



Quit Guide

Becoming Tobacco Free

Quit today. Quit for life.



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ALASKA NATIVE
MEDICAL CENTER



The Alaska Native Tribal Health Consortium and Southcentral Foundation jointly own and manage the Alaska Native Medical Center under the terms of Public Law 105-83. These parent organizations have established a joint Operating Board to ensure unified operation of health services provided by the Medical Center.



Tobacco treatment specialist name:

Tobacco treatment specialist phone number:

Quit date:

Medication or nicotine replacement therapies chosen to support tobacco cessation:



Contract to stop tobacco use:

I _____ agree to end all tobacco use.

I will use _____ (method) to aid in my desire to quit.

My support team is _____

I understand that it is important for me to make a strong personal commitment to myself in order to permanently quit tobacco.

I am signing this contract as an indication of my personal commitment to quit tobacco.

Signature

Date

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Introduction

Congratulations! Choosing to quit tobacco is one of the best choices you can make for your health. While it is not an easy thing to do, many people quit tobacco — you can too.

Keep in mind that quitting tobacco is a process and it takes some people several tries before they quit completely. Every step toward quitting is a success; just remember you can do it!

You can learn the skills you need to quit tobacco for life. This Tobacco Quit Guide, along with Southcentral Foundation's tobacco treatment specialists, can provide you with the tools and resources to help you be tobacco free.

If you have any questions about this booklet, please talk to your primary care provider or tobacco treatment specialist.

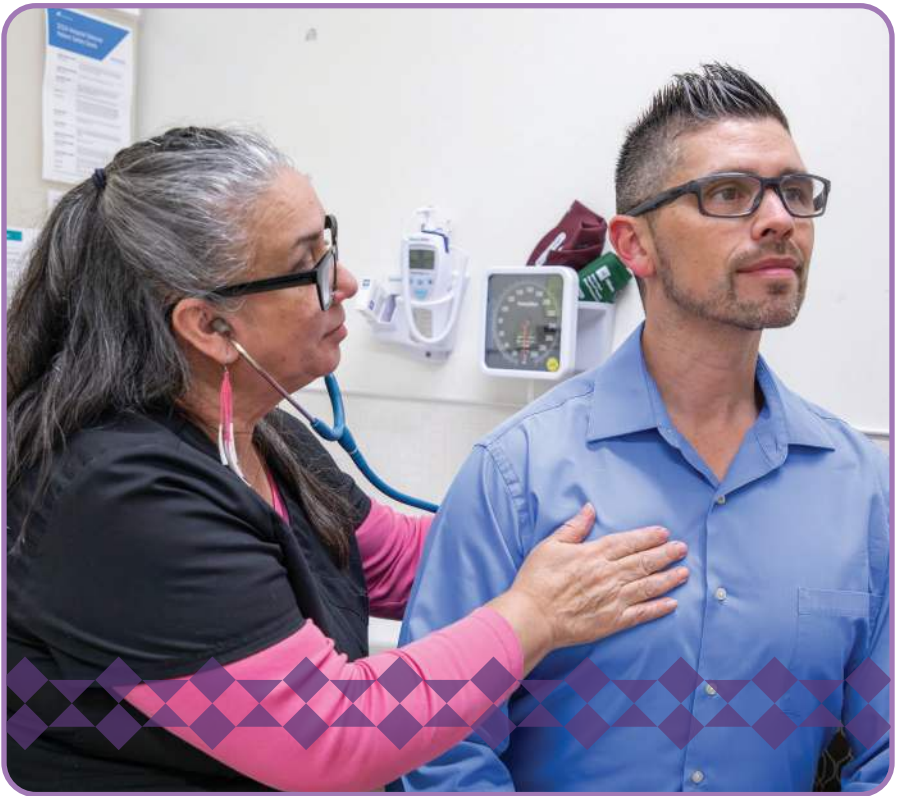


I. Preparing to Quit

Information about tobacco and secondhand smoke

Smoking, electronic nicotine delivery systems (e-cigarettes and vaporizers), chewing, iqmik, and secondhand smoke are very dangerous to your health. Tobacco exposure greatly increases the risk for disease and death.

