

Tobacco Intervention Program

As you think about quitting...we're here to help



Tobacco Intervention Program

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Fourth edition

Developed by Allina Health.

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This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician.

For specific information about your health condition, please contact your health care provider.



Quitting tobacco is challenging.
Maybe this is your first attempt to quit.
Maybe you have been trying to quit for a long time.
The good news is there are many ways to quit.
Go to quitpartnermn.com or call 1-800-QUIT-NOW
(1-800-784-8669) if you need help to get started.

Or, call one of the 4 numbers listed below.

**Pull off this reusable sticker.
Put it where you can get
to it if you want to call
the Tobacco Intervention
Program department for
support.**



Tobacco Intervention Program

**As you think about quitting...
we're here to help.**

Abbott Northwestern Hospital: 612-863-1648
Mercy Hospital: 763-236-8008

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Tobacco Intervention Program

**As you think about quitting...
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Allina Health United Hospital – Hastings
Regina Campus: 715-307-6075
River Falls Area Hospital: 715-307-6075

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Introduction



Sources for content in this booklet include the Centers for Disease Control and Prevention, National Institute on Drug Abuse, the U.S. Food and Drug Administration, and the U.S. Surgeon General.

Quitting tobacco is challenging because nicotine — the active ingredient in all tobacco products — is extremely addictive.

Exploring options is a great step toward quitting tobacco. This booklet will help you consider your options so you can move forward at your own pace.

Maybe this is your first attempt to quit. Maybe you have been trying to stop using tobacco for a long time; your determination shows how important quitting is to you. Many people will try to quit 6 to 9 times before quitting for good.

The good news is there are many ways to quit. It's important to choose methods that appeal to you.

Take some time to review the different ways to quit and consider options that make sense to you. It may take some practice to find the best way for you to quit but keep working on it. You can do this!



Tobacco Basics

- Types of Nicotine
- How Tobacco Affects Your Body
- Cigarettes
- Cigars
- Hookahs
- Pipes
- Roll-your-own Tobacco
- Smokeless Tobacco
- E-cigarettes
- Heated Tobacco Products
- Oral Nicotine Products
- Toxic Chemicals in Tobacco
- Secondhand and Thirdhand Smoke



Types of Nicotine

Nicotine is a highly addictive chemical found in all tobacco products. Tobacco and tobacco smoke contain thousands of chemicals, many of which are known to cause cancer.

Nicotine is found in the tobacco plant or made in a lab.



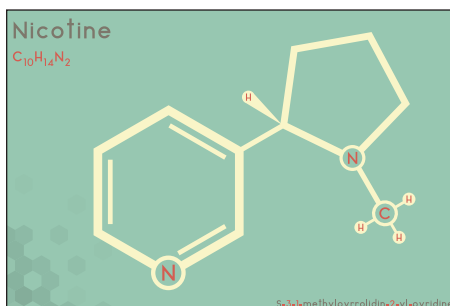
Plant-based

As the tobacco plant grows, it absorbs chemicals such as cadmium, lead and nitrates from the soil and fertilizer. When the plant is harvested, these chemicals are found in the tobacco leaves.

As the tobacco leaves are cured, dangerous chemicals can form. During manufacturing, ammonia and other chemicals may be added to help the nicotine be absorbed.

Sugar and flavor additives may also be added. These form cancer-causing chemicals when they are burned.

Examples include cigarettes, cigars, pipe tobacco, smokeless, e-cigarettes and heated tobacco products.



Synthetic

Synthetic nicotine is made in a lab.

Tobacco companies are calling synthetic-based nicotine “tobacco-free” or “tobacco-leaf free” products. This is misleading. Synthetic nicotine is not a safe alternative to plant-based tobacco products.

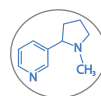
Nicotine salt (nic-salt) is also made in a lab. Nic-salt is added to products to reduce harsh feelings in the throat from nicotine and other chemicals. Manufacturers often add sweet and fruity flavors to their products.

Examples include e-cigarettes, oral nicotine products and heated tobacco products.

The icons in the next section indicate if each product is:

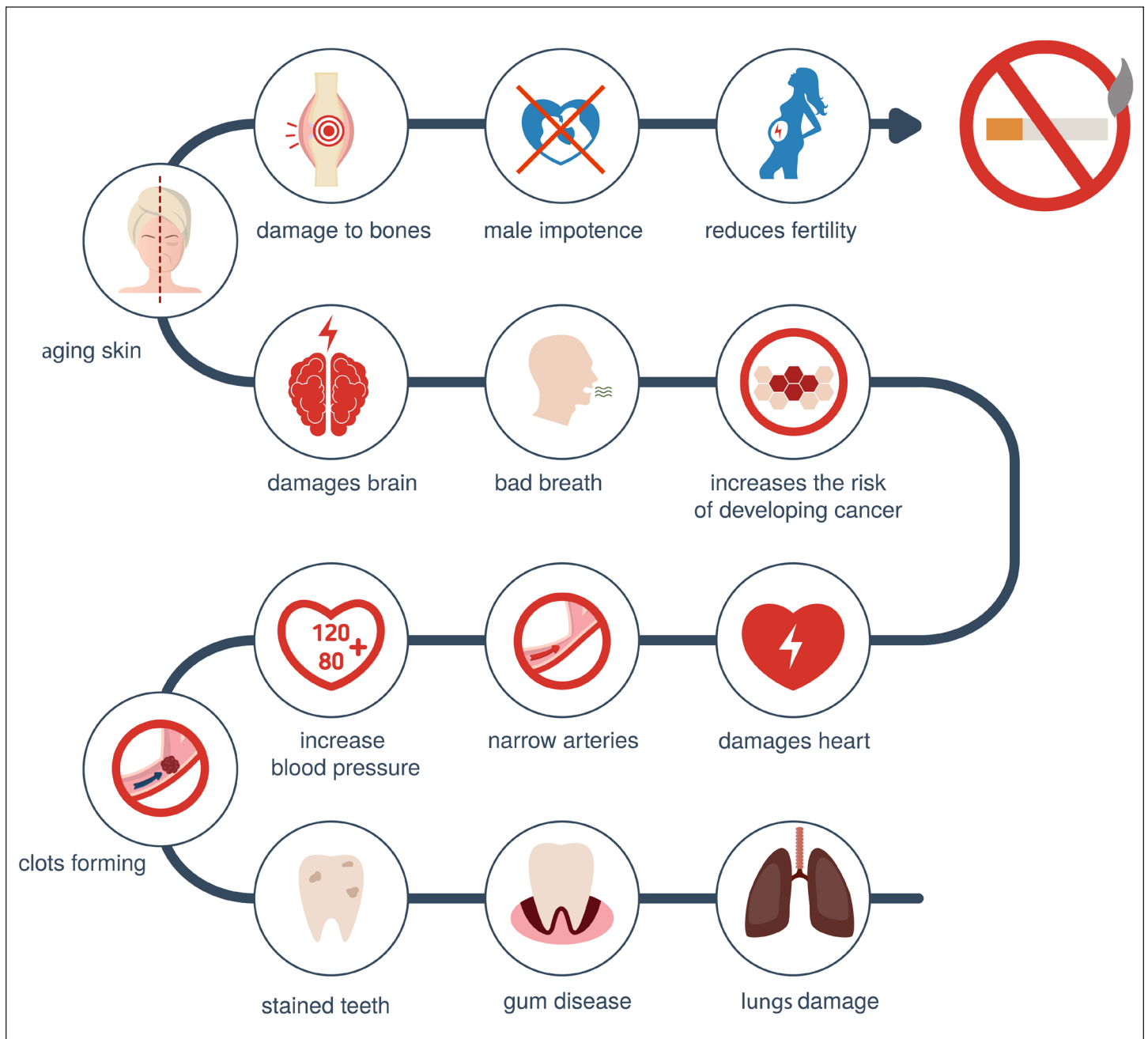


plant-based



synthetic

How Tobacco Products Affect Your Body



Tobacco use affects all parts of your body.

Cigarettes



Cigarettes are made of tobacco, chemical additives, a filter and paper wrapping. On average, 1 cigarette contains about 10 milligrams (mg) of nicotine of which 1 to 3 milligrams are absorbed into your body.

Did You Know

Cigarette smoke contains more than 7,000 chemicals. More than 70 can cause cancer, according to the U.S. Food & Drug Administration (FDA).

Did You Know

There are no safe forms of tobacco.

Health facts

Cigarette smoking is the leading cause of preventable disease, disability and death in the United States. The harmful chemicals in cigarette smoke can damage nearly every organ in the body. Smoking even 1 cigarette a day:

- causes your heart rate and blood pressure to rise and your major blood vessels to narrow, making your heart work harder
- causes your blood to clot faster putting you at risk for heart attack, stroke, heart disease and problems with blood circulation
- raises your chance of impotence (being unable to have sex) or infertility (being unable to have a baby)
- lowers the amount of oxygen in your bloodstream, making you short of breath
- increases your risk for **many** types of cancers
- decreases your taste and smell.

The human body was not designed to smoke.

Financial facts

The average cost of 1 pack of cigarettes is \$8.40 in Minnesota and \$7.67 in Wisconsin.

If the price doesn't change, here's how much you will spend smoking 1 pack of cigarettes each day:

	Minnesota	Wisconsin
1 day	\$8.40	\$7.67
1 week	\$58.80	\$53.69
1 month	\$235.20	\$214.76
1 year	\$2,822.40	\$2,577.12
5 years	\$14,112	\$12,885.60
10 years	\$28,224	\$25,771.20
25 years	\$70,560	\$64,430

Source: www.salestaxhandbook.com (2022)

Cigars



Did You Know

- In the last few years, cigars were among the top most commonly used tobacco product among U.S. middle and high school students.
- Little cigars are the same size and shape as cigarettes but they are taxed differently.

Hookahs



Other facts

- Your teeth turn yellow or brownish in color.
- Your skin wrinkles more.
- Tobacco use makes it harder to fall asleep and stay asleep.
- Your furniture, curtains, and carpeting smell like smoke. This smell is caused by thirdhand smoke.



There are 2 main types of cigars:

- **Large cigar:** is a roll of tobacco wrapped in leaf tobacco or in a substance that contains tobacco. It can have as much nicotine as 1 pack of cigarettes, according to the American Cancer Society.
- **Small cigar/cigarello:** A small cigar that is about the same size as a cigarette. It has as much nicotine as 1 to 4 cigarettes, according to the Mayo Clinic.

