Quitting Smoking

“Quitting smoking is easy. I’ve done it a thousand times.” - Mark Twain

Smoking is addictive, it is linked to many types of cancer, and it increases one’s risk for heart disease and emphysema. It is now known that one’s exposure to second-hand smoke also poses significant health risks. Rather than stating all the reasons why a person should stop smoking, this newsletter focuses on how to stop smoking.

PREPARATION

For most people, quitting smoking requires preparation. A first step is to set a “quit date.” This will be the first day you will not smoke at all. Quit dates can have special meanings, such as a birthday or an anniversary, or they can be a random date. It is important to pick a date within the next month. If you choose a date too far in the future, it leaves time to back out of the decision to stop smoking. Also, try to avoid setting your quit date at times of the year you know are stressful for you, such as certain holidays.

After the quit date is selected, there are several activities that can help you mentally prepare for your quit date. One activity is to keep a “smoking diary.” This diary can be a log of your smoking triggers. Write down some of the routines in your life that are often associated with smoking. For example, a common trigger for many people is smoking after a meal or while driving in a car. Recognize your triggers and think of other things to do besides smoking during these activities. Instead of smoking after dinner, take a walk or read a book. While driving in the car, use oral substitutes such as gum, hard candy or carrot/celery sticks.

Recognizing your smoking triggers will help you plan for the date you will no longer be smoking.

Asking, “What does smoking do for me?” can also help you prepare to be a non-smoker. For some people, smoking is used to manage stress, anger, or weight. Others may use smoking as a way to take a break. By identifying what smoking represents in your life, it helps you to recognize skills you will need to have to replace smoking. Biofeedback, meditation, and/or exercise may be new skills to help with this process.

When the quit date approaches, many people find it helpful to throw out all cigarettes, ashtrays, matches and/or lighters, so they are not tempted to smoke. Some people find washing their clothes and bedding to eliminate the smoke smell the night before the quit date is helpful. Many people make a list of the benefits of stopping smoking to carry with them to read when they experience a craving. It may also be helpful to change your language about smoking. Instead of telling people you are “giving up” smoking, which implies smoking has a value, tell yourself and others that you “choose to be smoke-free” or “I am a non-smoker.”

Funding in part provided by the City of Manhattan
Recent research has found that the menstrual cycle has an effect on both mood and tobacco withdrawal symptoms for women trying to quit smoking. This finding suggests that women could improve their success rate simply by starting their quit attempt during certain days of their cycle. Additional research has shown that smell and taste of cigarettes plays a greater role in women’s smoking behavior than in that of men.

Another important step in preparing for your life without smoking is to identify what cessation method will work best for you. There are several different methods for quitting smoking. Your physician, health care provider, or cessation specialist can help you with this very important decision.

**CESSATION METHODS**

The body goes through nicotine withdrawal when you stop smoking. Nicotine Replacement Therapy (NRT) is helpful for many people during the quitting smoking process. NRT allows small doses of nicotine into the body, helping to diminish the urge to use tobacco and reduce some of the physical withdrawal symptoms. NRT is safer when used properly because nicotine by itself is not nearly as harmful as the tars, carbon monoxide and other toxic chemicals that enter the body while smoking.

Nicotine replacement products include nicotine patches, gum, lozenges, inhalers and nasal sprays. Nicotine inhalers and nasal sprays require a prescription. Nicotine gum, patches, and lozenges are available as over the counter products.

A clinical review of over 90 trials found nicotine replacement therapy to be an effective method to help people stop smoking. Most methods seemed to show about the same level of effectiveness, so the choice of which nicotine replacement product to use should be based on your individual needs and preferences. Listed below is additional information on various types of nicotine substitutes.

**Nicotine Patches (transdermal nicotine systems)** Patches provide a measured dose of nicotine through the skin. Several types and strengths are available. Most tobacco users start using a full strength patch (15-22 mg of nicotine) daily for about four weeks. After the first four weeks, a lower dose patch (5-14 mg of nicotine) is used for the next four weeks. The FDA recommends using the patch for 3-5 months, although for some people using it for 8 weeks or less can be just as effective. Nicotine patches are ideal for people wanting a steady level of nicotine throughout the day, or wanting once-a-day convenience. Some possible side effects of nicotine patches include skin irritation, dizziness, racing heartbeat, sleep problems, headache, nausea, vomiting, and/or muscle aches and stiffness.

**Nicotine Gum** Nicotine gum is sold in two strengths, 2 mg and 4 mg pieces. Nicotine gum is fast acting when used as directed. The gum is to be chewed slowly until you detect a peppery taste. Then you place the gum inside the cheek, so the nicotine can pass through the mucous membrane of the mouth. Nicotine gum can be chewed on a fixed schedule, 1 to 2 pieces per hour (not to exceed 20 pieces per day), or chewed as needed, during nicotine cravings. Also, acidic foods and drinks, such as coffee, juices, and soft drinks should be avoided for at least 15 minutes before and during gum use since these types of foods and drinks can affect how well nicotine is absorbed. Nicotine gum is recommended for 1-3 months, with the maximum being 6 months. Some possible side effects of nicotine gum include bad taste, throat irritation, mouth ulcers, hiccups, nausea, jaw discomfort, and racing heartbeat.