- Tobacco use is the foremost preventable cause of death.
- Secondhand smoke is responsible for 41,000 deaths annually among U.S. adults.





Tobacco use is related to the following diseases:

Lung cancer - Eighty percent of lung cancer deaths in women and 90% in men are related to tobacco use and/or exposure.

Heart disease and stroke - Tobacco use narrows blood vessels, causing the heart to work harder and drastically increases the risk for heart disease and stroke.

Emphysema - Tobacco smoke breaks down air sacs (alveoli) in the lungs. They are responsible for exchanging oxygen in the air for carbon dioxide in the blood. The effects of tobacco can leave too much carbon dioxide in the blood, leaving one breathless.

Chronic Obstructive Pulmonary Disease - Includes emphysema and chronic bronchitis. Like emphysema, COPD is usually caused by smoking and restricts airflow to the lungs. People suffering from COPD have an extremely difficult time breathing.

Oral cancer - Chewing tobacco, snuff, iqmik, and other smokeless tobacco can lead to pre-cancerous conditions and diseases. Leukoplakia commonly appears as a white patch inside the mouth and can indicate oral cancer.

Other cancers caused by tobacco - Tobacco use increases risk of cancers of the larynx, oral cavity and esophagus, stomach, bladder, kidney, colon, pancreas, cervix, and colon cancer.

Gum disease - Tobacco reduces the blood flow through capillaries in the mouth, potentially causing a receding gum line that exposes the tooth roots. This can lead to increased sensitivity, tooth decay, gingivitis, and tooth loss.

Diabetes - Tobacco use worsens symptoms of diabetes. Diabetes causes decreased blood flow throughout the body; tobacco use constricts blood vessels and can decrease blood flow even more. This can lead to amputations, most commonly, in the legs and feet.

Tobacco use causes damage to blood vessels which means using tobacco makes your risk of heart attack and stroke even greater. (Heart disease is also a major cause of death among people with diabetes.)

Quitting tobacco may cause a change in your diabetic medication needs.



If you are diabetic and have made the choice to quit tobacco, please monitor insulin levels and contact your medical provider.

Children and teens

Anyone can easily become addicted to tobacco. However, children and teen bodies and brains are still developing, which leaves them vulnerable to nicotine and other chemicals that change the physiology of their brain. This can lead to a strong addiction and cause serious health problems such as blindness — especially in smokers who start at a young age. Almost all adult smokers first started using tobacco by age 18.

Secondhand smoke

Secondhand smoke is the carcinogenic smoke that comes from burning tobacco.

Being around smokers and breathing in secondhand smoke is dangerous, especially for children and Elders. Inhaling someone else's smoke is just as harmful as smoking. Secondhand smoke contains more than 7,000 chemicals including many which are known to be harmful. Inhaling tobacco smoke causes lung cancer, heart disease, and premature death in non-smoking adults and children. In fact, any level of secondhand smoke exposure is a health risk.



Health problems common in children exposed to secondhand smoke include, but are not limited to:

- Frequent illness
- Developmental delays
- Ear infections
- Pneumonia
- Slow lung growth and development
- Bronchitis
- Tooth decay, cavities, and tooth loss
- Asthma attacks
- Sudden infant death syndrome
- Persistent cough

Thirdhand smoke

Thirdhand smoke is the harmful residue of tobacco smoke that lingers on clothes, skin, fabric, carpet, hair, and other surfaces. Thirdhand smoke is dangerous and can react with common chemicals to form additional toxic compounds. For example, car exhaust reacts with thirdhand smoke, creating new toxic compounds not found in tobacco smoke and may cause cancer, among other diseases.

BOTTOM LINE:

If you can smell any lingering cigarette smoke, you and others around you are inhaling toxic chemicals and polluting your body.



Pregnancy and breastfeeding

Quitting all forms of tobacco during pregnancy is strongly advised, including exposure to secondhand and thirdhand smoke. Some women think that switching from cigarettes to chewing tobacco or e-cigarettes are safer during pregnancy; this is not true. Nicotine and other chemicals enter your bloodstream and affects your baby — what mom takes in, baby takes in. The preferred method for pregnant women to quit tobacco is through behavioral counseling. If counseling and coping skills alone are not enough, some guidelines suggest nicotine gum, or lozenges. Talk to your primary care provider about what option is best for you.

