often you use the spray. Nicotine delivers faster-acting nicotine results when compared to gum or lozenges.

Unfortunately, unpleasant adverse effects are a frequent problem with this nicotine delivery system. The nasal spray often causes irritation of the nose and throat, watery eyes, sneezing and coughing. These side effects are usually short-lived and are tolerated after the first week of use.

If you choose this form of nicotine therapy, you will start with 1-2 doses per hour—one spray to each nostril equals



a "dose." The Agency for Health Care Policy and Research (ACHPR) recommends you don't exceed a maximum of 5 doses per hour, or 40 doses per day.

Manufacturers suggest that you use the spray for a duration of up to 8 weeks, then taper off the number of doses during the following 4-6 weeks. Your goal is to be free of both cigarettes and the spray within 12 to 14 weeks.

Nicotine Patch

The nicotine patch is the newest NRT available. It received FDA approval in 1996. The patch has one primary advantage. It is easy of use, but some preplanning is needed. It can take from 2 to 6 hours for the nicotine to reach the brain.⁵² Rumors that the nicotine patch causes suicidal thoughts or changes have not been confirmed after extensive post-market review by the Food and Drug Administration.⁵³



Bupropion hydrochloride (Zyban, Wellbutrin)

Bupropion was first approved in 1985 for the treatment of Major Depressive Disorder under the trade name Wellbutrin®. It was discovered that bupropion also helped smokers with their efforts to quit. It wasn't until 1997 that the FDA finally approved its use in stop smoking strategies.

The 150 mg extended release tablet is produced under the label Zyban® which is specifically targeted toward stop smoking treatments. Bupropion is also available in generic forms.

As the first non-nicotine based drug approved for smoking cessation, no one actually knows why bupropion works. There are theories, but no one knows for sure how bupropion alters the brain. It appears to work by reducing the amount dopamine your nerves can take back up and inhibits norepinephrine. Because it doesn't prevent monoamine oxidase from breaking down dopamine and the ability of your nerves to reuse serotonin, your brain begins to reach equilibrium quicker.

Bupropion is just as effective as nicotine therapy. If you choose to try Zyban, your chances of kicking the habit and remaining smoke free six months from now are twice as high as if you had used a sugar pill.

In clinical trials, one out of five smokers who take bupropion stop smoking. Almost half of those who use bupropion experience insomnia and a dry mouth. These are probably as much side effects from nicotine withdrawal as side effects from using bupropion.⁵⁴

It remains a rare risk, but bupropion has been associated with seizures. If you want to try this approach, make sure that your doctor knows every medication that you take, including supplements. It is very important that you not take any medications at the same time that also have a risk for seizures.



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You will also want to stay away from alcohol for as long as you are on bupropion. Alcohol may increase the risk of a seizure.

Before you consider using bupropion, you also need to consider whether you have ever struggled with suicidal thoughts in the past. Reports to the FDA Adverse Event Reporting System (AERS) have identified cases of suicidal thoughts and behavior that have been directly connected with the use of bupropion. Women are at a higher risk for thinking about suicide, while men are at a higher risk for moving on to actual suicidal behavior.

If you find that you start experiencing the worse depression ever or unexplainable anxiety or suicidal thoughts during the first few weeks after you start taking bupropion, contact your doctor immediately. Your dose may need to be changed, or you may need to try a different approach.

Also, bupropion is a potent enzyme inhibitor. This means that some

medications including antidepressants, anti-arrhythmics and antipsychotics can become too concentrated in your blood and cause problems. Due to these potential negative interactions, your doctor may suggest that bupropion isn't the best choice for you.

Overall, many former smokers have found bupropion a safe and cost effective way to stop smoking.⁵⁵ Remaining in close contact with your doctor is the best way to make sure that bupropion works well for you.

Varenicline (Chantix)

In 2006, varenicline, marketed as Chantix, received FDA approval for use as a pharmacological aid for smoking cessation in adults 18 and over. It is available in 0.5 and 1 mg tablets. Chantix competes for the same sites in your brain that nicotine targets, preventing the nicotine from stimulating the production of dopamine. Varenicline still stimulates some dopamine production, which helps manage withdrawal symptoms, but according to the Chantix® website, it



triggers less dopamine production than nicotine and is easier to taper off than cigarettes.⁵⁶

The most common adverse reactions include nausea (30%), vivid, unusual, or strange dreams, constipation, gas, and vomiting. These are usually manageable symptoms.

Skin reactions, including swelling, redness and peeling of the skin have also been observed. These reactions can indicate an allergy to varenicline, so stop taking Chantix® immediately if you experience a rash or blisters in your mouth. It is also wise to see a doctor right away to prevent anaphylactic shock and possible death.

Other Chantix® users experience far more serious side effects. Hostility, agitation, depression, and suicidal thoughts or actions and other behavior changes may occur almost immediately after you start taking Chantix® or develop gradually over several weeks. For some people, the symptoms occur after they stop taking Chantix®.

You can expect to experience some tense nerves, agitation and depression because of nicotine withdrawal as you stop smoking. What makes these symptoms different if you are taking Chantix®? If you have not stopped smoking entirely, you should not be experiencing the full-blown effects of nicotine withdrawal. Consider this a warning that your body is not handling Chantix® properly.

Don't take Chantix® if you have been diagnosed with schizophrenia, bipolar disorder, or a major depressive disorder at any time in the past. Evidence suggests that your risk for hallucinating, developing suicidal thoughts or taking suicidal action is higher than someone who doesn't have this medical history.

Off-label Stop Smoking Medications: Clonidine and Nortriptyline

Clonidine and nortriptyline are effective stop smoking options. They have not been approved by the FDA for this use, thus the name "off-label".⁵⁷

Clonidine was initially used for the treatment of hypertension. Then the ability to diminish the symptoms of both opiate and alcohol withdrawal was discovered. Nine trials conducted between 1987 and 1989 demonstrated that smokers treated with clonidine were significantly more likely to quit smoking than those treated with placebo. You may wonder why the FDA never approved its use for stop smoking treatments. When the results from all nine trials were combined, high levels of agitation and anxiety were among the side effects observed. Clonidine has the potential to help you quit smoking in the short-term, by alleviating many of nicotine's withdrawal symptoms, but its benefits might be lost if you begin to experience high levels of agitation and anxiety. For

those who didn't react with agitation, the opposite effect of drowsiness.⁵⁸

Nortriptyline is an antidepressant which works by preventing the nerve cells in your brain from taking up noradrenaline (norepinephrine). Results from nortriptyline use compare favorably to bupropion and VBT. The chances you be smoke-free six months later is twice as high as if you took a sugar tablet and thought you were using nortriptyline. Studies suggest that the number of smokers who could achieve prolonged abstinence from smoking using this prescription is between 7 – 15%.