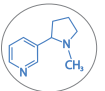
Not a safe choice

Cigars contain the same toxic compounds found in cigarettes. They are not a safe alternative to cigarettes.

Health facts

Regular cigar use:

- causes an increased risk for cancers of the lungs, esophagus, larynx (voice box), and lip, tongue, mouth, throat
- is linked to gum disease and tooth loss
- may increase risk for coronary heart disease and lung diseases (heavy use).



Hookahs are water pipes that are used to smoke specially made tobacco that comes in different flavors.

Hookah smoking is typically done in groups, with the same mouthpiece passed from person to person.

A typical 1-hour hookah session can produce as much smoke as several packs of cigarettes, according to the Centers for Disease Control and Prevention. In a single water pipe session, users are exposed to up to 9 times the carbon monoxide and 1.7 times the nicotine of a single cigarette.

Health facts

Smoking hookah can cause many of the same health risks as cigarettes such as:

- cancer (mouth, esophagus, lung, bladder and stomach)
- lung problems
- decreased fertility
- heart disease.

Not a safe choice

Hookahs contain the same toxic compounds found in cigarettes. They are not a safe alternative to cigarettes.

Pipes



Pipe tobacco is loose-leaf tobacco burned in a smoking pipe with a bowl. On average, 1 pipe bowl has as much nicotine as about 5 cigarettes, according to the Mayo Clinic.

Not a safe choice

Pipe smoking contains many of the same toxic compounds found in cigarettes. They are not a safe alternative to cigarettes.

Health facts

Regular pipe smoking causes:

- an increased risk for cancers of the lungs, liver, head, neck, mouth and tongue
- an increased risk for heart disease, lung disease
- problems with teeth and gums.

Roll-your-own Tobacco



Roll-your-own tobacco (“rollies”) is loose tobacco that you place inside rolling paper. Toxic chemicals are added to the rolling papers. Each rollie has as much nicotine as a manufactured cigarette.

Not a safe choice

Roll-your-own tobacco contains many of the same toxic compounds found in cigarettes, including nicotine. This is not a safe alternative to cigarettes.



Health facts

Roll-your-own tobacco has many of the same health risks as cigarettes such as cancer, heart disease and stroke.

Smokeless Tobacco



Smokeless tobacco is also called spit tobacco, chewing tobacco, chew, plug, snuff or dip.

There are several types of smokeless tobacco, including:

- **Snuff:** a finely ground or shredded tobacco. It can be loose or packaged in tea bag-like pouches. The user puts a pinch or dip between the cheek and gum. Snuff can also be inhaled through the nose.
- **Chewing tobacco:** a loose leaf or twisted tobacco. The user puts a pinch or dip inside the cheek.
- **Oral nicotine products:** a tobacco product that dissolves in the mouth. (See page 19 for more information.)
- **Snus:** small pouches of moist snuff the user swallows, not spits.



Not a safe choice

- Smokeless tobacco contains a mix of 4,000 chemicals, including as many as 30 or more that are linked to cancer, according to the FDA.
- The nicotine levels in 1 tin of smokeless tobacco are roughly equal to 4 packs of cigarettes.
- Smokeless tobacco products are not a safe alternative to smoking. Any form of tobacco contains many toxic chemicals and high levels of nicotine.
- The chemicals in smokeless tobacco move from your mouth to all parts of your body through your bloodstream.
- Smokeless tobacco contains *a lot* of sugar. This can raise your blood glucose.

Important

See a dentist every 6 months when you use smokeless tobacco so the dentist can watch for pre-cancerous changes in your mouth.

Health facts

Using smokeless tobacco causes:

- an increased risk of cancer of the mouth, throat, stomach, esophagus, or pancreas
- gum disease and gum recession (when your gums pull away from your teeth)
- sores, white patches, red patches and lumps in your mouth
- increased heart rate, blood pressure and heart attack
- bad breath and stained teeth.

E-cigarettes



Did You Know

Disposable e-cigarettes are intended for a one-time use only. They are pre-filled and contain the same chemicals found in traditional pod, cart or tank-based systems.

“Disposable” does not mean they are safe or safer than other ENDS products.

Many disposables have higher nicotine strengths than traditional ENDS products.

Tip

Wellness vapes do not contain nicotine but may contain many of the same harmful chemicals as e-cigarettes.

- E-cigarettes are known by many names such as e-cigarettes, e-cigs, vapes and electronic nicotine delivery systems (ENDS).
- These products use an “e-liquid” found in pre-filled or refillable cartridges, disposables or pods.
- The liquid is heated to create an aerosol that the user breathes in. The heat can turn some of the chemicals into known cancer-causing chemicals.
- The liquid that goes in the e-cigarettes can contain:
 - nicotine
 - Nicotine is the addictive drug in tobacco.
 - chemical flavorings
 - Current studies show “flavors” added to e-cigarettes are harmful. They are linked to problems with the heart, lungs and brain. They can be especially harmful in youth and young adults, whose brains and lungs are still developing.
 - additives such as propylene glycol and vegetable glycerin
 - When propylene glycol is heated, it turns into formaldehyde, which is a chemical known to cause cancer.
 - When vegetable glycerol is heated, it changes into acrolein, which irritates your airways.
 - nicotine salt (nic-salt)
 - Nic-salt is added to e-liquid to reduce the harsh feelings in the user’s throat from the nicotine and other chemicals. Nic-salt makes the e-cigarettes more addictive.
- E-cigarettes come in many shapes and sizes. They look like regular cigarettes, cigars or pipes, and they may look like pens, flash drives and other everyday items.
- ENDS are a tobacco product.
- E-cigarettes can also be used with marijuana and other street drugs.

What happens when you use an e-cigarette

- Each time you take a puff, the liquid moves past a small metal coil. The coil heats up and warms the liquid causing it to come out as an aerosol that looks like cigarette smoke.

Did You Know

E-cigarettes can cause many harms to your body such as asthma attacks, seizures, lightheadedness, vomiting, nausea, rapid heart rate, and abnormal heart rhythms.

Important

Reduced exposure to chemicals does not equal reduced harm.

E-cigarette aerosol contains chemicals

- The aerosol you breathe in and out is not water vapor. It includes chemical changes from being heated and turned into the aerosol.
- It can also contain pieces of the metal called “whiskers” that may break off the coil during the heating process. It is possible for these whiskers to get lodged into your lungs.

Not a safe choice

- E-cigarettes are not safe. E-cigarettes are a tobacco product.
- The U.S. Food and Drug Administration (FDA) is starting to regulate ENDS products. This is a slow process.
- The FDA approves some e-cigarette brands to be sold. Even though e-cigarettes have fewer chemicals than cigarettes, they are not safe. “Safer” does not mean safe.

Tobacco products come in different shapes and sizes. This can make them difficult to spot.

E-cigarettes use e-liquid that, when heated, create an aerosol that contains chemicals. This makes these products unsafe.

Using e-cigarettes is not an FDA-approved way to quit smoking cigarettes, cigars or pipes.

Image: FDA (fda.gov/tobacco-products/products-ingredients-components/vaporizers-e-cigarettes-and-other-electronic-nicotine-delivery-systems-ends).





(Top) How an e-cigarette can compare in size with a cigarette. (Bottom) JUULs or similar products come in different colors and look like a flash drive.

Did You Know

Secondhand aerosol from vaping is not safe. It has many of the same residual chemicals as cigarettes such as heavy metals and nicotine.

- Private and federally funded tests found many of the same chemicals in ENDS products that make cigarettes so dangerous.
 - benzene (found in car exhaust)
 - heavy metals (nickels, tin, lead)
 - arsenic (found in rat poison)
 - formaldehyde (used to preserve dead tissue)
 - glycerin and glycol (used in antifreeze).

Testing has also found chemicals known to cause cancer in humans and scarring in the lungs.

- Beware of products labeled as “nicotine-free” (0 milligrams). They may actually contain some nicotine.
 - Companies use confusing language such as percentage (%) versus milligrams (mg). That makes it hard to tell how much nicotine is actually being delivered. For example:
 - 5% nicotine strength is not actually 5 milligrams (mg) of nicotine per pod. It is 50 mg of nicotine per milliliter (mL) of e-liquid.
 - If the pod holds 1.8 mL of fluid: multiply 50 mg times 1.8. This equals 90 mg nicotine (the same amount of nicotine as smoking 4 ½ packs of cigarettes).
 - It is possible for there to be more or less nicotine than what is listed on the label.
- Users can be exposed to a significant amount of nicotine. Different brands can deliver the same amount of nicotine as low as 2 packs of cigarettes and as high as 19 packs of cigarettes, depending on the number of puffs in the device.
- Even chemicals that are considered “safe” need to be retested for safety when they are heated and inhaled. Heat produces chemical changes which can be harmful.
 - Flavorings have only been approved for safe use in food and drink. They are not safe in e-cigarettes.

E-cigarettes should not be used to quit smoking

- The FDA has not approved e-cigarettes as a way to quit smoking.
- If you want to quit smoking, there are FDA-approved medicines that you can use. These medicines have been studied and are proven to help you quit smoking.

Talk with your health care provider, pharmacist or tobacco counselor to help you decide which type of medicine is right for you and how to use it.

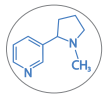
Learn More About E-cigarettes

- teen.smokefree.gov
- TheVapeTalk.org
- truthinitiative.org/thisisquitting
(Text ditchvape to 88709.)
- mylifemyquit.com

E-cigarettes harm youth

- ENDS have been shown to lead to nicotine addiction and increased tobacco use among youth.
- Nicotine exposure in an adolescent can cause damage to parts of the brain that are responsible for memory, the ability to think, and how to manage emotions.
- ENDS have been linked to harming youths' lungs. Youth are at risk for chronic (long-term) bronchitis which causes cough, chest congestion, shortness of breath and extra mucus, according to the American Lung Association.
- ENDS and the liquid are sold in kid-friendly flavors.
- There is a risk for severe illness and death if the liquid is swallowed or absorbed into the skin.
- ENDS are popular with young people. The U.S. Surgeon General declared ENDS use as an epidemic. More high school students than adults use ENDS.

Heated Tobacco Products



Heated tobacco products heat a processed tobacco leaf. When you take a puff, you breathe the nicotine from the tobacco leaf into your lungs.