During pregnancy, some problems caused by using tobacco or being around secondhand and thirdhand smoke include:

- Miscarriage
- High blood pressure
- Premature birth
- Low birth weight
- Cleft lip/cleft palate
- Sudden infant death syndrome



Nicotine dependence

Most of us are aware that nicotine is addictive, but what does that really mean? It means that nicotine has a powerful effect on the body which may feel good to the user. Improved mood, alertness, and increased energy levels are feel-good benefits tobacco users may experience.

These effects can make it hard to quit tobacco and change habits. Your body builds a tolerance to nicotine over time, meaning your body needs more and more nicotine to feel normal and experience the same effects.



When you quit, you may experience withdrawal symptoms that are uncomfortable. For many tobacco users, the withdrawal generally lasts one to three weeks. During this time, your body is getting rid of the nicotine in its system. Some tobacco users may not experience any withdrawal symptoms, while others may have them for more than three weeks. Withdrawal symptoms may include:

- Irritability
- Frustration
- Increased hunger
- Cravings
- Anxiety
- Restlessness
- Lack of concentration
- Trouble sleeping

When choosing to quit tobacco, withdrawal symptoms may be avoided or reduced by using nicotine replacement therapy such as patches, gum or lozenges, and prescription medications such as Zyban® or Chantix®. These have been proven to help tobacco users be more successful in quitting.

A person can start to depend on nicotine, both physically and mentally. Most tobacco users rely on nicotine to cope with feelings and emotions such as:

- Stress
- Discomfort
- Anxiety
- Anger
- Loneliness
- Boredom

For a tobacco user, learning to live without nicotine can be difficult, but it is possible. You may find focusing on the present is helpful by approaching quitting one day at a time. Coping with emotions, feelings, and situations in healthier ways is a necessary part of the quitting process.

There are a number of methods that people use to beat this addiction. Some examples are:

- Quit cold turkey
- NRT (patches, gum, lozenges)
- Chantix® (Varenicline)
- Zyban® (Bupropion SR)
- Joining a support group
- Talking to friends
- Hypnosis
- Individual counseling
- Acupuncture

Combination therapy = highest success rates!

Coping methods work differently for everyone. Studies have shown that using a combination of quitting methods *with counseling* works best. You can target your physical and mental addiction by combining individual counseling with NRT. It is okay to need help to beat this powerful addiction.

Talk to a tobacco treatment specialist or your primary care provider about the best quit-tobacco options.

Pharmacotherapy

Pharmacotherapy is choosing to use medications to help you quit tobacco. An example of pharmacotherapy includes NRT and other medications.

First-line approved pharmacotherapy includes NRT, Zyban®, and Chantix®.

It is important to know that these products will not guarantee you quit using tobacco, but will help lessen withdrawal symptoms.



Nicotine replacement therapy

Nicotine replacement therapy is a dose-based, step process, based off of current tobacco use. Each step can be four to six weeks each. NRT reduces withdrawal symptoms from nicotine and provides a better chance to change habits regarding tobacco use. It also helps manage negative moods while trying to quit. The most common types of NRTs are:

- Patches - step based on current tobacco use
- Gum - for breakthrough cravings
- Lozenges - for breakthrough cravings

NRTs are safe and do not contain carbon monoxide or any of the other 7,000+ poisons found in tobacco. Currently, there are no known interactions between NRTs and other medications. Often times nicotine gum and/or lozenges are used for acute withdrawal symptoms in combination with nicotine patches. NRTs allows nicotine to be delivered in a method less addictive than smoking, which helps your body curb cravings and withdrawal symptoms. This relief will allow you to work on behavior changes and lifestyle modifications.

Source: Treating Tobacco Use and Dependence, Clinical Practice Guidelines, U.S. Department of Health and Human Services, May 2009 update.

Zyban® (Bupropion SR)

Zyban®, a non-nicotine prescription medication, is thought to work by blocking nicotine withdrawal by stimulating certain centers of the brain and improving mood. In other formulations, it is used to manage depression.