Compared to smokers who are given a dummy nortriptyline prescription, smokers who get the real thing experience less insomnia, sleep disruption, irritation, lack of attention, or anxiety.⁵⁹

Nortriptyline, like every prescription drug has side effects including sleepiness, constipation, water retention, and irregular heartbeat. If you have had kidney or heart problems, it might not be a good solution for you.⁶⁰ Current clinical trials suggest that using nortriptyline for to stop smoking is well tolerated and safe.

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The FDA currently considers nortriptyline a second-line therapy for helping smokers kick the habit. The treatment is currently limited to use on a case-by-case basis after first-line treatments have been used or considered. It is a low cost option so speak with your doctor about whether it is a viable option for you.

BEHAVIOR MODIFICATION

So what is behavior modification? If a picture of reclining on a couch in a psychiatrist's office comes to mind, you need a new view of behavior modification. A psychiatrist, psychologist or addictions counselor can be part of the process, but it isn't mandatory. It includes many different strategies, all directed at changing your thinking about the benefits you gain from smoking and the challenges you face in your emotions, habits and physical being as you consider a life without cigarettes.

Smoking self-awareness – Simple Behavior Modification for Anyone

Taking the time to consider how smoking affects your behavior and how not smoking will also affect your behavior can play an integral role in whether you stop smoking successfully or not. Many former smokers have found that keeping a smoking diary helps them prepare mentally for the challenge of breaking the smoking habit. You may be addicted to nicotine, but you are also addicted to the routine, the habits that surround lighting up.

Does doing this sound like a boring as well as time-consuming task? It will be easier if you get a small 3 by 5 spiral note pad that will fit in your pocket and be easy to carry around with you. Taking the time to really look at how your smoking habit is interwoven into your daily life is the first step to modifying your behavior. You can't modify behavior if you don't know what the behavior is.

Your smoking diary will help you see the patterns and routines that have

become ingrained smoking habits. Think of ways you can change up your routine so that smoking isn't associated with a certain activity. A cup of coffee and a cigarette may be your habit after dinner. Change things up. Go for a brisk walk after dinner before you light up. If you smoke inside your house, switch to smoking outside, no matter how cold it is outside.

THINGS TO RECORD IN YOUR STOP-SMOKING DIARY.

- ✕ When do you light up? Within a half hour of waking? Record the time and location every time you light up a cigarette.
- ✕ Make a note of what you were doing right before you lit up. What will you be doing right afterwards?
- ✕ Where were you at?
- ✕ What kind of mood were you in?
- ✕ Did you feel like you had to have a cigarette immediately? Or did you smoke because you wouldn't have the time to do it later? Or you were bored?

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***Create a list of the reasons
you want to stop smoking.***

Your goal at this point is to become aware of your smoking related behavior. Observe how you smoke, when you smoke and where you smoke. You can use this information to develop a personalized victory plan.

Another behavioral modification strategy that many former smokers have used involves writing down the reasons you want to stop smoking. Once you have a list, prioritize it, the most important reason at the top and the least important at the bottom. Copy the top three or as many as you want onto a 3 x 5 card. Decorate it, if that's your style, then laminate it. Some people make copies and place them in all the trigger locations they identified when they started keeping a smoking diary. Others carry the one card in their pocket to pull out whenever they are tempted to smoke. In either case, reminding yourself of your goals can help you resist that cigarette.

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For other individuals, the most powerful behavior modification is putting the cigarette off until later. These individuals find that allowing themselves the freedom to take up a cigarette sometime in the future gives them the immediate ability to say no. This technique usually works more effectively for lighter smokers as nicotine withdrawal isn't as aversive an obstacle when dependency isn't as well entrenched.

Quitting the smoking habit alone

***Prioritize your reasons for
quitting.***

may work for some people, but if you are like most people, the odds of success go way up when you surround yourself with support. That is actually a basic form of behavior modification.

An interesting study that spanned nine countries and eight years, correlated the results from 33 different clinical trials. When the results were tabulated, guess which programs had the most successful stop smoking rates? The ones where the

stop smoking program began while the person was still in the hospital and was followed with at least one month of counseling and support.⁶¹

If you don't have anyone to quit with you, go to a smoking-cessation clinic at a hospital or a community/public health center. There you will meet other people just like you who want to quit. You might be helping someone in the group while it is helping things click for you.

Support on the Internet

But therapy or support groups aren't the only choices today. Behavioral therapists have spent the past decade adapting treatment plans to meet the needs of people just like you who find time is extremely valuable. You may prefer using email, chat and the internet as your support resources. Others lose weight using internet support. Why not use it to help you stop smoking?

The internet is an abundant source of self-help materials.

***Post those reasons where
you will see them everyday.***

Cognitive-behavioral therapy

If you need special targeted help, if you feel overwhelmed with the process of trying to understand why you do what you do when it comes to smoking, cognitive-behavioral therapy (CBT) can be helpful. While some techniques are used in group settings, CBT usually involves targeted one-on-one counseling that connects you with someone you could consider a stop smoking coach. Your personal CBT coach will teach you how to recognize your own high-risk smoking situations. Your CBT coach will help you develop your own alternative coping strategies, not just tell you what you should do. The whole goal behind CBT is to enable you to manage stress, improve your problem solving skills and increase your social support network in ways that you are able to follow through with because the strategies fit you, not the counselor.

Research has shown that when therapy is tailored directly to your situation, you have a greater chance for success. Many times a skilled CBT counselor will help you discover strengths you didn't realize you possessed.

Unfortunately, behavioral therapy, counseling, and support groups aren't convenient. That's where self-help programs, such as this book can help. Our goal is to enable you to tailor a stop smoking plan that works for you. We admit that self-help programs aren't usually as effective as clinical interventions, where you aren't able to get to your cigarettes for a period of time, but they are cost-effective, accessible, and more appealing to a busy population.⁶²

You can combine a self-help program with NRT, nicotine medications, and/or complementary and alternative medicine (CAM) which we will discuss next.