These products are marketed as “heat-not-burn” products. They are addictive.

The FDA approved two forms for sale in the U.S.:

- some use electronic heating elements that come as sticks, plugs or capsules that contain tobacco
- some are similar to a cigarette with a carbon tip wrapped in glass fibers that are heated with a lighter or match.

Research suggests that heated tobacco products contain many of the same harmful ingredients as regular cigarettes and others.



The chemicals in the air from heated tobacco products contain lower levels of harmful ingredients than the smoke from regular cigarettes. This does not mean heated tobacco products are safe.

Tips

- The FDA approved one brand (IQOS) for sale in the U.S.
- There are rules for how the iQOS system can be marketed to try to protect kids.
- The FDA has not OK'd using these products as a safe way to quit using tobacco.

Oral Nicotine Products



Oral nicotine products are available as gum, pouches, lozenges, toothpicks and gummies. These products can deliver nicotine levels as low as 2 milligrams and as high as 12 milligrams.

Beware of any oral nicotine products that market themselves as “safer” or “cleaner” than tobacco. They claim to be “tobacco-free” or promote their products as a safer way to quit using tobacco.

These claims are not true, according to the Truth Initiative.

Tips

- The FDA has not OK'd using these products as a safe way to quit using tobacco.
- Whether the nicotine comes from a leaf or the lab, it is dangerous.

- Nicotine salt (nic-salt) is added to products to reduce harsh feelings in the throat from nicotine and other chemicals. This makes it easier to use higher levels of nicotine.
- Tobacco-free products may use nicotine from tobacco leaves but are being marketed with claims similar to synthetic products. Tobacco companies also have flavored nicotine pouches and lozenges that contain nicotine. These products are addictive.

Be aware that these are different than the nicotine lozenges and gum approved by the FDA to quit tobacco (nicotine replacement therapy). You can only buy those at pharmacies.

Toxic Chemicals in Tobacco

Cigarette smoke contains more than 7,000 chemicals. More than 70 are known to cause cancer.



Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes), cigars, smokeless tobacco (dip or chew), hookahs, pipes, roll-your-own, and oral nicotine products.

General information

Some of the chemicals added by tobacco companies include:

- **menthol:** removes the harshness of smoking by cooling and numbing the throat
- **bronchodilators:** expands the lung airways, making it easier for tobacco smoke to pass into the lungs
- **levulinic acid:** reduces harshness of the smoke
- **flavorings:** makes tobacco taste more like candy
- **acetaldehyde:** added sugars makes tobacco more addictive.

Some toxic chemicals are found naturally in the tobacco plant. Other toxic chemicals are used to preserve the tobacco and are added by tobacco companies to make tobacco easier to use and more addictive.

Toxic chemicals found in tobacco include:

Chemicals and Main Uses	
acetone: used in fingernail polish remover	formaldehyde: used to embalm (preserve) bodies
ammonia: used in household cleaners and in liquid fertilizers	hydrogen cyanide: used to kill insects and to make plastics and dyes
arsenic: used in rat poison and to preserve animal hides	lead: heavy metal found in old paints
beryllium: found in nuclear weapons	methane: used as a fuel (natural gas) and to make plastics and fertilizer
cadmium: used in batteries and many kinds of solder	nicotine: naturally found in tobacco or created in a lab. It can be more addictive than heroin or cocaine. It is among the top 3 most addictive chemicals in the world.
carbon monoxide: found in car exhaust	nitrobenzene: used to make explosives, dyes and pesticides (to kill insects)
chromium: metal found in stainless steel	phenols: used to make plastics and disinfectants
DDT: used to kill insects	toluene: used as a fuel additive to make paint, adhesives, ink and paint thinners
ethanol: used as a fuel, and used in alcohol, perfumes or deodorants	vinyl chloride: used to make PVC plastic and vinyl pipes, wire coatings and packaging

Sources: FDA, CDC, and the American Cancer Society.

Secondhand and Thirdhand Smoke

Did You Know

Secondhand aerosol from vaping is not safe. The aerosol has many of the same residual chemicals as cigarettes including:

- heavy metals such as tin, nickel and chromium
- nicotine
- toxins such as benzene, formaldehyde, lead and toluene.

E-cigarette aerosol contains a higher amount of ultrafine particles that are closer together (concentrated) than in tobacco cigarette smoke.

These tiny particles can go into your lungs, putting you at a high risk for shortness of breath and lung damage.

Source: U.S. Surgeon General

Secondhand smoke

Secondhand smoke is a mixture of smoke coming from the burning tips of cigarettes, pipes and cigars and smoke exhaled by someone who is smoking.

Anyone around secondhand smoke breathes in the chemicals from the tobacco smoke. Secondhand smoke causes death and disease in people who do not smoke.

The only way to protect your family from secondhand smoke is to live in a smoke-free environment.



No amount is safe

No amount of secondhand smoke is safe. The Environmental Protection Agency lists secondhand smoke as a known cause of cancer in people.

Secondhand smoke has more than 7,000 chemicals. Hundreds of those are toxic and about 70 can cause cancer, according to the CDC.

Poisonous gases and chemicals in secondhand smoke include hydrogen cyanide (used in chemical weapons), carbon monoxide (in car exhaust), butane (used in lighter fluid), ammonia, and toluene (found in paint thinners).

Toxic metals in secondhand smoke include arsenic (used in pesticides), lead, chromium (used to make steel), and cadmium (used to make batteries).

How secondhand smoke affects adults

In adults who have never smoked, secondhand smoke can cause:

- heart disease
- lung cancer
- stroke.



How secondhand smoke affects children

Secondhand smoke can cause:

- sudden infant death syndrome (SIDS)
- ear infections
- breathing problems (coughing, wheezing, shortness of breath)
- respiratory infections (such as bronchitis and pneumonia).

Children who have asthma who are around secondhand smoke have more asthma attacks that are more severe.

Thirdhand smoke

Thirdhand smoke is the chemical residue left from secondhand smoke.

It is what you smell on your clothes, hair, furniture or in the car. Thirdhand smoke is also the brown film on walls. The residue can cling to surfaces for months. The particles are very tiny and can easily get into your lungs when you breathe.

Children are also at a high risk to be exposed to thirdhand smoke. Children touch and crawl around surfaces that have chemicals on them from smoke.

How to protect yourself and your family

According to the U.S. Surgeon General, the only way to protect your family from secondhand smoke is to live in a smoke-free environment.

Make your home and car smoke-free.

- Ask people not to smoke around you and your child(ren).
- Share information with other parents about the health risks of secondhand and thirdhand smoke.
- Teach your child to stay away from tobacco products and secondhand smoke.
- If someone in your home smokes, only allow smoking outside.
- Wear a jacket or an overshirt when smoking and then take it off when you are done. This reduces thirdhand smoke but it doesn't get rid of it.



Important

- Smoking near an open window, blowing smoke out of a room with a fan, using an air filter, or smoking outside does not prevent secondhand and thirdhand smoke.
- Chemicals from tobacco smoke cling to the surfaces children explore such as toys and floors.
- Smoking also affects your pets. They are at risk for asthma, cancer and other diseases from secondhand and thirdhand smoke.



Take Steps to Quit

- Why Do You Use Tobacco?
- Tracking Your Tobacco Triggers
- Benefits of Quitting Tobacco
- How Your Body Recovers After Quitting Using Tobacco
- Ways to Stop Using Tobacco
 - Over-the-counter medicines
 - Prescription medicines
 - Aromatherapy
 - Acupressure
- Quit Tobacco for Your Surgery
- Prepare to Quit (checklist)
 - My Quit Plan (worksheet)
- Resources



Why Do You Use Tobacco?

Understanding Why You Use Tobacco Can Show You the Best Way to Quit

People use tobacco to fill many different needs. Studies show that most people smoke for one or more of the following reasons:

- Tobacco gives me more energy.
- I like to touch and handle cigarettes.
- I enjoy using tobacco.
- Tobacco helps me relax and handle stress.
- I crave nicotine. I am addicted to tobacco.
- Tobacco helps me from gaining weight.
- Tobacco use is a habit.

Answering the following questions may help you better understand the reasons that you use tobacco, which can lead you toward the steps to quit tobacco use for good.

‘Tobacco Gives Me More Energy’

Do you use tobacco for this reason? If you answer “often” or “sometimes” to these questions, this is one reason you use:

	Often	Sometimes	Never
1. I use to keep from slowing down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I reach for a cigarette or dip when I need a lift.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I am tired, tobacco perks me up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Many people use tobacco like they use coffee: to help them wake up, get moving, keep going when they feel worn out. The nicotine in tobacco, like the caffeine in coffee, is a stimulant. But you can find other ways to get more energy. The following tips can help.



Tips to help you quit

- Get enough sleep. Plan your quit attempts around times when you know you will have opportunity to rest.
- Exercise. Even small amounts can raise your overall energy and give you a boost. For example, taking a brisk walk instead of smoking can help if you start feeling sluggish. Increasing your physical activity can help you manage weight gain and work through emotions that otherwise would make you want to use tobacco.
- Eat regular, healthful meals. Avoid foods high in calories and fats. Limit how much sugar you eat/drink. Sugar can increase cravings to use tobacco.
- Drink lots of ice water. It will refresh you as it helps clear your body of nicotine and helps with cravings.
- Keep your mind active, perhaps by calling a friend, reading a new magazine or playing a game.

'I Like to Touch and Handle Cigarettes'

Do you smoke for this reason? If you answer "often" or "sometimes" to these questions, this is one reason you smoke:

	Often	Sometimes	Never
1. I feel more comfortable with a cigarette in my hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I enjoy taking a cigarette out of the pack and lighting up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I like to watch the smoke when I exhale.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I like the feeling of smoke going down my throat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This type of smoker gets physical pleasure from handling cigarettes and the rituals of smoking. It "feels right" to have a cigarette in their hand or mouth. In fact, many ex-smokers say they have gone back to smoking because, "I needed to keep my hands busy."

People who have smoked 1 pack a day for 10 years have done the hand-to-mouth action about 1.8 million times. Retraining this motion will be helpful in getting over this obstacle.