Use of Zyban® should begin one week before quitting tobacco to allow levels in the blood to reach therapeutic levels. Side effects can include insomnia, dry mouth, anxiety, rash, weight changes. In rare cases seizures (one in 1,000 people), depression, agitation, changes in behavior, or suicidal feelings. If you have a history of seizures, eating disorders, or mental health issues (depression, bipolar, schizophrenia, etc.), talk to your primary care provider about using Zyban® to quit tobacco. Alcohol can intensify the side effects. Zyban is most effective when used for three months.

Chantix® (Varenicline)

Chantix®, a non-nicotine prescription medication, works by blocking nicotine receptors in your brain. When nicotine is consumed, tobacco becomes less enjoyable because its positive side effects are not achieved. Some people have reported that cigarettes and tobacco taste worse when using Chantix®.

Use of Chantix® should begin one week before quitting tobacco to allow levels in the blood to reach therapeutic levels. Side effects can include nausea, vomiting, strange or vivid dreams, constipation, flatulence, or in rare cases, depression, agitation, changes in behavior, or suicidal feelings. If you have a history of seizures or mental health illness (depression, bipolar, schizophrenia, etc.), talk to your primary care provider about using Chantix® to quit tobacco. Alcohol can intensify the side effects. Chantix® is most effective when used for three months.

Whatever methods you choose, remember quitting is possible. Millions of ex-tobacco users are living tobacco-free lives. Overcoming this addiction can give you a wonderful sense of pride, a healthier, longer life, and so much more.

Identifying why you use tobacco

Below are examples of reasons why people choose to use tobacco. Fill in your own reasons in the spaces provided.

Common Reasons:

Physical reasons

- 1. It gets me going in the morning.
- 2. It calms me down.
- 3. It helps me think.

Behavioral reasons

- 4. It keeps my hands busy.
- 5. It's something to do.

Emotional reasons

- 6. Smoking makes me feel good.
- 7. I enjoy the taste/smell/buzz
- 8. It helps me cope.

Social reasons

- 9. Most of my friends use tobacco.
- 10. Everyone smokes around me.
- 11. It makes me feel like I belong.



Why do you use nicotine products?

Reasons to quit

Aside from identifying why you use tobacco, it's more important to know why you want to quit. There are many excellent reasons to quit; however, only the ones that are important to you will be useful during this process.

1. I want to feel better.
2. I want to breathe easier.
3. I have developed a tobacco-related illness.
4. I have a chronic smoker's cough.
5. I want to smell better.
6. I want to set a good example to my children and grandchildren.
7. I'm tired of the demands of this addiction.
8. I want to save money.
9. There are few places left where it is okay to smoke.
10. Most of my friends or family have stopped.
11. My friends and family are always lecturing me.
12. I don't want to die prematurely.
13. I don't want to get cancer or heart disease.
14. I don't want wrinkles; I want to look younger.
15. I want to be healthy.

Why do you want to quit?

You will want to remind yourself of these reasons often during the process of quitting.



You have learned that nicotine is addictive and dangerous. You have reflected on reasons for using tobacco, considered the health and financial burdens, and have identified why you want to quit nicotine products.

Your next steps are to consider how ready you are to quit, how important it is for you, and how confident you are that you can.

Adapted from materials developed by Steven Malcolm Berg-Smith, MS, A.I.M. for Change, 2003.

To help you understand your personal motivations, strengths, and weaknesses, rate yourself on the following from 0-10:

Readiness:

On a scale of 0–10, how **READY** are you to quit within the next 30 days?

0 1 2 3 4 5 6 7 8 9 10

Not ready

Extremely Ready

Importance:

On a scale of 0–10, how **IMPORTANT** is it right now for you to quit tobacco?

0 1 2 3 4 5 6 7 8 9 10

Not Important

Extremely Important

Confidence:

On a scale of 0–10, how **CONFIDENT** are you that you will be able to quit tobacco?

0 1 2 3 4 5 6 7 8 9 10

Not Confident

Extremely Confident

For the questions you scored low, ask yourself, "Why did I score so low?" Use these answers to boost your motivation and efforts to make the change and quit tobacco!

II. Quitting Tobacco

Plan for triggers

A trigger is a feeling or event that may increase your urge to use tobacco. It can be an action, emotion, situation, person, photo, movie, music, song, or advertisement that triggers you.