Hypnosis

Hypnosis has often been overlooked as a genuine intervention for smoking. This may be a good thing because everyone who tries hypnosis should understand something of how it works and the risks involved.

Hypnosis works by helping you relax your natural guard against ideas that you don't necessarily agree with. For example, you may not feel that you can stop smoking without turning into a nervous wreck. When you first enter the hypnotist's office and he or she tells you that it is possible to stop smoking without becoming a bundle of nerves, you don't believe it.

Hypnosis Continued

But here's the key. You want to believe it. So, in order to break down your resistance to the idea, the hypnotist takes you through a series of steps that help you relax your muscles, then your mental and emotional resistance. As long as you can't resist the suggestions of the hypnotist, your mind will allow the idea that you will be calm and controlled when you stop smoking to take hold. It may take several sessions to fully accept the idea, but once you accept the idea, you will find it easier to be calm, just because you expect to be.

If at any step along the way, you resist relaxing your mental defenses, you will not reach the hypnotic state of "hypersuggestibility." You can also resist

the suggestions of the hypnotist at any time during the therapy session. You must be willing to enter the hypnotic state and lay aside your own opinions and ideas.

This can make you vulnerable. Each time you allow yourself to enter the trance state, it is easier to do so. While most hypnotists are honest people who truly want to help you, not every idea a hypnotist suggests during a session will be ideas you want to embrace. You have the ability to resist such ideas, but it is harder to resist them in a fully relaxed state.

The chances of you leaving a state of hypnosis to do something crazy or odd are quite slim. Rather your mind becomes more open to many ideas, many helpful, but others destructive. Your natural resistance to suggestibility is weakened. Hypnosis may be helpful in the short term, but it is not without some long-term loss of mental vigor and independent thinking ability.

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Biofeedback

Biofeedback, the ability to become aware of a part of your body and control it with your mind, is another component of complementary and alternative medicine (CAM) that has generated some interest as an aid to stop smoking efforts. Because the smoking habit is frequently used by smokers to manage stress, biofeedback can be a useful tool that replaces smoking as a stress management tool.

Biofeedback training can help you change your body's reaction to stress. The area of your brain that processes



everything you see, called the occipital lobe by health professionals, offers hope to smokers who manage their stress through smoking. Research has demonstrated that if you can learn to increase your 8-12 occipital EEG activity, a state of relaxation where you feel awake and aware, but tranquil and calm, you are far more likely to still be smoke-free than if you don't master this skill.⁶³

One reason that biofeedback may help smokers break free and stay free from smoking is that this brain wave pattern is healing to the brain and may help accelerate the restoration of normal dopamine response on the cellular level.⁶⁴ This treatment can be used with NRT, non-nicotine medications and behavior modification without any risk of conflicts between the different systems.



Acupuncture

Acupuncture is a primary branch in the traditional practice of Chinese medicine. Other branches include herbal preparations, massage (tui na), diet, moxibustion, and other therapies. As such, acupuncture is part of a comprehensive system with unique perspectives on etiology, diagnosis, and treatment.

Acupuncture has been used in eastern health care for thousands of years. One study conducted in Norway suggests that if the right points are selected, the desire to smoke decreases.⁶⁵ But another study cited on Aha.com says that the data fails to support claims that acupuncture works better than placebo when used as a means of supporting a plan to stop smoking.⁶⁶

Do not let this finding prevent you from trying acupuncture if you have had positive experience with this method of treatment in the past. Some individuals respond to acupuncture and some do not. If you are responsive to acupuncture, you can also use it in conjunction with NRT or non-nicotine medications and behavioral therapies.

NUTRITION AND EXERCISE

At no other time is the way you eat and whether you move or not more important than when you decide that you want to conquer that smoking habit.

Nutrition

Believe it or not, what you eat can help you stop smoking. Unless you are in the habit of smoking menthol cigarettes, you may be able to use eating tricks to help cigarettes lose their appeal.

Unfortunately, if you are a menthol cigarette smoker, you are less likely to find that food changes your perception of how a cigarette tastes. This may have something to do with the fact that menthol covers up the taste of smoke and other flavors as well. The first step to becoming smoke free for you may be switching from menthol to regular cigarettes. This switch alone may help you get started on your plan to reduce the amount you smoke. Then after a few weeks, start experimenting with a change

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These diet choices could make it easier to cope with nicotine withdrawals.

- ☠ **The heavier and richer a meal is, the more likely you will go looking for a cigarette.**
- ☠ **Dairy products, such as milk, cheese and yogurt, make cigarettes taste bad. So a few bites of cheese, or a few spoonfuls of yogurt right before the time you would normally smoke could help you get a bad taste in your mouth when you smoke.**
- Fruits, especially apples, are antagonistic to cigarette smoke. Orange juice seems to also be antagonistic to the flavor of cigarette smoke.**
- ☠ **Vegetables, especially carrot and celery sticks, help to lessen your cravings. Both are naturally high in anti-oxidants and minerals.**
- ☠ **Unbuttered popcorn supplies fiber and something to snack on if your cravings get the best of you.**
- Vegetable protein foods like beans will keep your blood vessels relaxed.**
- ☠ **Tomato juice may be helpful because it is a member of the same night-shade family that tobacco comes from.**
- ☠ **Rooibos and green tea help to cleanse and heal.**
- ☠ **Drink pure water right before smoking. This clears the palate and makes you more aware of the flavor of the smoke.**

in diet and see if it makes things just a bit easier for you.

What you eat can also make it harder to quit. Some things should be avoided. Alcohol, coffee, colas and meat enhance the flavor of tobacco smoke. These foods also enhance the effect of nicotine, reinforcing the urge to have that smoke.

The vitamin Niacin has been a popular natural cholesterol reducing treatment for years. It's ability to help smokers is a lesser known trait. It was originally known as nicotinic acid (notice the similarity in the name).

This nutrient may help you stop smoking. The theory is that the niacin will bond to the nicotine receptor sites in your brain, reducing your cravings.⁶⁷ Timed release formulas may be the most helpful and are less likely to cause what is known as niacin flush. While niacin flush is not life threatening, it can be very uncomfortable. Your nicotine withdrawals will be problem enough.

If you choose to add this supplement to your diet, consult your doctor. Too much niacin can cause liver damage and other health complications. You should never take more than 3 g/day.



Exercise

Weight gain is a concern for both men and women, but especially women. One study demonstrates that a stop smoking program that includes multifaceted approaches (including exercise) not only helps address the problem of

weight gain but it increases **smoking cessation** rates among women.⁶⁸

Researchers set up the study using two hypotheses.