Tips to help you quit

- Pick up a pen or pencil when you want to reach for a cigarette. Doodle or make a list of your reasons for quitting. Write a goodbye letter to your cigarettes.
- Play with a coin, twist your ring or handle whatever harmless object is nearby.
- Play with a plastic straw, cinnamon stick or toothpick.
- Eat regular meals to avoid being hungry. Do not confuse needing to eat with the desire to put a cigarette in your mouth.
- Have a low-fat, low-sugar snack like carrot sticks or apple slices. Suck on a sugar-free hard candy or mint, or chew gum.
- Shuffle cards or play with rubber bands.
- Take up a hobby that keeps your hands busy such as knitting, carpentry, crafts or putting together puzzles.
- Consider using the nicotine gum, nicotine lozenge or Nicotrol® inhaler. Talk about options with your doctor.

‘I Enjoy Using Tobacco’

Do you use tobacco for this reason? If you answer “often” or “sometimes” to these questions, this is one reason you use:

	Often	Sometimes	Never
1. Using tobacco is pleasant and enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tobacco makes good times better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I want tobacco most when I am comfortable and relaxed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Almost 2 out of 3 smokers say they just plain enjoy smoking. When you associate tobacco with “the good times,” it can strengthen your habit. It can be easier to quit when you focus on enjoying yourself without tobacco. The following tips offer some ideas to help you miss it less.



Tips to help you quit

- Enjoy the pleasures of being tobacco-free. Focus on how:
 - good foods now taste
 - fresh you look and feel in social situations without using tobacco
 - much easier it is to walk, run and climb stairs now that your lungs are smoke-free
 - good it feels to be in control of the urge to use.
- Give yourself short- and long-term rewards.
 - Short-term: a bubble bath, a special treat or going to a movie.
 - Long-term: by spending the money you save on tobacco on another kind of pleasure such as buying a special item or a night out, or a vacation.
- Remind yourself of the health benefits you get by quitting. Choosing to be tobacco-free can help you enjoy life's other pleasures for many years to come.

'Tobacco Helps Me Relax or Handle Stress'

Do you use tobacco for this reason? If you answer "often" or "sometimes" to these questions, this is one reason you use:

	Often	Sometimes	Never
1. I light up a cigarette or grab chew when something makes me angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tobacco relaxes me in stressful situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I am depressed I reach for tobacco to feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tobacco helps me unwind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Many people use tobacco to help them through bad times. Using tobacco causes chemical imbalances that mask the feelings of anxiety for a short while but makes your body respond as if you are under great stress. Once those pleasant feelings wear off, you feel anxious again. The cycle starts again.

If you have used tobacco as a crutch, finding another way to cope with stress can help you stay quit. Without ways to cope with stress, you may find yourself relapsing. Trying to unwind without tobacco may feel unnatural at first but over time it will feel restful.



Tips to help you quit

- Use relaxation techniques to calm down when you are angry or upset. Use deep breathing exercises. For example, breathe in to a count of 8, hold to count of 4, breathe out to count of 8. Imagine yourself in a peaceful setting. Picture yourself as someone who does not use tobacco. Tobacco use is not what gives you permission to take a break: you do. Consider other ways to move away from what is causing you stress.
- Think of yourself as a non-tobacco user. Do not relive your days as a user.
- Studies show that exercise relieves tension and improves your mood.
- Remember that tobacco use never solves the problem. Figure out what will, and take action. Concentrating may be difficult at first, but it will get better as your withdrawal decreases.
- Avoid or get out of stressful situations that might tempt you to use tobacco. Have a plan on how to deal with unexpected cravings. Think your way through potential stress with a plan on how to cope.
- Get enough rest. Take time each day to relax.
- Focus on relaxing and enjoyable activities. Listen to music. Distract yourself from cravings, perhaps by calling a friend, reading a new magazine or playing a game.

'I Crave Nicotine. I Am Addicted to Tobacco.'

Do you use tobacco for this reason? If you answer "often" or "sometimes" to these questions, this is one reason you use:

	Often	Sometimes	Never
1. When I run out of tobacco, it's almost unbearable until I get more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel unsettled when I am not using tobacco.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I have not used for a while, I get a strong urge for tobacco.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People are addicted to the nicotine in tobacco. When people quit, many go through a withdrawal period. They may have both physical symptoms (feeling tired and irritable, having headaches or feeling nervous) and an emotional need for tobacco.

Many people compare quitting tobacco to losing their best friend. It can help to compare your relationship to tobacco to the elements of an abusive relationship: being controlled, being told you cannot handle life without them, and feeling trapped with living with something that harms you even though you know it is not good for you.

It is not easy to get over an addiction to tobacco, but many people have succeeded. It takes a lot of practice for most people to fully quit. Look at cravings as opportunities to find new ways to live without tobacco.

Tips to help you quit

- Ask your doctor about using medicines to help you manage withdrawal symptoms.
- Each experiment will teach you something about what is helpful and what is not. Every time you practice, you are learning about what is useful for the next time.
- Get support from others.
 - Talk with your family, friends or coworkers about how to support you while you quit. Be specific.
 - See if others would like to quit with you. This way you can support each other through the tougher times of quitting. If one person slips, that does not give the other person "permission" to use again.



- Even the most intense cravings can only last up to 15 minutes. Most cravings last for 3 to 5 minutes, and often it is only a challenging 30 seconds. Time your cravings to get a sense of how long they actually last. Wait it out and tell yourself “this too shall pass.”

‘Tobacco Helps Keep Me From Gaining Weight’

Do you use tobacco for this reason? If you answer “often” or “sometimes” to these questions, this is one reason you use:

	Often	Sometimes	Never
1. I choose smoking instead of snacking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am less hungry when I use tobacco.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I gained weight when I quit smoking in the past.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

It’s common to gain a small amount of weight after quitting tobacco. The average weight gain is 5 to 10 pounds.

You would have to gain 75 to 90 pounds to equal the amount of stress on the heart that tobacco causes. Adding a few pounds is still healthier than using tobacco.

It is not easy to get over an addiction to tobacco, but many people have done it. It takes a lot of practice for most people to fully quit. Look at cravings as ways to find new ways to live without tobacco.

Tips to help you quit



- Eat regular meals to avoid being hungry.
- Do not confuse needing to eat with a desire to put a cigarette in your mouth.
- Have a snack low in fat and sugar such as carrot sticks or apple slices.
- Suck on sugar-free hard candy or chew gum. (Sugar can make you want to use tobacco.)
- Get more physical activity to help you manage your weight.

'Tobacco Use is a Habit'

Do you use tobacco for this reason? If you answer "often" or "sometimes" to these questions, this is one reason you use:

	Often	Sometimes	Never
1. I smoke cigarettes or chew automatically without being aware of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I light up a cigarette without realizing I have one burning in an ashtray.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I find a cigarette or chew in my mouth and don't remember putting it there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are this kind of tobacco user, you may be no longer getting much satisfaction from using tobacco. Unlike people who use for pleasure, you might not miss it much if you stopped. The key is breaking your patterns. The tips below can help.

Tips to help you quit



- Change your environment and routines. For example, keep your tobacco in a different place. Smoke with your opposite hand. Do not do anything else while smoking. Limit tobacco use to certain places, such as outside or in one room at home. Do things in a different order.
- When you want tobacco, try waiting. Be aware of every cigarette you smoke. Ask yourself: Do I really need this or do I just want this cigarette? You may be surprised at how many you can easily pass up.
- Set a date for giving up tobacco altogether and stick to it.
- Change your environment to help reduce cravings.
 - Keep away from tobacco completely and get rid of ashtrays.
 - Destroy any cigarettes you have.
 - Try to avoid people who smoke and smoke-filled places if you're having withdrawal symptoms or cigarette cravings.
 - Make your home and vehicles smoke-free.

Tip

If you are struggling with cravings and other strategies to not use tobacco haven't worked, consider a short-acting nicotine replacement therapy (NRT) such as nicotine gum, lozenges, inhalers or nasal spray.

These medicines help get you through difficult cravings. NRT in this form will not wake up all the nicotine receptors in your brain like using your tobacco product will.

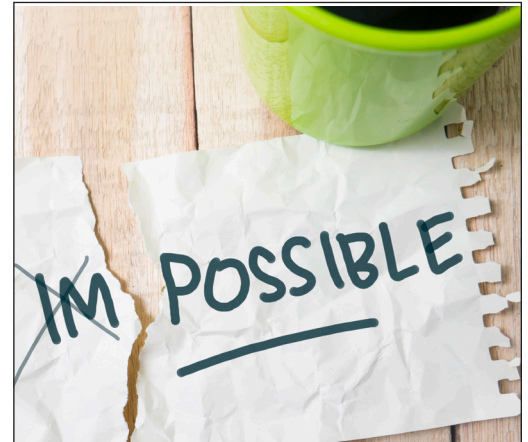
You can feel more in control of your cravings.

See page 40 for more information about NRT.

- Think positively.
 - Believe you can.
 - Remind yourself you don't do this anymore.
 - Tell yourself often: "I can do this!"

Avoiding a relapse

- Think about what you are gaining from quitting tobacco, instead of focusing on what you've given up. For example, "It's easier to play with my kids or grandkids."
- Have a plan for how you will deal with unexpected urges. (Take a walk, make a call.)
- Think your way through difficult situations ahead of time whenever you can.
- Think about past quitting attempts and what was helpful to you. Reuse them again if possible or try something new.
- Explore ways to move your body with safe and realistic expectations. Increasing your physical activity can help you manage weight gain and work through emotions that otherwise would make you want to smoke.
- Avoid foods high in calories and fat. Sugar can increase cravings to smoke. Limit large amounts of sugar.
- Drink lots of water. Ice water may be helpful in getting rid of a craving.
- Reward yourself when you reach milestones: 1 day, 1 week, 2 weeks, 1 month, etc.
- Go to places where you cannot use tobacco. Stay away from the places you used to use tobacco.
- Think about the money you saved!
- Think of quitting as an act of love — for those you care about and for yourself!



Tracking Your Tobacco Triggers

Use the chart for 1 to 3 days to help you better understand what triggers your urge to use tobacco. This can help you plan how to cope with your triggers when you quit.

Time of Tobacco Use	Tobacco Triggers	Mood	Need (Yes, Maybe, No)	What to Do for Next Time
1:15 p.m.	social event with friends	celebration	maybe	It helps if I'm with others who don't smoke.
6:45 p.m.	argument with family members	angry	yes	Take a break and walk away.

Time of Tobacco Use	Tobacco Triggers	Mood	Need (Yes, Maybe, No)	What to Do for Next Time

Benefits of Quitting Tobacco

Within...