It is important to identify your triggers and make a specific plan to avoid using tobacco when these feelings or events come up.

Here is a list of common triggers. Can you think of any others?

- Driving a car, especially to and from work
- Reading a newspaper, magazine, or book
- Work breaks
- Watching television
- After eating a meal
- Talking on the telephone
- During social events (eating out, playing cards, hanging out)
- When arguing or involved in a stressful situation
- Experiencing a crisis or unexpected event
- Working under pressure
- Waking up in the morning
- Waiting for an appointment or event
- Drinking alcohol, coffee, or tea
- Working with your hands

What are your triggers?

Plan for cravings

Avoiding or changing trigger situations may not always be possible. Identifying what you can change will help you resist urges and cravings to use tobacco. Below are some coping strategies you may find helpful to changing your habits and triggers.

Which most interest you? Check those you would like to consider. Can you think of any others?

- | | |
|--|---|
| <input type="checkbox"/> Going for a walk | <input type="checkbox"/> Staying away from places and people that tempt you |
| <input type="checkbox"/> Doing a crossword puzzle | <input type="checkbox"/> Telling friends and family how to be supportive |
| <input type="checkbox"/> Practicing breathing exercises | <input type="checkbox"/> Getting a drink of water |
| <input type="checkbox"/> Brushing your teeth | <input type="checkbox"/> Changing your routine |
| <input type="checkbox"/> Working with your hands | <input type="checkbox"/> Avoiding caffeine and alcohol |
| <input type="checkbox"/> Chewing sugarless gum | <input type="checkbox"/> Working on a hobby |
| <input type="checkbox"/> Eating a piece of sugar-free hard candy | <input type="checkbox"/> Rewarding yourself |
| <input type="checkbox"/> Squeezing a stress ball | |

Other activities:

Focus on your craving: How long does it last? Was there a trigger? The average craving lasts one to two minutes and lessens as time goes on.

Hang in there!

Reward yourself

Avoiding tobacco use is cause to reward yourself! When you reward yourself for progress made, it will greatly improve your chances of success and give the process a positive focus. Rewards should be enjoyable, easy to obtain, and immediate. They should be the things in life that make you feel good.

Here are a few ideas:

- Get a new cologne or aftershave.
- Buy a new blouse or shirt.
- Sleep late on a chosen day.
- Read a new book.
- Go out to eat or to a movie.
- Take a long walk.
- Get a manicure, pedicure, or massage.
- Call a friend or family member.
- Wash your car (and keep it smoke free!).
- Get your teeth cleaned or whitened.
- Long term goal - save for a down payment on a new car, house, or boat.

What other rewards would give you motivation?

Begin using these rewards the very day you stop using tobacco.
Each day is a success!

Getting support

We all could use help and encouragement from others, especially when quitting.

Think about who would be supportive in your efforts to quit. Consider asking at least one co-worker, one family member, and one friend to help you in your choice to become tobacco free.

Create your own support network!

Make a list of those who are likely to support you:

Ask your supporters to listen and talk about how you feel. Ask them to be patient with you, support you, and accept wherever you are at the moment, especially when encountering trigger situations.

Ask your tobacco treatment specialist about learning circle opportunities during your journey of quitting tobacco. You can also join a support group and meet with others quitting tobacco in your community, online, or by telephone.

Seven days prep for your quit day

This seven-day guide will help you prepare yourself for quitting tobacco. Start one week before your designated quit date.

Seven days until quit day

If you chose to take Zyban® or Chantix®, start taking your medication seven days before your quit date.

Six days until quit day

List out all your reasons for using tobacco.

Five days until quit day

Remind yourself of all your reasons for not using tobacco. Tell your friends and family about your plan and stop buying tobacco.

My reasons to quit:

Four days until quit day

Pay attention to when and why you use tobacco. Think of new ways to relax or things to hold in your hand instead of tobacco. Make a list of habits or routines you may want to change.



Three days until quit day

Make a list of the things you could do with the money you will save by not buying tobacco. Think of who to reach out to when you need help, including your support network, or a tobacco treatment specialist.



Two days until quit day

Purchase or obtain the NRT you decided to use. Clean your clothes to get rid of the smell of tobacco.