The first was that women who engage in a multifaceted approach to smoking cessation that includes a structured exercise program, NRT, and weekly counseling sessions will experience less weight gain during an 8-week smoking cessation program and at the 4-month follow-up session than women who engage in NRT and weekly counseling sessions alone. The second hypothesis was that women who engage in a structured exercise program with NRT and weekly counseling sessions will have higher smoking cessation rates at the end of the 8-week smoking cessation program and at the 4-month follow-up session than women who engage in NRT and weekly counseling sessions alone.

Both hypotheses proved true at the end of the study. Exercise helped the women manage their weight gain, and increased their success rate. Because men



build muscle even easier than women, the benefits of exercise for weight management would be even more pronounced.

Increased activity has another benefit for both men and women. Exercise reduces symptoms of nicotine withdrawal.⁶⁹ It does this through a number of channels. (See side bar.)

So what is exercise? Exercise is any physical activity that gets you breathing hard enough that you can still carry on a conversation but can't sing. If you find yourself getting out of breath, you need to slow the pace down a bit.

You can choose formal structured activities such as jogging, power walking or weight lifting. Or incorporate life-style exercise such as gardening or bicycling to

WAYS EXERCISE REDUCES NICOTINE WITHDRAWAL SYMPTOMS.

- ☠ **When you stop smoking your addicted brain starts to scream because you no longer have as much dopamine flowing. It is now that you began to realize how many of your feel-good receptors have been turned off. Exercise helps to turn them back on!**
- ☠ **Exercise is a dual purpose diversionary tactic. While helping you burn more calories, it gives you something else to do instead of lighting up. It's hard to light up when you are jogging or pumping iron intensely.**
- ☠ **Exercise reduces the stress hormones cortisol, GH and norepinephrine. Not only does this help keep that "wound up" feeling under control, it helps keep you from packing body fat onto the midsection (where nobody wants to gain weight).**
- ☠ **Depression is another side effect of stopping smoking and exercise fights. It is a keystone for natural depression treatment, and it will help you as well.**

Exercise can improve your confidence and motivation. As you start to look better and feel better, it's easier to stick to your goals.

work.⁷⁰ Make it your goal to add activity to a total stop smoking plan that includes that makes it difficult to smoke while you use the use of NTR, non-nicotine medications, are doing it and increases the flow of blood and/or CAM. oxygen to your brain, whatever that activity may be. And remember that you can always add exercise, as the study did,

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Other Products to Keep an Eye Out For

An anti-smoking mouthwash is available in the UK that makes the taste of cigarettes unbearable. Even smokers who are pack-a-day smokers quickly cut back to as few as five within a week of making the mouthwash part of their daily routine. Until it does become available in the U.S., consider gargling with a product known as liquid silver. Don't swallow unless you want to turn blue.

While people can be helped during the time an intervention is delivered, most intervention programs are short-term (1–3 months).¹⁰ Within 3 months, 75–80 percent of people who try to quit smoking relapse. Research has now shown that extending treatment beyond the typical duration of a smoking cessation program can produce quit rates as high as 50 percent at 1 year.



PLANNING TO SUCCEED—FACE YOUR FEARS

In order to succeed at anything in life, it takes planning and preparation. Whether you are an auto mechanic or a scientist, you prepared for the field you are in. Granted, most of us go into our life-work to some extent because we are interested in that area, but anyone who is successful at what they do, is successful because they follow a plan. It might not have been their own plan, but it was a plan.

The first rule for success is very simple. **FACE YOUR FEARS.** Everyone has them. You are no exception. Probably the biggest fear is this: I won't be able to quit. All the other fears feed this primary fear. So we are going to look each of these secondary fears in this chapter.

"Even with the best preplanning, quitting is an extremely unsettling experience. It may feel as if somebody dropped a bomb on your life."

—anonymous smoker

FEAR

WEIGHT GAIN—FEAR YOU'LL TURN INTO A BLIMP

First, you need to realize that not everyone gains weight when they stop smoking, though most people do gain about 10 pounds. Your risk for gaining weight depends on how long and how much you've smoked and the exercise and diet choices you make after to put your cigarettes away.

If you have been smoking one or more packs per day for over 10 years and you have been a junk-food junkie all that time, you are far more likely to gain weight, than someone who has learned to enjoy a diet high in antioxidants, rich plant foods and a lifestyle that includes exercise.

Your Metabolism

So why is weight gain a problem at all? Nicotine artificially whips your metabolism into higher gear. When the nicotine is gone, your metabolism slows down. Right after you quit, there may even be a rebound effect. Your metabolism may really slow down. It's like your whole system says, "Thank you! We needed a rest."

This slow-down doesn't have to remain permanent. Exercise actually rejuvenates the metabolism naturally and rebuilds it.

Obviously, the last thing you want to worry about when you are trying to quit smoking is going on a diet at the same time. Two stresses at the same time would be crazy. Make a few simple diet changes. They can get you through without excessive weight gain.

Replace rich desserts (which will make you crave a smoke more anyway) with light fruit-based desserts, and keep the portions under control. Replace white bread with 100% whole grain breads. Incorporate more anti-oxidant rich foods into your diet.

In general, try to incorporate enough focus with fiber in your diet to reach 20 grams for women and 30 grams for men. Use a supplement if you have to. The increased fiber will make a big difference in how your blood sugar spikes after meals, which can make a major difference if you are a borderline diabetic.

The Weight Gain That's Good for You

Then there is the weight gain that isn't really weight gain. It's water retention. Nicotine also acts as a diuretic, putting your body into a constant state of slight dehydration. One of the first things your body does when the nicotine leaves is to hoard the water it's been craving.

Gaining a few pounds because your cells are finally getting the water they need isn't a bad thing. Proper hydration helps keep your cells healthy and cancer free. If you make it your goal to drink at least 2 quarts or liters of water a day, you'll quickly discover that the "bloated" feeling goes away. Once your cells are clean, they'll quit hoarding water.

Keeping Things in Perspective

We mentioned earlier that your risk of becoming a diabetic after quitting are higher than if you had never smoke. Remember, your risk of becoming a diabetic is already high if you continue smoking. Reviewing the section on diabetes risk might be helpful about now.