- **8 hours:**
The carbon monoxide level in your blood drops to normal and the oxygen level in your blood increases to normal. Your breathing starts to improve.
- **24 hours:**
Your chance of a heart attack decreases.
- **48 hours:**
Nerve endings start to grow again. Your senses of smell and taste improve.
- **2 weeks:**
Your circulation improves and your lung function increases.



See page 59 for resources to help you quit.

- **1 to 9 months:**
Your cough, stuffy nose and shortness of breath decrease. Your energy level increases.
- **1 year:**
Your chance of heart disease is cut in half.
- **5 years:**
Your chance of a stroke is the same as someone who does not use tobacco. Your chance of dying from lung cancer is cut in half.
- **5 to 10 years:**
Pre-cancerous cells are replaced with normal cells.
- **10 years:**
Your risk of cancer, stroke, and heart disease is close to the same of someone who has never used tobacco.
(Source: World Health Organization)

Other benefits

- You have fewer colds, sinus infections and lung problems such as pneumonia, bronchitis and asthma attacks.
- Your chance of getting an ulcer is lowered.
- You are less likely to develop cancer of the mouth, throat, esophagus, bladder, kidney and pancreas.
- Your body's ability to heal after surgery improves. **You will have more energy, power and strength.**
- Your body uses insulin better. This can help you control diabetes if you have it.
- Quitting tobacco is good for your well-being. It can help relieve symptoms of anxiety, stress and depression.
- Your HDL (good cholesterol) levels increase.
- You have increased energy, power and strength.
- Foods have more flavor because your sense of taste and smell improves.
- Side and night vision improves.
- Smoking-related health risks for your unborn child are eliminated.
- There is less chance that your children will use tobacco.
- You have less of a chance of being in a car accident.
- You have lower car, life and homeowner insurance rates.
- You will be free from the hassle, mess and control of the tobacco habit.
- You have more spending money!



How Your Body Recovers After Quitting Using Tobacco

Did You Know?

Tobacco makes anxiety and depression worse.

Irritability

- **Reason:** Your body is getting rid of thousands of chemicals found in tobacco. You are no longer being artificially relaxed from nicotine.
- **How to cope:** Drink liquids to flush out the chemicals. Do relaxation exercises. Get more sleep.

Dry mouth or bad taste in your mouth

- **Reason:** The lining of your mouth is being replaced with fresh, healthier tissue.
- **How to cope:** Sip plain or flavored waters.

Cough, phlegm or sore throat

- **Reason:** The cilia (small hair-like particles) begin moving residue (phlegm) out of your lungs.
- **How to cope:** Do deep breathing, take brisk walks or suck on cough drops.

Dizziness or headache

- **Reason:** Your body is getting used to working with less or no nicotine.
- **How to cope:** Get lots of fresh air, take long walks, get extra rest or try a nicotine replacement aid.

Hunger

- **Reason:** Your appetite and senses of taste and smell are coming back.
- **How to cope:** Eat healthful snacks with texture, taste and crunch.

Nervousness or lack of concentration

- **Reason:** Your body is getting used to working with less or no nicotine.
- **How to cope:** Do relaxation exercises, take hot baths or showers, do not drink alcohol, or try a nicotine replacement aid.

Sweating

- **Reason:** Your nerve endings are returning to normal.
- **How to cope:** Take baths or showers often, wear cooler clothes or get more fresh air.

Constipation

- **Reason:** Nicotine relaxes your intestines. The lack of nicotine tightens this up. This slows your bowel movements.
- **How to cope:** Eat more fiber (such as whole grains, fruits and vegetables) and drink more water. Talk with your doctor or pharmacist about using over-the-counter laxatives until your body readjusts.

Leg pains, stiffness or leg tingling

- **Reason:** The circulation in your legs is getting better.
- **How to cope:** Raise your feet, massage your legs, eat more potassium (such as bananas) or take warm baths.

Changes in sleep patterns

- **Reason:** Your body is getting used to the loss of stimulants found in cigarettes.
- **How to cope:** Get extra sleep and either increase your activity or exercise regularly.

Fatigue or sleepiness

- **Reason:** Your body is getting used to working with less or no nicotine.
- **How to cope:** Do relaxation exercises, eat or drink less caffeine, exercise often or try a nicotine replacement aid.

This information is based on data from the Minnesota Heart Health Program.

Ways to Stop Using Tobacco

Tip

NRT is very safe when compared to tobacco use. This is a proven way to help people cut down or quit tobacco use.

There are many ways to quit. It's important to choose methods that appeal to you. There are 7 FDA-approved medicines available to help you quit tobacco as well as integrative options. Take some time to consider which options make sense to you:

- **Nicotine replacement therapy (NRT)** works by replacing some of the nicotine you used to get so you don't feel as uncomfortable after quitting. NRTs give you a low level of nicotine without the harmful chemicals.

NRT patches, gum, lozenges, inhalers and sprays help you manage cravings to put you in control.
- **Aromatherapy** uses essential oils to maintain and restore health. It encourages your body's natural ability to relax and heal, and supports the balance.
- **Acupressure** works by applying gentle pressure on specific points in your wrist or arm. It helps restore balance, reduce stress, and create a sense of calm and peace.

Over-the-counter medicines

Tip

Allina Health does not endorse any product or specific brand over another.

Talk with your doctor about which is right for you.

Purpose of medicines

- These medicines are used to remove cravings or lower them to a level you can manage.
- When cravings are less intense and less often, they allow you to focus on figuring out how to live your life without tobacco. Sometimes this is as simple as changing a habit.



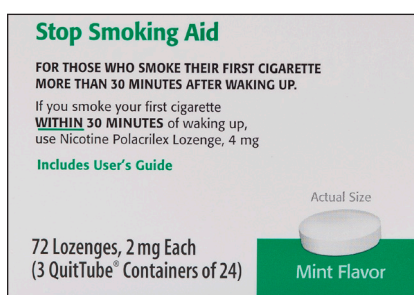
Other triggers, such as stress, can sometimes take longer to figure out how to cope without tobacco use. Keep using medicines until your new routine and coping skills feel comfortable for you.

- Insurance often pays for these medicines as long as they are prescribed by a health care provider. If you do not have coverage, see page 59 for options.

Nicotine gum or lozenge

■ What are they?

- Gum slowly releases nicotine into your mouth when you chew it and “park” it between your cheek and gums.
- Lozenge slowly releases nicotine when it dissolves in your mouth.
 - Lozenges are available in regular and mini forms. The mini is made to dissolve more quickly and has a different texture. It tends to work faster than the regular form. Check with your insurance company to see if the mini lozenge is covered.
- They are both available in 2 mg and 4 mg strengths.



■ How to use:

- Chew the gum slowly until a peppery taste comes out. Then, put the gum between your cheek and gums and hold it there until the taste goes away. This can take at least 2 to 3 minutes. Repeat this process until the gum loses its taste. Use each piece of gum for about 30 minutes.
- Put a lozenge in your mouth and let it dissolve for about 20 to 30 minutes. Move the lozenge from one side of your mouth to the other.
 - Do not chew or swallow it as it may make you feel sick and you will absorb less nicotine.
 - Try not to eat or drink 15 minutes before and 15 minutes after using the gum and lozenge. (Sips of water are OK.) If you do, the nicotine may not work as well.

■ Dosing:

- One piece of 2 mg gum is about equal to 1 cigarette. The 4 mg is about equal to 2 cigarettes.
- A 2 mg lozenge is about equal to 1 ½ cigarettes. The 4 mg lozenge is about equal to 3 cigarettes.
- You can use a 2 mg nicotine lozenge or gum if you use tobacco later than 30 minutes after you wake up. You can use a 4 mg dose if you use tobacco within 30 minutes of waking up.
- If the 4 mg dosage is too strong, try the 2 mg dose. If you use nicotine lozenges or gum with patches, you may want to use the 2 mg dosage.

Tip

Beware of tobacco companies that market oral nicotine and tobacco-free products as a way to quit using tobacco.

Learn more on pages 18-19.

Tips

- The U.S. Food and Drug Administration (FDA) says there is no significant concern with using tobacco and the patch at the same time.
- The main reason to use a patch is to help you quit using tobacco. If you do have a slip, there is no need to remove the patch.
- Having cravings is a sign that you are not receiving enough nicotine replacement therapy. Manage cravings by raising the patch level or adding the gum, lozenge or a nicotrol inhaler.

■ Side effects:

- The most common side effects are hiccups, upset stomach, heartburn or jaw pain. These should go away if you use the medicines the correct way.

- **Length of treatment:** Try to spread the use of the medicines during the day. They can also be used when you have a craving or when you know you are about to have one.

For example, if you usually smoke when you drive, start using the gum or lozenge 15 minutes before getting in your car. Then it will work well by the time you need it.

- **Advantages:** You have something in your mouth, you control how much you use and when you use it, you can carry it around, and it's easy to use.

- **Disadvantages:** You may not use enough gum or lozenges each day and each week to get the benefit.

Nicotine patch

- **What it is:** It is a sticker that releases a steady dose of nicotine through your skin. This reduces your craving for nicotine.

- **How to use:**

- Put a new patch on a clean hairless place on your upper body when you wake up.
- Press for 10 seconds to help it stick to your skin.
- Run your fingers around the edges of patch.
- When you take it off, fold the patch in half so the sticky sides touch each other. Throw it away where children and pets can't get to it.
- Wash your hands after touching the patch.
- Try to change it at the same time every day closest to when you wake up. If the patch does not stick well, use rubbing alcohol to clean the area first.
- Wear the patch for 24 hours each day. If you have sleep issues, remove the patch before bedtime and replace with one as soon as you wake up. Change the location of the patch each day to avoid irritating your skin. Avoid using the same area for 2 weeks, if possible.



Important: Do not cut the patch.

Did You Know

Smoking while wearing a nicotine patch (or other forms of nicotine replacement therapy) **does not** cause heart attacks.