One day before quit day

Think of a reward you will get for yourself after you quit. Make an appointment with your dentist to get your teeth cleaned. Clean and detail your car. At the end of the day, throw away all tobacco, lighters, ashtrays, and spittoons.

Quit day

Keep busy and change your routine whenever possible. Do things out of the ordinary that won't remind you of tobacco. Tell family, friends, and coworkers that this is your quit day. Ask them to help and support you, not offer you tobacco or alcohol. Buy yourself a treat or do something to celebrate!

The first day after your quit day

Congratulate yourself! When cravings hit, do something else unrelated to tobacco. Take a walk, drink a glass of water, take a hot bath, or take some deep breaths. Use your coping strategies, call your support system, and find things to snack on like carrots or sugarless gum.

Withdrawal symptoms

You may begin to experience withdrawal symptoms shortly after you stop using tobacco; this is a result of your body not getting nicotine. Here is a chart of withdrawal symptoms and sample coping techniques:

Withdrawal Symptoms	Coping Techniques
Craving for tobacco	Wait out the craving – most cravings pass in about two minutes.
Irritability	Take a walk, or try relaxation techniques such as deep breathing.
Fatigue - feeling tired	Take a nap or try going to bed earlier. Take a hot bath, use relaxation techniques. Try to avoid caffeine before bed.
Cough, dry throat, nasal drip	Drink plenty of water or use cough drops.
Lack of concentration	Avoid additional stress. Make a list and prioritize what you want to accomplish.
Constipation, gas, stomach pain	Drink a lot of fluids and eat fruits, vegetables and whole grains.
Hunger	Eat healthy snacks such as carrots or celery sticks.

You may experience a lot of these symptoms, just a few, or none at all. Whatever you experience, there are ways to cope.

You worked previously on examples of ways to plan for cravings and triggers. Use the space below to write down what is working for you.



The Four Ds

COPING AND RELAXATION TECHNIQUES

Deep breaths – inhale and exhale slowly to relax

Drink plenty of water – throughout the day and especially during a craving

Do something else – get your mind off the craving by doing something else, preferably something active

Delay – the urge for tobacco will pass

III. Staying Tobacco Free

Preventing relapse

Remember that quitting tobacco is a process; it takes time to adjust to being tobacco-free.

There may be situations, thoughts, and/or feelings that can create bumps in the road along the way. If you keep a realistic outlook and are prepared for difficult situations, you can achieve your goal of being tobacco free.

Fifty percent of tobacco relapses occur in social situations around alcohol and tobacco users. This does not mean you can never be social again, it means you must plan ahead to handle a craving or urge to use tobacco.

One way to prepare is by practicing your response to the a scenario you are likely to encounter. You can practice in your head or with a friend. You might handle the situation by falling back to your basic coping skills. For example, you can change your routine to avoid conversations with tobacco users, especially while they are using tobacco.



My coping techniques for social situations that may create temptations will be:

Examples of other thoughts that may lead to an increase in cravings, urges, or setbacks include:

One won't hurt.

I can have just one.

I've been so good, I deserve one.

One puff/ pinch won't hurt.

If I hear myself saying this I will:

**REMEMBER
NOPE:
Not one puff ever!
Not one pinch ever!**

What happens if I have a setback and use tobacco?

It is common to make several attempts before quitting for good.

If you have a setback:

Learn from the situation: Figure out what led you to use tobacco and think about how you will cope with that situation if it occurs again.

Don't worry: Setbacks occur most often in the first week to three months after quitting tobacco.

Get support: Call your tobacco treatment specialist or someone from your support network.

Stop tobacco use immediately: Throw away all tobacco products.



What tends to cause a setback?

- Stressful situations
- Anxiety
- Something different occurring in your life
- Holidays, vacations, and events
- Familiar environments where you tend to use tobacco: bars, restaurants, and friends' houses
- Familiar activities when you tend to use tobacco: drinking alcohol or coffee, talking on the phone, driving, after a meal, etc.
- Certain times of the day

What were you doing when you had a setback?

Activity	Place	Feeling

Exercise

Studies show regular exercise can help decrease withdrawal symptoms. Any amount of increased activity can be beneficial for stress and weight control.

Why exercise?