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Also remember this, the other health risks connected to smoking outweigh the risk connected with gaining even 20 pounds. You would have to gain close to 100 pounds before you would start facing the same level of health risk your smoking habit creates every day.⁷¹



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FEAR

LOSING FRIENDS

This is a genuine fear for many smokers. In an age where smoking is allowed only in designated areas, friendships form between smokers. It's only natural. When you decide to stop smoking, what happens to these relationships? Will the others feel like you are betraying them? If you are successful, will they feel jealous of your victory?

You can retain close bonds to other smokers by encouraging each other to stop smoking. You can work together through the Easy Quit-Smoking Tool Kit. If one of you gets ahead in the stop-smoking process, make every effort to not brag about your progress. Instead, be open about your struggles.

You may want to create a new place to take those breaks and replace smoking a cigarette with a brisk walk. You will be amazed at how much your friendships will be strengthened by walking together or doing other activities that don't require you to sacrifice your health for friendship.

FEAR

LOSING THE GREAT COMFORTER

Do you see your cigarette as a friend that gets you through tough times? Is just knowing that there is something really stressful going on you can turn to that cigarette and within a few breaths feel calmer and more in control comforting? You are not alone. Most smokers do what medical professionals call "self-medicate."

Cigarettes are a legally obtainable drug with powerful mood altering properties. This is one of the reasons they are so addicting. When you are feeling down, there is no question that a cigarette will make you feel better for a little while.

But this comforter comes with a steep price tag. It doesn't comfort for long, so you have to come back for more. Then, at least 50 known carcinogens and additional poisons hitch-hike along with it. Both the cigarette and its pals cause damage to every organ in your body, including your sight and hearing.

“To some, the cigarette is a portable therapist.”

—Terri Guillemets

And life is guaranteed to keep on sending stresses. So if you believe that smoking is the best comforter out there, it's going to be next to impossible to quit turning to it.

As a smoker, you probably have a list of the things smoking helps you cope with in your daily life. Changing these beliefs has nothing to do with whether they are true or not. Many of the things you have said to yourself are true. Unfortunately, being true, doesn't make a belief one that promotes your health!



Have you ever said, “Smoking helps me...”

You could finish that sentence with any number of answers. Let's look at some of the things you may be saying to yourself right now, and see whether there might be a way to reframe your point of view.

Deal with stress.

Smoking is a favorite tension tamer. But if you honestly answer the following question, you'll realize that it's a temporary band-aid. “Does smoking permanently remove any stress from your life?”

The best smoking can do is medicate your stress in a way that causes damage to your entire body. The cure is worse than the remedy.

Exercise is one of the best stress reducers out there, and it strengthens your entire body. Why stick with something that pretends to help you, while it's destroying you?

Deal with anger.

The cigarette may help you feel like you have let go of the anger. But have you really? The best test is for the same person to get in your face. If smoking has helped you deal with the anger, you can expect to handle things differently. If it hasn't, you're right back where you were before. Same feelings, same emotions. Smoking masked your emotions rather than resolving them.

All of us avoid dealing with emotions, such as anger to some extent. We want to feel good about ourselves, and anger is an emotion that creates a great deal of stress. Sometimes it seems like it comes out of nowhere. And even when we think we know what caused it, we want to get it over with quickly.

FEAR

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The truth is smoking just puts off dealing with the real issues. You can only do that for so long. Eventually something is going to give. Either you won't be able to keep the anger bottled up anymore, or something in your body will break down. Your blood pressure will go up (already a risk as a smoker) or something else will short out.

Smoking is a very costly way to deal with anger.

Deal with everything.

That cigarette may be the first thing you think of in the morning. Light up and immediately your day looks brighter. The answer to everything good and bad is a cigarette. The meal was good. Celebrate with a cigarette. It was a good day. Relax with a cigarette and savor the memories. Bored? Light up. It helps the time pass. Can't sleep? A cigarette gives you something to do. You've so woven smoking into your life, you can't imagine what it would be like to not have a

IDENTIFY YOUR TRIGGERS

cigarette to share your joys or woes with you.

One former smoker says that she thought of smoking hundreds of times a day at first. The thoughts diminished with time. Her personal tool was to choose to think like a non-smoker.⁷² A non-smoker would consider lighting up a cigarette about as smart as lighting up a cow-pie in a pasture and breathing in the smoke.

You can find other more productive ways to rejoice in the good things in life. How many deep breaths do you normally take smoking a cigarette? Take the same number of deep breaths every time you feel like life has been good. You can also fill your mind with positive thoughts while you take those deep breaths when things are going rough.

☠ Do you always light up when you are chatting with someone on the phone? Have someone else answer the phone, or plan on an alternative activity that you can do while on the phone. Organize the socks, fold the laundry, start a batch of bread in the bread machine, find something that keeps your hands busy.

☠ Do you have a routine you start your day with—make a pot of coffee, pour a cup, then sit down for a smoke? Change the routine. Start your day with two glasses of water with a squeeze of lemon in each. Then take a hot shower to open up your pores and invigorate your circulation.

☠ Do you have a favorite spot you sit in with your coffee and smoke? Don't feel like you are a weakling if you avoid that area of your house for a while.

The truth is you can deal with everything in your life without sacrificing your health.

Bond with my friends.

We mentioned this earlier. There are so many healthier ways to bond with people. In order to take control of your health, you may have to stop hanging out with the people who aren't willing to support your desire to quit.

The parallel truth here is that people who are real friends support the friends. A real friend won't light up in front of you to tempt you. Unfortunately, telling yourself this is little comfort when you feel alone and vulnerable. We all crave the companionship of others who share our interests. And sometimes it's nice to know that you can just "hang out" with no one expecting you to do anything or be anybody.

Remind yourself that there are other places to develop friendships. That spot where the smokers hang out isn't the only place where you can make friends. Join a walking club. Start your own, "Stop Smoking Club" and let the motto be, "We

are a group of ex-smokers and want-to-be ex-smokers, meeting to encourage each other." In this case, there's nothing wrong with being a wanna-be. It's the place every ex-smoker had to start.

Feel like I've arrived.

Many a 16- to 20-year-old begins smoking for psychosocial reasons. The act of smoking is symbolic: It signifies adulthood. He smokes to enhance his image in the eyes of his peers. — From a Philip Morris report

Are you a smoker who started because you wanted to feel grown up, like you weren't a child anymore? Every time you've been asked to show your ID to buy a pack of cigarettes, that feeling has been enhanced.

Then gradually, no one asks for the ID. To tobacco effects on your skin make it apparent you are old enough to smoke. You've arrived, but where?