■ Dosing:

- There are 3 dosages of patches. Here's how to choose where to start:
 - If you smoke 11 or more cigarettes each day: start with the 21 mg patch (Step 1).
 - If you smoke 10 or fewer cigarettes each day: start with the 14 mg patch (Step 2).
 - As you wean off the patches: use the 7 mg patch (Step 3).
- If you smoke more than 1 pack a day, you may need to add another patch. You can also add a short-acting nicotine replacement therapy (NRT) option like gum, lozenge or inhaler. Ask your doctor or tobacco counselor about what's right for you.
- Use your highest dosed patch for at least 6 weeks. You can use it longer if you need it.
- When you are ready to step down, stay on each level of patch for at least 2 weeks.
- Use each level of patch as long as you think you need to. There is no real deadline.

■ **Side effect:** The most common side effects are skin rash and sleep problems.

■ **Length of treatment:** Use it for at least 12 weeks. Remember to go off the patch slowly. Talk with your doctor or pharmacist about the right dose for you.

■ **Advantages:** You only use it once a day, and stepping down your dose slowly reduces your nicotine dose. Your insurance company may cover the charges if you have a prescription from your doctor.

■ **Disadvantages:** It takes 1 to 3 hours before the first patch you use begins to help with cravings.

Talk with your doctor before you take any over-the-counter aids if you are pregnant or if you take any prescription medicine.

Did You Know

Nicotine pre-loading was endorsed by the 2020 U.S. Surgeon General's Report on Smoking Cessation.

Nicotine pre-loading

If you are not ready to quit right now or if you feel anxious about quitting, consider trying nicotine pre-loading. This is a proven method to help reduce your overall craving for smoking while you choose how often you smoke.

What is it?

With nicotine pre-loading, you use NRT such as gum, patches, lozenges and the Nicotrol[®] inhaler while you smoke.

Tip

After you wean off the patches, you can use a short-acting NRT (gum, lozenge or inhaler) to help manage cravings and prevent a relapse.

Tip

Some insurance providers may pay for over-the-counter medicines (gum, lozenge or patch). Call your insurance provider to see what your plan covers.

Call 1-800-QUIT-NOW for free nicotine replacement if your NRT is not covered.

Most people find using the patch works the best but you can use the other forms if you want. The goal is to slowly wean down on the number of cigarettes that you smoke until you are completely done. After you are done smoking, keep using the NRT, weaning off slowly. This process will take 3 to 6 months or longer, if needed.

Advantages

This method is best for people who want to quit but aren't quite ready.

Disadvantages

Please be aware of how you feel when you smoke. If you feel nauseated, "jittery" or if your heart beats faster, stop using tobacco for the moment. These feelings mean your body is telling you there is already enough nicotine in your system. This can mean you need less tobacco than you thought.

Combination therapy

This is when more than one type of quitting tobacco medicine is used at the same time. For example, using nicotine patches and nicotine gum at the same time.

This works especially well if you smoke more than one-half pack a day. This increases your chances of quitting. Talk with your doctor, pharmacist or tobacco counselor about what dosages are right for you.

Other methods

The following methods of quitting have been proven to be the hardest way to quit and remain tobacco-free. These methods work for only 3 to 6 out of 100 people who try them every year.

Cold turkey

It means stopping suddenly and completely without the help of medicines.

One day you use tobacco, the next day you do not. You will notice that your craving will pass whether you use tobacco or not. If you have difficulty quitting cold turkey, talk with your doctor about using a quit aid.



Weaning and delay

- Cut down your amount of tobacco by what you feel is a realistic amount every day or week.
- Try putting off the first use of the day by 1 or 2 hours. For example, start with no cigarette until 9 a.m. Next day, make 11 a.m. the earliest you can smoke, and so on.
- It is important to set weaning goals to keep you moving forward, with the intention of setting a date to fully give up tobacco use.

This way takes time. It is easy to get discouraged but keep with it. If you have not been able to quit completely within your desired time frame, then talk with your doctor to consider a quit aid.

Prescription medicines

Tip

Allina Health does not endorse any product or specific brand over another.

Talk with your doctor about which is right for you.

Purpose of medicines

- These medicines are used to remove cravings or lower them to a level you can manage.

If your cravings are still severe while using these medicines, please call your doctor or tobacco counselor for help in making changes to dosages or medicine.
- When cravings are less intense and less often, they allow you to focus on figuring out how to live your life without tobacco. Sometimes this is as simple as changing a habit. Other triggers, such as stress, can sometimes take longer to figure out how to cope without tobacco use.

Keep using medicines until your new routine and coping skills feel comfortable for you. If you do not have coverage, see page 59 for options.

Varenicline/Chantix™

- **What it is:** It is a non-nicotine aid that, for many patients, reduces withdrawal symptoms and the urge to smoke. It should be used with a support program.



Chantix is currently unavailable. It is available as a generic medicine.

■ **How to use:**

- The starting recommended dosage is 1 white tablet (0.5 mg) at breakfast for the first 3 days.
- On days 4 through 7, take 1 white tablet (0.5 mg) at breakfast and white tablet (0.5 mg) with the evening meal.
- On days 8 through the end of the treatment, take 1 blue tablet (1 mg) at breakfast and 1 blue tablet (1 mg) with the evening meal. Try and take the evening dose (second dose) earlier in the day, as close to the breakfast dose as possible, as you are able.
- The recommended length of treatment is at least 12 weeks. Set your quit date for day 8.
- If you are not ready to quit yet, you can use varenicline to help increase your chance of quitting. Talk with your doctor about how to do this.

- **Side effects:** The most common side effects are upset stomach (nausea), changes in dreaming, constipation, gas, or throwing up. Nausea often goes away if you continue taking this medicine for at least 2 weeks.

Taking varenicline with a full meal and a full glass of water can help prevent or reduce nausea. You can also eat bananas, or take a lower dose. If you still have nausea, consider reducing to a half dose of 0.5 mg pill 2 times per day. (It is OK to cut the 1 mg pills in half.) Studies have shown that lowering the dose may still be effective in helping to quit while reducing nausea.

If your dreams bother you, take the second pill of the day as close to the first pill as you can handle without nausea. If this doesn't help, consider taking only 1 mg pill each day with breakfast.

Some people have reported severe depression or thoughts of suicide while using varenicline. This is rare. Call your doctor if this happens to you.

- **Length of treatment:** The recommended length of treatment is at least 12 weeks as long as you do not smoke cigarettes from day 8 to the end of the 12 weeks. If you do use tobacco during this time, you will need to stay on varenicline for another 12 weeks to raise your chances of quitting.

Use as directed by your doctor. If you have quit smoking, ask your doctor if taking it longer would help you stay tobacco-free. Some people choose to take varenicline for up to 1 year.

- **Advantages:** You may start taking varenicline before you quit smoking. You should set a quit date for day 8 of the treatment. If you choose to quit before day 8, you may use a nicotine replacement therapy (such as patches or gum) to help manage cravings until day 8.
- **Disadvantage:** Varenicline takes a few days to a few weeks to reach the right levels in your body to work.
- If you need more help with varenicline or financial aid, see page 59.

Zyban®/Wellbutrin®/Bupropion

- **What it is:** It is a non-nicotine anti-depressant that, for many patients, reduces withdrawal symptoms and the urge to use tobacco. It works best with a support program.
- **How to use:** Take as directed by your doctor. The usual dose is one 150 mg tablet in the morning for the first three days. Starting on the fourth day, take one 150 mg tablet in the morning and one 150 mg tablet in the early evening.



Take your doses at least 8 hours apart. You have the option to take the dosages one time a day. If you want to take your dosages one time a day, talk with your doctor about the extended release option.

- **Side effects:** The most common side effects are dizziness, upset stomach, headache, dry mouth and sleeping problems. It can cause depression or suicidal thoughts. (This is rare.)

If you have anxiety, bupropion may make it worse. Keep using bupropion if you can manage the anxiety. You can take the lower dose longer or use the extended release form. Anxiety should get better in 2 to 4 weeks. Call your doctor if your anxiety doesn't get better or if it gets worse.

Do not drink alcohol when taking this medicine.

- **Length of treatment:** It should be used for at least 12 weeks. There is no limit on how long it can be used.
- **Advantages:** You may start taking Zyban before you quit using tobacco. Set a quit date after 7 to 10 days of therapy. Once your cravings lower, work hard to quit smoking. This medicine will continue to work its best only as long as you stay tobacco-free. Zyban may be used at the same time as nicotine replacement therapy.
- **Disadvantages:** It takes 1 to 3 weeks for Zyban to reach the right levels in your body to work.



Nicotine inhaler (Nicotrol® inhaler)

- **What it is:** It is a foil-wrapped nicotine cartridge put inside a hollow cigarette-like plastic tube. The inhaler produces a nicotine vapor when warm air is passed through the tube. The vapor can't be seen. This is not the electronic cigarette.



- **How to use:** Line up the markings (in the unlocked position). Pull apart the 2 sections of the inhaler. Insert the nicotine cartridge. Push the 2 sections back together. This will pierce the seal on both ends of the cartridge. Turn the top and bottom pieces so the markings do not line up (in the locked position).

Use the same way you would smoke a cigar, puffing the nicotine through the plastic tube. Do not inhale into the lungs or past your throat as it may cause coughing, burning or both and will not be absorbed correctly into your system.

As you puff, there may be a taste which has been described as "minty or "peppery." You might not be able to taste it, but the medicine is still working. Each cartridge usually lasts for about 20 minutes of active puffing (about 80 puffs).

Puff until you feel your craving is manageable. Most people find this happens in 10-15 minutes of using the inhaler. For some people it is less and for some it is more. Replace the cartridge once you have puffed a total amount of 20 minutes or until it no longer seems effective. This could be after using it 1 to 4 times, depending on how quickly it satisfies your craving. Throw away the used cartridge where children and pets cannot get to it.

Each cartridge is equal to smoking about 2 cigarettes. For example, if you smoke 1 pack a day, you would use about 10 cartridges a day, tapering off after 3 months. You may use up to 16 cartridges each day.

- For the nicotine to be absorbed well, it is best to store the cartridges at room temperature and to try not to eat or drink anything for 15 minutes before and 15 minutes after using it.
- **Side effects:** It may cause minor throat irritation or coughing.
- **Length of treatment:** Use it when you need to for 3 months or longer, if needed.
- **Advantages:** It mirrors smoking as it includes the comfort of hand-to-mouth ritual. It can be used anywhere that smoking is not allowed. This will not harm the health of anyone around you.

- **Disadvantages:** Some people want to completely get away from anything that feels like smoking. Sometimes the inhaler feels too much like smoking. If you are not getting the full effect, make sure you are using it as directed.
- If you need more information or financial aid, see page 59.