**Nicotine Lozenges** Lozenges are the newest form of nicotine replacement therapy on the market. As with nicotine gum, the lozenges come in 2 mg and 4 mg strengths. It is recommended that you not do eat or drink for 15 minutes before using the lozenges. You are to suck on the lozenge until it dissolves. Do not bite or chew it like candy and do not swallow it. It is also advised that you do not use nicotine lozenges if you continue to use any other tobacco products (cigarettes, chew, etc.) or if you use other forms of nicotine replacement therapy. The lozenges are usually recommended for a 12-week program, with the doses reducing at certain points in the 12-week period. Possible side effects of nicotine lozenges are insomnia, nausea, hiccups, coughing, heartburn, headaches, and gas.
Nicotine Inhalers  Nicotine inhalers are available only by prescription. The nicotine inhaler resembles a cigarette, and behaviorally, it is the closest thing to smoking a cigarette, which some smokers find helpful. The nicotine inhaler is a small plastic tube with a nicotine cartridge inside of it. When you puff on the tube, the nicotine cartridge releases nicotine vapor, which is delivered to and mostly absorbed by the mouth. This is a different process than most inhalers, because inhalers usually deliver medication to the lungs. At this time, nicotine inhalers are the most expensive form of nicotine replacement therapy. The most common side effects of nicotine inhalers include coughing, throat irritation, and upset stomach. These side effects are more prominent when first starting to use the inhaler.

Nicotine Nasal Spray  Nicotine is absorbed through the nasal membrane when using nicotine nasal spray. Absorption is quick, and almost immediately relieves withdrawal symptoms. Easy use and fast relief of nicotine cravings make this nicotine replacement therapy appealing to many smokers. However, the FDA has cautioned about the possible addictive nature of this product. Nicotine nasal sprays are usually recommended for a 3-month time frame and should not be used for longer than 6 months. The most common side effects last about 2 weeks and can include nasal irritation, runny nose, watery eyes, sneezing, throat irritation, and coughing.

Medication

Two large published scientific trials have indicated that the anti-depressant bupropion (Zyban) is effective in assisting with smoking cessation. Bupropion is delivered in an extended-release form that is thought to reduce symptoms of withdrawal by affecting chemicals in the brain related to nicotine craving. The medication can be used alone or with a nicotine replacement therapy. It is usually recommended to start bupropion about 2 weeks before your quit date. A prescription is required for bupropion. Some side effects reported are insomnia, and dry mouth. This medication should not be taken if you have a history of seizures, anorexia, heavy alcohol use, or head trauma.

Other Therapies

Using other smoking cessation tools such as hypnosis, acupuncture, or smoking deterrents have little if any empirical support about their effectiveness in smoking cessation. However, for some people these techniques may be helpful in conjunction with other forms of smoking cessation. As previously advised, consult your doctor or primary health care provider to discuss these options.

Recent research has indicated the technique of slowly cutting back on the total number of cigarettes smoked per day (sometimes referred to as “scheduled reduced smoking”) may not have a positive impact on your health. When smokers attempt to reduce their number of cigarettes, they usually compensate for the reduction by taking deeper drags and smoking more of the cigarette. This behavior is often not noticed by the smoker. Therefore, even though the number of cigarettes is being decreased, the amount of nicotine and other toxins may not be reduced.

Support Groups

Smokers may also find help for quitting smoking from support systems. Tell your friends and families when you attempt to quit smoking; their support will be helpful to your process. Also, clinical reviews have found both individual and group counseling increases the chance of being successful at quitting smoking. Lafene Health Center offers local support through the “K-States Inspired to Stop Smoking” (K.I.S.S.) program. K.I.S.S. offers individual or group sessions as well as email/phone support and information. The program also offers ways to reduce stress through relaxation and activity. If you are interested in the K.I.S.S. program, contact Carol Kennedy or Shelly Cunningham at (785) 532-6595 or kiss@k-state.edu.

The state of Kansas also provides a Quitline to help Kansans stop smoking. The Kansas Tobacco Use Prevention Program provides toll-free access to trained tobacco cessation counselors 24 hours a day, 365 days a year. The Quitline toll-free number is 1-866-KAN-STOP (1-866-526-7867). They also provide information at their website: www.kanstop.org.
The purpose of this newsletter is to provide information about some ways to quit smoking. It is not intended to be used as a substitute for the expertise and judgment of qualified health-care professionals. You should consult your health-care provider about all health care issues.

For more information about smoking cessation, you can call or visit any of these websites.

American Cancer Society
1-800-ACS-2345
Internet address: www.cancer.org

American Lung Association
1-800-586-4872
Internet address: www.lungusa.org

Nicotine Anonymous
1-877-TRY-NICA (1-877-879-6422)
Internet Address: www.nicotine-anonymous.org

American Heart Association
1-800-242-1793
Internet address: www.amhrt.org

National Cancer Institute
1-800-4-CANCER (1-800-422-6237)
Internet address: www.cancer.gov

K-I.S.S. refers to K-Staters Inspired to Stop Smoking. Sponsored by the Lafene health Center’s Health Education and Promotion department, the K-I.S.S. campaign provides support for students, faculty and staff that would like to stop smoking or using tobacco. Assistance is provided free of charge via individual or group sessions, email or phone support, and/or information via the KISS-L listserv. For more information about K-I.S.S., please contact the Health Education and Promotion department at 732-6595 or at kiss@k-state.edu.

RESOURCES
KSU Counseling Services
English/Counseling Services - 2nd Floor
Phone: 532-6927

KSU Alcohol & Other Drug Education Service
Director: Bill Arck
214 English/Counseling Services Bldg.
Phone: 532-6927

Alcoholics Anonymous
Noon Meeting (Mon.-Sat.)
Westview Community Church
3001 Ft. Riley Blvd.
Phone: 537-9260

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