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NOT MAKING IT THROUGH THE PAINFUL WITHDRAWAL

FEAR

If this is your biggest fear, you are not alone. More smokers hit this barricade than any other. Most of the information in the preceding chapter focuses on the options that are available to help you deal with this aspect of quitting.

The reality is that the withdrawal can be uncomfortable. If you go cold turkey, the next week of your life may be very uncomfortable, especially if you have been using cigarettes for years to cope



with uncomfortable situations. That is why we have shared so much information with you.

Many smokers slip up. You may be one of them. If you do, your brain will really reward you, because it has been starved for the artificial stimulation of those dopamine receptors. That's why the "I'll just smoke one" idea is a dangerous one. You may stop with one. In fact, one smoker reported on a stop smoking forum that he was still hooked on having one cigarette a day, at exactly 8:00 p.m. every day.

NOT QUITTING

FEAR

Do you fear that you'll make it through that painful withdrawal only to fail later down the road and return to smoking once again, only to have to go through all this again? You aren't alone. Here is some interesting information that may encourage you.

- Initial attempts to stop smoking often fail because they weren't planned out carefully. The decision was emotional rather than rational.

One smoker reported on a stop smoking forum that he was still hooked on having one cigarette a day, at exactly 8:00 p.m. every day. He was determined to finally get over this one cigarette. Maybe it wasn't a complete quit, but he was smoking 1 less cigarette a day. At this point, his "addiction" may have been as much emotional as chemical, because some studies suggest that you have to maintain a certain level of nicotine in order for addiction to continue. (This may not be true of some individuals. Adults whose mothers smoked or were exposed to second hand smoke during pregnancy may have hypersensitive dopamine receptors that are especially addiction prone.)

When formal statistics are gathered, 75% of former smokers say they did it without NRT or medications. They did it "cold turkey."



MAPPING OUT YOUR OWN PLAN

Remember, your addiction is legal, but it is still an addiction. Your brain is going to attempt tricking you into thinking you need those cigarettes to function, when you really don't. Use every aid you can to help you through that first week. Keep on using them until you are free.

There are some general guidelines you can use to develop your plan, but ultimately mapping out your own plan comes down to what you think will work for you. Only you, and possibly someone who is very close to you, knows you well enough to develop a personalized stop smoking roadmap.

GENERAL GUIDELINES

- ☒ One of the first steps to success is to associate smoking with extreme pain. Review every one of the medical risks you take with every smoke. Turn the pain of withdrawal into a friend, but reminding yourself that this is what the nicotine is really doing to you. It's actually hiding the fact that it's killing you by handing out little packages of pleasure. It's like taking a small dose of arsenic in a lollipop. The candy tastes sweet. Then one day you just drop dead from the toxic build-up.
- ☒ Review the medical options available to you including nicotine replacement therapy and non-nicotine medications that can help you get through those first days of nicotine withdrawal. While you don't have to use any of the options, you may find that they will be helpful, especially if you have tried quitting before and weren't successful due to withdrawal symptoms.
- ☒ See your doctor and discuss your plans. Discuss NRT and other medical options.
- ☒ Decide whether you want to taper off smoking gradually or just get it over with.
- ☒ If you decide to taper off gradually (a decision fraught with danger), decide exactly how you are going to do it. Use a day planner to set your specific goals. Make it a little less convenient to get to your smoking supplies by putting things away in an inconvenient location.
- ☒ If you plan on stopping "cold turkey", get rid of every piece of smoking paraphernalia in your home — matches, ashtrays, cigarettes, etc. If you associate it with smoking, get it out of your sight!
- ☒ Set a start date; then stick to it. There will always be a "good" reason to put that day off.
- ☒ Fill your frig with the foods that will help you fight your cravings.
- ☒ Plan activities you will use to replace your old habits. Experiment with some of them.

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EXTRA BEHAVIORAL HINTS

We have mentioned some tips all along the way. Here are some additional things you can do to help yourself get through those first rough days.

- ✖ Stick licorice is helpful to some individuals. Sucking on the end of the stick replaces the hand-to-mouth action of smoking. If you bite off both ends, you can draw deep breaths of air through the tube as well as the strong flavor of black licorice can be satisfying to some, while some prefer the flavor of red. American Red Vines® Black contains real licorice extract, so limit yourself to 5 – 10 black vines per day, and don't use for more than six weeks at this quantity. The extract may help with withdrawal symptoms but using too much can raise blood pressure, cause headaches and heart palpitations. Twizzlers® brand doesn't contain the licorice extract, so your only concern with that brand is the sugar.

- ✖ Fresh oranges have helped many smokers. When you get the urge to smoke, slice an orange into 8 sections. Consciously suck on each piece of orange, savoring the flavor until you have extracted every bit of juice. If you listen to calming, melodic music while you are doing this, it will help to enhance the healing brain waves that restore your brain to chemical-free functioning.

Create a favorites list in your internet browser that is filled with sites that have tips from former smokers.

- ✖ Write down or purchase a journal to record your journey. Or join an internet support group and follow your way through the Easy Quit Stop Smoking program you design for yourself. Nothing will help you get through this more effectively than encouraging others and being encouraged.

- ✖ Use those times you used to smoke to come up with plans for achieving some other goal in your life. Why not figure out what you will do with the money you are saving each day by not smoking?
- ✖ Breathe deeply at least 20 times. First, relax as much as possible. Then take a deep breath allowing your ribs to not only expand upward, but out to the sides. Slowly let the air out through your lips, just like you would do if you were letting go of a mouthful of smoke—slowly, consciously. Push as much air out of your lungs as possible.
- ✖ Carry a heavy rubber band around on your hand (one big enough to fit around your hand or wrist without cutting off your circulation). Every time the urge to smoke starts to get the best of you, pull the rubber band back and let it snap the top of your hand (or wrist). At the same time, remind yourself that the pain of cancer if you keep on smoking is going to feel a lot worse than that.

SUCCESS AT YOUR PLAN

The day has arrived, and you are hopeful that this time it will be easier. It will be. Do you know why? Because you are ready to do this. You are committed to doing this. And you know what you are up against. You aren't just doing this because your emotions are telling you to. Your head and your heart are in agreement. This time round.

After reading that last paragraph you may be saying, "Am I crazy? I have mixed feelings about this." My heart and my head are flip-flopping this way and that right now.