Nicotine nasal spray



- **What it is:** It is a nicotine solution in a nasal spray bottle.
- **How to use:** Blow your nose if it is not clear. Tilt your head back slightly and insert the tip of the bottle into your nostril. Breathe through your mouth.

Spray once in the lining of each nostril. Do not sniff or inhale while spraying.

One spray equals 1 dose and 1 cigarette.

- **Side effects:** The major side effects are nasal and throat irritation, rhinitis, sneezing, coughing and watering eyes. Be sure to use it regularly the first week to help adjust to the side effects.
- **Length of treatment:** Use as directed by your doctor. Do not use more than 5 times each hour or 40 times each day. Do not use for more than 3 months in a row.
- **Advantage:** It works quickly.
- **Disadvantage:** You may not use enough each day and each week to get the benefit.

Combination therapy

This is when more than one type of quitting tobacco medicine is used at the same time. For example, using Zyban at the same time as the nicotrol inhaler.

Talk with your doctor, pharmacist or tobacco counselor about what dosages are right for you.

Aromatherapy

Aromatherapy uses essential oils to maintain and restore health. Aromatherapy encourages your body's natural ability to relax and heal, and supports the balance of mind, body and spirit.

Studies have shown that using aromatherapy helps reduce:

- pain
- anxiety
- nausea (upset stomach)
- insomnia (being unable to sleep).

Aromatherapy may also help you stop using tobacco.

Inhaler choices at Allina Health

- **Quit:** Black pepper (*Piper nigrum*) can help you stop using tobacco.
- **Quit with Energy:**
A combination of black pepper (*Piper nigrum*) and lime (*Citrus x aurantifolia*) can help energize your body and mind.
- **Quit and Relax:**
A blend of black pepper (*Piper nigrum*), lavender (*Lavandula angustifolia*) and cedarwood (*Juniperus virginiana*) can help calm your body and mind.

Benefits of aromatherapy

It's natural to ask, "How could smelling something help me stop using tobacco?"

When you smell the aroma, the molecules of essential oil move from your nose to your brain. Your brain sends messages to your body to calm or energize you.

How to use an aromatherapy inhaler

You breathe in the essential oil with an inhaler. The inhaler is small so you can carry it with you. To use the inhaler:

- Remove the cap.
- Hold the inhaler about 4 inches under your nose.
- Move the inhaler back and forth a few times while you take in slow, deep breaths.
- Replace the cap right away.

You may use the inhaler as needed. The aromatherapy will stay fresh for up to 3 months if you keep the cap on when you are not using it. People respond differently to the aroma. You can choose which one you like best.

Safety of aromatherapy

The essential oils Allina Health provides are pure. This means aromatherapy is safe to use for energizing or for calming.

Talk with a certified aromatherapist if you:

- are pregnant
- are younger than 12 years old
- have allergies
- have environmental sensitivities
- use other aromatherapy.

Whom to contact for information

- To buy aromatherapy, see page 59.

Acupressure

Acupressure is part of an ancient medical system called traditional Chinese medicine. You can perform acupressure on yourself to help restore balance to your body, mind and spirit. It can help to reduce stress and create a sense of calm and peace.

How acupressure works

Acupressure moves Qi (pronounced “chee”) energy through your body along channels. When you are healthy, the Qi moves energy freely. When you are in pain, sick or emotionally upset, the Qi can become stuck. Acupressure unblocks this stuck Qi.

How acupressure can help you stop using tobacco

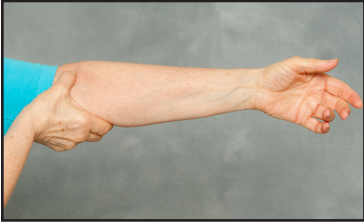
Acupressure can help restore balance to your body and mind. Using your fingertips to press and massage acupressure points may help:

- decrease physical symptoms of quitting tobacco
- speed up withdrawal from nicotine
- get rid of cravings
- balance emotions.

How to do acupressure

The following acupressure points may help you quit tobacco use. Pressing could cause tenderness but should not cause pain. If you feel any pain, lighten the amount of pressure you are using.

You may feel a pulse. This is a good sign that more blood and energy is flowing through your body.



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Arm point

- Put one arm out, with the palm of your hand facing up.
- Bend your elbow slightly and notice the crease that forms.
- Use your thumb on your other hand to follow the crease to where it ends toward the thumb side of your arm.
- You will feel a tender spot on the muscle at the end of the crease. Straighten your arm.
- Press the tender spot for 1 to 2 minutes, while taking some deep, relaxed breaths.
- Release. Repeat on the other arm.

Wrist point

- Put one hand out, with the palm of your hand facing up.
- Bend your wrist toward you slightly. Notice the two creases that form.
- Use the thumb on your other hand to follow between the two creases toward the outside of your wrist (under your little finger).
- You will feel a tender spot in the small hollow space under your wrist bone.
- Press the tender spot for 1 to 2 minutes, while taking some deep, relaxed breaths.
- Release. Repeat on the other wrist.



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Focus on your breathing and relaxation

For some people, the only time they take a break from their stressful lives is to have a cigarette break. They rarely breathe deep except to inhale the smoke. An important part of successfully stopping smoking is to satisfy your body's need to breathe deep and relax.

Breathing and relaxation techniques can calm and soothe you.

- Use the fingers of one hand to find your chest point:
 - In the center of the breastbone, on the nipple line, find a small indent on the breastbone. You should feel tenderness when you touch the point.
- Use three fingers of your other hand to find your forehead point:
 - Place your ring finger on the indent where the top of your nose and forehead meet. Place your middle finger directly between your eyebrows and your pointer finger on the lower forehead.
- Practice deep breathing while holding these points 1 to 2 minutes. Try imagining that your in breath flows into the forehead point and your out breath flows out of the chest point.
- Imagine any tension and cravings melting away with each breath out.



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Whom to contact for information

For more information, talk with your health care provider.

Quit Tobacco for Your Surgery

Tobacco and surgery risks

Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes), cigars, smokeless tobacco (dip or chew), hookahs, pipes, roll-your-own, and oral nicotine products.

Using tobacco increases your risk of the following during and after surgery:

- heart problems
- lung problems (complications) such as pneumonia
- infections such as infections of your surgery site (incision)
- blood clots
- slower healing due to less oxygen in your bloodstream
- higher levels of pain and more problems with pain control.

Tobacco use keeps oxygen from reaching your surgery site and it can increase your recovery time.

Benefits of quitting

- Research shows that quitting 4 weeks before surgery can reduce any problems after surgery up to 30 percent.
- People who quit smoking report having better pain control.
- Your body responds quickly to quitting:
 - **8 hours:** the carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
 - **48 hours:** Nerve endings start to grow again.
 - **2 weeks:** Your circulation improves and your lung function increases. (Source: World Health Organization)
- Using your surgery as a motivator to quit tobacco increases your success rate of quitting for good.

When you should quit

Ideally, you should quit as soon as possible. Research shows that:

- the harmful effects from cigarettes begin to go down about 12 hours after your last cigarette smoked
- at least 8 weeks without cigarettes is the best way to reduce problems almost as low as people who do not smoke.

The American College of Surgeons recommends at least 4 weeks without cigarettes.

Did You Know?

Using your surgery as a motivator to quit tobacco increases your success rate of quitting for good.



You should not use tobacco the day of surgery up to 1 week after your surgery. Your doctor may tell you when to quit before your surgery.

If you quit for surgery, you double the chance of staying off cigarettes for good. Many people report they have no cravings while in the hospital.

Not ready to quit? Consider taking a break!

If quitting tobacco makes you feel nervous and seems overwhelming, consider taking a break or a vacation from tobacco use.

- You will get the physical benefits for the period of time that you are not using tobacco.
- You will reduce your risk of problems during surgery and still increase your chances of a smooth recovery after surgery.

If you can, set a goal to stop using tobacco for 1 month after your surgery. This will allow your body to heal the best after your surgery.

Ways to quit or take a break

- abrupt stop (cold turkey)
- nicotine replacement therapy* (gum, lozenge, patch or inhaler)
- medicines (varenicline and Zyban®)
- behavioral strategies (such as calling a friend or going for a walk)
- aromatherapy (black pepper oil)
- take a break (vacation) from tobacco.

Any step you take without tobacco is going to help you. Small steps are better than nothing!

***Nicotine replacement therapy (NRT) can nearly double your chances of successfully staying off cigarettes. It works best if you use it with the help of a doctor or counselor. Ask your doctor about using NRT around the time of surgery. Go to quitforsurgery.com to learn more.**

Prepare to Quit



- Make a personal pact with yourself to quit.
- Pick a date to quit.
- Research quit options (pages 40-53) and make sure you have your option on your quit day.
- Write down your quit plan (pages 57-58).
- Build support before you quit. Have people who will support your decision and help you quit.
- Make plans on how to handle situations and people that make you want to use tobacco.
- Plan your reward for each day you do not use tobacco.
- Get ready to quit. Get rid of your tobacco products.
- Quit on your quit day.
- See the resources on page 59.

Resources



Product-specific Resources

- financial aid Nicotrol® inhaler
 - 1-844-989-PATH (7284)
 - pfizerrxpathways.com
- Plant Extracts aromatherapy
 - 1-877-999-4236
 - plantextractsinc.com

Allina Health (if you had a recent hospital stay)

- Tobacco Intervention Program at Abbott Northwestern Hospital
 - 612-863-1648
- Tobacco Intervention Program at Mercy Hospital
 - 763-236-8008
- Tobacco Intervention Program at River Falls Area Hospital
 - 715-307-6075
- Tobacco Intervention Services at Allina Health United Hospital – Hastings Regina Campus
 - 715-307-6075
- *United Hospital Lung and Sleep Clinic Tobacco Cessation Program
 - 651-726-6200
- *Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching
 - 612-863-5178

Other

- Quit Partner
 - 1-800-QUIT-NOW (1-800-784-8669) or quitpartnermn.com
 - My Life, My Quit™ (ages 13 to 17): text “Start My Quit” to 36072 or call 1-855-891-9989 to talk with a coach
 - American Indian: 1-833-9AI-QUIT or aiquit.com
 - Spanish: 1-855-DEJELO-YA (1-855-335-3569) or quitpartnermn.com/es
 - asiansmokersquitline.org
 - Để được giúp đỡ, hãy gọi: 1-800-778-8440
 - 도움이 필요하시면 다음 번호로 전화하십시오. 1-800-556-5564
 - 如需幫助, 請致電: 1-800-838-8917
 - 如需帮助, 请致电: 1-800-838-8917

*There may be a cost to you. Check with your insurance provider.

