

HEALTHY STEPS TO QUITTING TOBACCO

To Quit Tobacco, Think Smart: Think **START!**

- S**et a quit date
- T**ell friends and family
- A**nticipate obstacles
- R**emove tobacco products
- T**alk with your physician

SET A QUIT DATE

- Pick a date **two** to **four** weeks from now.
- Consider choosing a special day, such as a birthday, wedding anniversary, or holiday.

Note: *World No Tobacco Day is May 31st. The Great American Smokeout occurs the third Thursday of each November.*

- If you enjoy smoking at work, consider quitting on a day off or on the weekend.

TELL FRIENDS AND FAMILY

- In order to be successful in quitting, it is very important to have the support of others.
- Tell the people around you exactly how they can help you.
- Explain to your supporters that you may have a change in mood, but remind them it will not last long.
- If someone close to you smokes, ask them to quit with you or avoid smoking around you.

Helpful Resources

The American Cancer Society Quitline:
1-877-YES-QUIT (1-877-937-7848)

A great online support resource is:
www.smokefree.gov

ANTICIPATE OBSTACLES

- The first three months will be the hardest. Prepare yourself by knowing when you want tobacco the most.
- Keep a journal of your cravings so you know how to deal with them when they happen.
- Keep sugar-free gum handy in case you have a craving.
- Refer to the section on the next page for tips on how to deal with withdrawal.

REMOVE TOBACCO PRODUCTS

- Clean up things at home, work, and in your car so that you can enjoy the fresh scent as your sense of smell improves.
- Get rid of **ALL** of your ashtrays and lighters.
- Go to the dentist to have all smoking stains removed from your teeth.
- Do not replace your current tobacco use with another form of tobacco!



TALK WITH YOUR PHYSICIAN

- Nicotine changes how certain medications work, so you may have to adjust your prescriptions after you quit.

You can learn more about medications prior to visiting your doctor by viewing the up-to-date medication guide at:
www.smokefree.gov/quit-smoking/medicationguide

- Ask about the different forms of Nicotine Replacement Therapy (NRT).

Over-the-counter: Nicotine patch, gum, and lozenge.

Prescription required: Nicotine inhaler, nasal spray. Your doctor may prescribe other medications that do not have nicotine, such as **Zyban** or **Chantix**.

S T E P A w a y F r o m T o b a c c o

Stimulate Knowledge • The **T** Truth About Tobacco and You • **E**ducation and Awareness • **P**reparation • **S**uccess!

HOW TO HANDLE WITHDRAWAL

SYMPTOM	ACTION
Headache	<ul style="list-style-type: none">• Try utilizing relaxation techniques• Take a headache reliever
Dizziness	<ul style="list-style-type: none">• Take deep breaths• Get some fresh air
Cough, dry mouth/throat	<ul style="list-style-type: none">• Suck on sugar free candy or chew sugar free gum• Drink water
Sleeplessness	<ul style="list-style-type: none">• Reduce caffeine• Take a relaxing bath or read a book
Constipation	<ul style="list-style-type: none">• Exercise• Eat more fruit and fiber, and drink lots of water
Irritability or nervousness	<ul style="list-style-type: none">• Reduce caffeine• Take a walk
Cannot focus	<ul style="list-style-type: none">• Change activities• Do something relaxing and enjoyable

"I AM AFRAID WHEN I QUIT, I MAY GAIN WEIGHT!"

With proper planning and preparation, you can manage your weight and still successfully quit using tobacco. Check out the following tips to help you manage your weight and feel good about quitting.

- Take time each day to plan your meals.
- Avoid consuming too much sugar, as this will slow down your metabolism and add unwanted calories.
- Drink plenty of water.
- Stay active and keep moving.
- Keep low calorie snacks around, such as fruits, vegetables, popcorn, yogurt, and pretzels.
- If you end up gaining a few pounds, do not panic! You can shed those pounds in no time with a few simple lifestyle changes.

Resources: American Cancer Society • WELCOA

SET A QUIT DATE

Date: ____ / ____ / ____

TELL FRIENDS AND FAMILY

List the people with whom you will share your quit goal.

1. _____
2. _____
3. _____
4. _____

ANTICIPATE OBSTACLES

List the possible barriers you may encounter.

1. _____
2. _____
3. _____
4. _____

REMOVE TOBACCO PRODUCTS

Circle the places that apply to you:

1. Your vehicle
2. Your house
3. Your work desk
4. Your pockets
5. Other: _____

TALK WITH YOUR PHYSICIAN

What questions do you want to ask your doctor?

1. _____
2. _____
3. _____