If these are still your feelings at the moment, you have two choices. 1) Plunge ahead as though you are fully committed; or 2) take more time to consider the consequences of continuing to smoke and set a new date for starting. If you aren't ready by your "quit date," don't use that as an excuse to give up the idea. You may

need more time to let all the information soak in.

And don't overlook the value of surrounding yourself with support. This can be other smokers who are trying to quit, ex-smokers, health professionals, websites, etc.



When the urge to smoke strikes, remember the 5 D's.

Delay – The urge will pass.

Drink Water – It will fight off cravings.

Do something Else – You can distract yourself.

Breathe – It will relax you.

Discuss – Talk to yourself. Identifying whether your thoughts are rational or not can help you considerably. You don't have to do it out loud.⁷³

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Day #1: Your Free Life Begins

"A cigarette is the only consumer product which when used as directed kills its consumer."

– Dr. Gro Harlem Brundtland

My Strategies for Today

Day #2: Review Your Strategies

My Strategies for Today

"Exercise can't counteract the damage being done to your body while you continue to smoke. What exercise can do is help you kick the habit."

- Kenneth H. Cooper, MD

Take a brisk walk instead of lighting up that cigarette. Not only will the walking distract you, the exercise will release endorphins that suppress your nicotine cravings.

Day #3: Physical Withdrawal Hits!

“One thousand Americans stop smoking every day — by dying.”

– Author Unknown

My Strategies for Today

Example

Day #4: It's OK to Be Grouchy.

My Strategies for Today

Example

“Far too many times over the next 10 to 15 years, it was brought to my attention that people who followed my exercise guidelines exactly but ignored their diet, their weight and their cigarette smoking had heart attacks at age 55.”

– Kenneth H. Cooper

*If you slip and have a cigarette, don't become defeatist and give up, thinking you've failed. **YOU HAVE NOT.** Everybody who tries to quit smoking slips a few times. **EVERYBODY.** With persistence, you will quit— if you really want to. For you. – “Chris” **

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* <http://www.randomterrain.com/favorite-quotes->

Day #5: Other Cravings Appear

“Smoking kills. If you’re killed, you’ve lost a very important part of your life.”

—Brooke Shields.

My Strategies for Today

Day #6: Don’t Give Up Now!

My Strategies for Today

“The public health authorities never mention the main reason many Americans have for smoking heavily, which is that smoking is a fairly sure, fairly honorable form of suicide.”

—Kur Vonnegut

“Children have never been very good at listening to their elders, but they have never failed to imitate them.” – James Baldwin

Day #7: Imagine a Calm Future

"If people don't love themselves enough to cut down on their smoking, they may love someone else enough to do it."

—anonymous smoker

My Strategies for Today

Day #8: The Worst Week is Past

My Strategies for Today

"It is clear that medical costs will increase if non-smoking spreads. It's better that people smoke a lot and die early."

—A doctor at Ida Hospital in Kawasaki City, Japan (He later apologized.)

As you think, you travel, and as you love, you attract. You are today where your thoughts have brought you; you will be tomorrow where your thoughts take you.
—James Lane Allen

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Day #9: Don't Things Taste Better?

“Get me well so I can get on television and tell people to stop smoking.”
– Nat King Cole


My Strategies for Today

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Day #10: Review Your Reasons

My Strategies for Today





“Sometimes I just sit in front of a mirror

and watch myself inhaling that poison gas.

If I was in a concentration camp and someone tried to make me do that, I'd want

to kill them – an anonymous smoker

People

All changes, even the most longed for, have their melancholy, for what we leave behind us is a part of ourselves; we must die to one life before we can enter into another. —Anatole France

Day #11: Heart Attack Risk is Down

“Forcing smoke down my lungs is pulmonary rape. It invades my body against my will, and it's not fair.”

—Patty Young

My Strategies for Today

Day #12: One Puff? Don't do it!

My Strategies for Today

“Could we change our attitude, we should not only see life differently, but life itself would come to be different. Life would undergo a change of appearance because we ourselves had undergone a change in attitude.”

—Katherine Mansfield

We must learn to view change as a natural phenomenon —to anticipate it and to plan for it. The future is ours to channel in the direction we want to go... We must continually ask ourselves, "What will happen if...?" or better still, "How can we make it happen?" —Lisa Taylor

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Day #13: Cravings Still Hanging On

Man does not simply exist, but always decides what his existence will be, what he will become in the next moment.

—Viktor Frankel

My Strategies for Today

Day #14: Your Brain is Repairing

My Strategies for Today

Since the human body tends to move in the direction of its expectations - plus or minus - it is important to know that attitudes of confidence and determination are no less a part of the treatment program than medical science and technology.

—Norman Cousins

I have accepted fear as a part of life - specifically the fear of change... I have gone ahead despite the pounding in the heart that says, "Turn back..." —Erica Jong

Day #15: Hang on to Your Freedom

Thank heaven, I have given up smoking again!... God! I feel fit. Homicidal, but fit. A different man. Irritable, moody, depressed, rude, nervy, perhaps; but the

My Strategies for Today

Example

Day #16: You've Passed Halfway

My Strategies for Today

Example

All that a man does outwardly is but the expression and completion of his inward thought. To work effectively, he must think clearly; to act nobly, he must think nobly.

"When I still had cravings after three weeks, I said, 'The hell with it,' and lit up. This time I knew that it was just a matter of time. That made all the difference — knowing what that time was and holding on 'til it was past." —HealthPartners®

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Day #17: Think Yourself Free, Be Free

Day #19: Believe You Will Succeed!

If one asks for success and prepares for failure, he will get the situation he has prepared for.

—Florence Scovel Shinn

My Strategies for Today

Day #20: Emotions Can't Be Trusted

My Strategies for Today

It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.

—Charles Darwin

It's OK to avoid places and situations where you would be tempted to smoke. A wise man has said, "The complacency of fools will destroy them." You are still vulnerable.

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Day #21: Three Weeks = Years to Live

“Take your life back from the tobacco companies. They don't own you anymore.”
—Duane Alan Hahn

My Strategies for Today

Day #22: Entering the Homestretch

My Strategies for Today

“Our minds can shape the way a thing will be because we act according to our expectations.”

—Friedrich Schlegel

...ing to think. – Martin Luther King, Jr.

Nothing pains some people more than having to think. – Martin Luther King, Jr.

Day #23: The Odds are in Your Favor

"The verdict is still out on my life, the judge having not yet instructed the jury, both of whom are me."