- online tobacco cessation support
 - smokefree.gov
- American Lung Association/Tobacco Quit Line
 - 651-227-8014 or 1-800-586-4872
- *Mayo Clinic Nicotine Dependence Center's Residential Treatment Program
 - 1-800-344-5984 or 1-507-266-1930

***There may be a cost to you. Check with your insurance provider.**



Information for Care Circle Members (Family, Friends and Others)

- Why Nicotine is Addictive
- “Logic” Voice and “Addiction Voice”
- Support
- Nicotine Replacement Therapy

Understanding Tobacco Addiction In Your Loved One

Do You Want Better Health?



Watching someone you care about who uses tobacco struggle for their health can be a frustrating and heart-rending time. Because so many diseases have been solidly linked to tobacco, continuing to use it can be viewed as a simple choice — do you want better health or not?

Time and time again, these arguments over smoking follow the same path: arguing, freezing each other out, being defensive and passive, nagging or totally shutting down. Resentment flares. Helplessness and desperation show.

All sorts of questions are thrown about, either in the mind or aloud: “Don’t you care about your family? About me? What do you mean you have nothing else to live for? Are you saying your cigarettes are more important than your life? What does that say about our relationship? Are you stupid? Are you selfish?”

“Don’t you understand what I go through watching you struggle with illness? I miss work. We struggle with bills. I worry all the time that something will happen to you, something I can’t control. If you’re gone, then I have to take care of the kids by myself.

“I deal with the insurance and the paperwork. I wait during your procedures. I drive you to appointments. I have to watch you suffer. We can’t have fun the way we used to. I miss your health. I miss you.

“And all because you won’t stop smoking that stupid cigarette. If you would just stop, our lives would be easier. I wouldn’t have to worry about you smoking while you’re on oxygen. I wouldn’t have to hear you cough like that anymore. I wouldn’t have to smell that awful breath when you cough deeply, from stuff we both know is rotting out your lungs.

“I wouldn’t have to worry about burns, fires or being around your smoke. I don’t have to worry that your smoke is making me sick too. I can’t pay as much attention to my own health when I’m taking care of you. Using tobacco is your choice — why are you doing this to yourself? To me? To us?”

To help your loved one, it may help to understand addiction and the inner voice. Learn more by turning the page.

Why Nicotine is Addictive

Most people (even tobacco users!) are unaware of the physical process going on in the body and brain during a craving.

Nicotine is probably the most addictive chemical on the planet. Everyone is born with a few million receptors in their brains. They are responsible for releasing chemicals, among other things. One thing they do very well is to absorb nicotine.

Once the nicotine is absorbed, the receptors release a large amount of dopamine, norepinephrine, and a few other “feel good” chemicals. This produces that relaxing, buzzy high that cigarettes are known for. This feels good, so the brain makes more receptors to absorb as much nicotine as possible.

The longer a person uses tobacco, the more receptors are made, until the brain actually becomes physically different when compared to the brain before tobacco use started.

Why does this matter? Because each of these receptors serve as an alarm bell as well as keeps track of how much nicotine is used in a day.

This rush happens almost instantly after taking a drag on a cigarette or using an electronic tobacco product. The rush is constantly there while people use smokeless tobacco. It’s a way to feel instantly “better,” or at least, instantly “normal” again.



The receptors actually carry a “memory” of two things:

- your loved one’s triggers
- how much tobacco your loved one normally uses in a day.

This means the receptors will trigger your loved one to want tobacco during “trigger” situations (such as seeing a cup of coffee or getting in the car) or feelings (such as having an argument with someone, having fun with other people, or being bored).

Did You Know

Tobacco companies add chemicals to their products, including nicotine.

This is why they reach for a cigarette when starting the car. The receptors are “telling” your loved one that the car will not start without it! They reach for a cigarette and interpret it as a “habit.” It is a habit but only because it is being constantly reinforced by the receptors.

It also means that when your loved one tries to cut down or quit, it is normal for the receptors to start cravings when they no longer get their normal amount.

For example, if your loved one usually smokes 3 cigarettes on the way to work in the morning but only smokes 1, they will likely feel the difference. The receptors would know they did not meet the “quota.” Your loved one then feels pressure from receptors to pull over at the nearest gas station and buy cigarettes as soon as possible.

Cravings last 3 to 5 minutes

Receptors can only remain agitated (throw a craving tantrum) for up to 15 minutes. They do not have the endurance to stay highly agitated over a long period of time.

Most cravings last 3 to 5 minutes and many are an intense 30 seconds. This means that your loved one’s cravings will go away whether they use tobacco or not. Using medicines can help make this time more manageable.



‘Logic Voice’ and ‘Addiction Voice’

One of the defining factors of tobacco addiction is when a person uses tobacco even while knowing it is causing harm. There is rarely any logic in addiction. This is something that can be difficult if not impossible to understand, even by the person using tobacco.

An addict wants something because they want it. It’s that simple. Certain feelings and situations trigger it, but at the most basic level, the receptors in the brain scream for what they want. Picture an angel and devil on a person’s shoulder — a symbol of the “good” and “bad” saying what to do next. Instead, replace that with “logic voice” and the “addiction voice.”

■ **“Logic voice”** says things like:

- “You don’t need that tobacco, not really.”
- “You know it’s not good for your health.”
- “Your heart is not doing well. It’s hard to breathe.”
- “My partner doesn’t want me to keep doing this. My kids hate that I use.”
- “I don’t have the money for this.”
- “I don’t want to do this anymore.”
- “I don’t really need it.”



■ **“Addiction voice”** has its own statement. Because of the physical nature of the receptors, addiction voice is extremely LOUD. During a craving, addiction voice is screaming.

- “YOU COMPLETELY NEED THIS.”
- “YOU CAN’T RELAX WITHOUT ME.”
- “NO ONE ELSE IS THERE FOR YOU LIKE I AM.”
- “JUST ONE WILL NOT HURT. “
- “YOU DESERVE THIS!”
- “YOU WILL NEVER FEEL BETTER UNTIL YOU USE!”



Logic voice speaks only at a whisper. Addiction voice drowns it out. Wading through each moment of this can be exhausting.

How You and Members of the Care Circle can Help

People rarely quit because they were nagged. Anger, orders and threats can also backfire. Often, these approaches will make a person want to use tobacco even more.

Provide support

You need the right kind of support in different situations. It may help to talk together. Ask your loved one what they would like to do next about tobacco. Do they want to quit?

- Do your best to support their timing.
 - Don't assume your loved one is ready to quit.
 - Don't throw away their tobacco without their permission.
 - Be open to creating boundaries in your home around children, pets, others. Consider setting "no tobacco" areas to help provide a safe place for loved ones, children and pets to breathe.
- If your loved one wants to quit, what kind of support do they need? Here are a few ideas:
 - **Ask**, "Do you want me to check in with you and ask how you are doing?" "I want you to know I'm interested and that I care but I don't want to annoy you."
 - Your loved one might respond: "I'd rather you don't ask, but in return, I'll let you know when there is something to celebrate. I may also reach out and let you know when I've having a hard moment."
 - **Ask**, "Do you want me to remind you why it's important you quit?"
 - Your loved one might respond: "No, I already know why it's important. This is why I'm quitting. If I forget, I'll let you know."
 - **Ask**, "What can I say to you that is helpful?"
 - Your loved one might respond: "You can say things like, I believe in you, I trust you, I love you, I know you're doing your best."
- What happens if your loved one doesn't want to quit? What then?
 - Hearing that your loved one is not ready or not interested in quitting can be difficult. Try your best to be understanding while making sure you feel your own health is not at risk by being around tobacco.

If You Are Quitting Together

If your loved one uses again, that doesn't mean you have to start too. Support yourself with your logic voice.

- **Addiction voice:** "If you get to smoke, so do I."
- **Logic voice:** "I don't really need this."

You both understand what each other is going through but you need to figure out how to be together without using tobacco. Use the "My Quit Plan on pages 57-58 to map your strategies.

- If you use tobacco yourself, consider quitting. If you choose not to quit, use it outside and away from your loved one while they are trying to quit.

Some people trying to quit will say other people using doesn't bother them, but it's still a temptation. Secondhand smoke is as harmful as firsthand smoke, so exposing others to it is dangerous for their health.

- There are a few questions to go over with each other. If your loved one wants a cigarette, how should you or other members of the care circle handle it? What if you are asked to go and buy cigarettes for your loved one?

- If your loved one uses again, how should you respond? It can be helpful to ask if they want to talk about it. If so, offer encouragement. Listen without judgment. Explore how your loved one got to the point where they felt a cigarette, vape or dip was the only option.

How could they handle things differently the next time? Do your best to help your loved one find solutions without saying what to do.

Nicotine Replacement Therapy

Medicines are proven to be helpful during a time when very few people are able to quit without them because of recent changes in how tobacco is made.

Tobacco companies have added chemicals (including nicotine) to make tobacco products more addictive and difficult to quit.

If your loved one chooses to use medicines to help quit, please support that decision.

Nicotine replacement therapy (known as NRT) uses patches, gum, lozenges, nasal spray and inhalers to help manage cravings. Nicotine from NRT binds to nicotine receptors just like nicotine from tobacco products.

NRT will produce lower levels of nicotine throughout the body than from tobacco and still help calm the brain.

This can make a person feel more in control during a craving without getting more chemicals from tobacco that cause health problems.



Learn more about the Allina Health account



Easy appointment scheduling
In-person and virtual visits,
appointment reminders and updates



Care for the whole family
Gain access to another person's
account (proxy access)



Virtual care options
On-demand urgent care and
scheduled virtual visits



Prescriptions and billing
Manage payments, order refills and
track prescriptions



Info all in one place
Health records, lab results and
appointment notes



**Communicate with your
care team**
Send and review messages

Make health care easier with an online, all-in-one way to manage care.

Get started at
AllinaHealth.org/account

Allina Health 

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Nondiscrimination in Health Programs and Activities

Affordable Care Act – Section 1557

Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:

- provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ◊ qualified sign language interpreters, and
 - ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
 - ◊ qualified interpreters, and
 - ◊ information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





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