— Robert Brault

My Strategies for Today

Day #24: Circulation is Improving

My Strategies for Today

It's never too late - in fiction or in life - to revise.

Nancy Thayer

As you think, you travel, and as you love, you attract. You are today where your thoughts have brought you; you will be tomorrow where your thoughts take you.

—James Lane Allen

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Day #25: Psychological Withdrawal

When patterns are broken, new worlds emerge.

—Tuli Kupferberg

My Strategies for Today

Day #26: Sense of Smell is Back

My Strategies for Today

Readjusting is a painful process, but most of us need it at one time or another.

—Arthur Christopher Benson

If you start smoking again—even if it's just one cigarette, even if it's a year from now or 10 years from now —you'll be back at the beginning of the addiction cycle.—HealthPartners®

Day #27: The Savings Add Up

To exist is to change, to change is to mature, to mature is to go on creating oneself endlessly.

—Henri Bergson

My Strategies for Today

Day #28: Don't Let Your Guard Down

My Strategies for Today

The curious paradox is that when I accept myself just as I am, then I can change.

Carl Rogers

Your clothes smell heavily of clothing. Your den is filled with low hanging balls of fresh air. The only rattle in your car is the sound of toll change in the ashtray. The absence of telltale tobacco stains on your shirt collar tells the tale – you've licked the smoking habit. — Robert Brault

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Day #29: Energy Levels Rise

I'm more proud of quitting smoking than of anything else I've done in my life, including winning an Oscar.

—Christine Lahti

My Strategies for Today

Day #30: One Month!

My Strategies for Today

Example

Very often a change of self is needed more
than a change of scene.

— Arthur Christopher Benson

with valerian help are most useful before bedtime. It has a sedative effect. Listening to quiet music or books on tape can also help. Lying in bed more tolerable.

Sleep difficulties are common. Try drinking tea made with valerian half an hour before bedtime. It has a calming effect on the nerves and helps induce sleep. Listening to quiet music or books on tape can also help you fall asleep, or even if you can't sleep, make laying in bed more tolerable.

MAINTAINING THE MOMENTUM

You've made it for a month now. You might still feel urges to smoke, and the habits connected with smoking aren't gone yet. In fact, it will take at least two more weeks before your new habits finally start to replace the old ones.

At this stage, you may still be using one of the NRT tools. You may also still have a struggle with your smoking behavioral habits. This is normal! A new habit takes six weeks to develop to where it is as strong as the habit you are replacing. Only then will you be strengthening the new habit to where it can become stronger than the old one.

Every time you are tempted, remind yourself how much effort it took to get to where you are today. If you do "mess up", give yourself permission to start over. Slipping up does not make you a bad person. The only failure is the person who quits making the effort to gain the victory.

Sandy smoked a pack and a half a day for 20 years before she decided to quit cold turkey. She says, "I'm an all-or-nothing kind of person, so I didn't try to quit until I had prepared myself."

Sandy's personal strategy was to replace smoking with other things. She's replaced her first cigarette of the day with a morning walk.

"Whenever I think I want a cigarette," she says, "I ask myself, 'What is it I really want?'" She finds that often she really needs more sleep, or she's not been eating like she should.

She's been smoke-free for 15 years, but she still gets an urge to have a cigarette occasionally. She's discovered that it's not a cigarette she really wants. "There are other healthy ways to meet my needs."

James E. was attending graduate school when he finally decided to quit smoking. His personal motivators were his kids and new grandchild.

He was tired of being a bad example to his kids, and didn't want his granddaughter growing up to be a smoker.

He had struggled with quitting for over 13 years. He had tried it all—Chantix, patches, gums, and even hypnosis.

When he picked up the *Easy Quit-Smoking Toolkit*, he wasn't sure anything could help him.

Yet, he found that the information gave him the encouragement and tools he needed to be successful this time.

James has been smoke-free for six months. He's never made it that far before, so he knows he's quit for good.

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Allen used to go through 4 packs of cigarettes a day. “I switched to ‘Mores’ because it seemed like I was always getting called to do something just about the time I had lit up. They went out by themselves, when I stubbed them, so I could light the same cigarette again when I came back.

The strategy worked to help him cut back. The taste of the cigarette got worse each time he relit it. Soon he was lighting up less and less.

Allen eventually got to where he was only smoking four cigarettes a day—one when he got up in the morning, one on the way to work, another on the way home from work, and then one sometime in the evening.

He finally decided it was time to give them up entirely. The hardest two cigarettes to part with were the ones he smoked in the car. He says the urge to light up at that spot lasted for a long time.



Gloria smoked for 10 years before she found the *Easy Quit-Smoking Tool Kit*. She is amazed by how free she feels after seven weeks.

She says that she had tried quitting cold turkey before, and it turned her into a total wreck. She felt like she was saying goodbye to her best friend.

For her, the *Easy Quit Smoking Tool Kit* made the difference. She says she read it as soon as she downloaded it, applied what she learned, and feels she is going to make it this time.

Mandy’s motivational moment came when two nodules were found on her left lung. A bout with bronchial pneumonia and COPD hadn’t quite scared her enough. Deciding to quit was a REALLY BIG step for her because smoking more than a pack a day had been a part of her lifestyle for almost 20 years.

Because Mandy is the kind of person who needs to plan things, she found the lists of things to do in the *Easy Quit-Smoking Tool Kit* very helpful. Keeping a journal was one of the tools she found especially helpful.

She has found that keeping her hands busy is still a very important part of remaining smoke-free. She’s found sewing and doing puzzles very helpful.

Mandy still has COPD, but she has noticed many physical and mental changes that she likes.

She says she likes her new found freedom of not having to dash to the store to buy more cigarettes for the next day.

Wade says, “Your Easy Quit Smoking Toolkit has changed my life!!!” He had given up smoking two years ago and put on some weight. As a college student, he found himself smoking again a year later as a way to cope with the stress of school.

When he found *The Easy Quit-Smoking Tool Kit*, he was ready to get rid of the cigarettes again—this time for good. He read through the *Tool Kit* and started using the journal while on Christmas break. He says he hasn’t looked back since.

He found the tips and informational approach remarkably effective. It helped him to not smoke that last cigarette. He’s found that he can’t face the thought of smoking his “last cigarette” so he’s been putting it off.

He says he feels more respect for himself. His mom and his girlfriend, who both hated his smoking habit, are also very proud of him, which adds to his motivation to remain smoke-free.

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