- Manage weight
- Relax and reduce stress
- Regain health
- Improve mental attitude
- Improve circulation
- Improve cardiovascular health

Examples of exercise activities include:

- Berry picking
- Gardening
- Hunting
- Walking
- Running
- Dancing
- Cross-country skiing
- Hiking

Ideas on how to add activity to your day:



Eating well

Many people associate quitting tobacco with gaining weight. When quitting tobacco, most people tend to eat more. You may have an increased desire for sweets and heartier meals. The average amount of weight gain when a person stops tobacco use is 7–10 pounds. Prescription Zyban® may delay weight gain in some people, this may also help when added to a healthy diet.

Tips you may find helpful in controlling your weight

- Snacking on sugar-free candy, gum, or mints
- Chewing on substitutes like cinnamon sticks, plastic straws, or toothpicks
- Avoiding desserts and extra helpings at meal times
- Eating three meals a day to prevent decreased energy and extreme hunger
- Planning ahead and having healthy foods available for snacking
- Eating more vegetables, fruits, whole-grains, and game meat
- Drinking more water
- Accepting that you may gain a few pounds; **you are helping your body more by quitting tobacco.**



Coping with stress

Learning to manage stress is one of the most important factors in succeeding at becoming tobacco-free.

Stress-reducing activities:

- Breathing deeply through your craving.
- Taking a warm shower, bath, sauna, steam bath, or hot tub.
- Drinking water or snacking on healthy foods such as vegetable sticks, dry fish, popcorn, or fruit.
- Being physically active: taking a walk, playing with your children or pets.
- Reading or doing an activity with your hands.
- Avoiding places where you previously used tobacco.
- Listening to music or watching a movie.
- Avoiding excessive caffeine.
- Avoiding alcohol.
- Getting a massage.
- Calling a support person.
- Keeping busy.
- Fishing



Keep in touch

Quitting tobacco takes a lot of effort and takes some people more time than it takes others. The important thing is to become tobacco-free! Keep your support network close at hand and practice your coping strategies. Many people overcome this addiction every day and live long, healthy lives. Make sure to contact a tobacco treatment specialist to assist you with becoming tobacco-free.

You have a lot of valuable information and experiences. **Share your story with other people who are thinking about or trying to quit tobacco right now.** Become someone's support network; encourage others to quit. Sharing your story with them may make a big difference in their decision to quit. It will also help you change your self-image, making it more likely you'll stay tobacco-free.

As some Elders have stated,
‘You can’t keep it unless you give it away!’
Spread the word to other
tobacco users so they can quit too!

Your body's amazing healing

Smoking harms your body in many ways. Once you quit, your body does an amazing job repairing damage caused by nicotine products.

How your body may heal when you quit:

Approximately one day after quitting, your:

- Heart rate drops
- Level of carbon monoxide in your blood drops

Approximately one week to three months after quitting, your:

- Risk for heart attack decreases
- Lung function improves significantly

Approximately one to nine months after quitting, your:

- Coughing will decrease
- Shortness of breath will decrease

Approximately one to five years after quitting, your:

- Previous risk for coronary heart disease becomes half that of a smokers
- Risk for a stroke is reduced to that of a nonsmoker (between 5–15 years)

Approximately 10–15 years after quitting, your:

- Risk for mouth, throat, esophagus, bladder, kidney, and pancreas cancers decrease
- Risk for coronary heart disease is that of a nonsmoker

What to expect after your quit tobacco appointment

When picking up your medication:

- Check in at the pharmacy front desk and tell them you are there for your tobacco medications.
- The pharmacist will verify that you have been seen in SCF Health Education and that you are up to date with a referral and your follow-up.
- You will be assessed by a pharmacist to see if the tobacco treatment specialist's recommendations are appropriate for you. If there are any health concerns, the pharmacist may alter your medications.
- You will receive a two to four weeks supply of medication depending on your treatment plan. The amount of time you will be on medications is 8 to 12 weeks.

When you need a refill:

- When you get down to a seven day supply of a medication, contact your tobacco treatment specialist. They will do a brief phone follow-up and update your records.
- Once you are up-to-date with SCF Health Education, you can go to the pharmacy for your medications or request for them to be mailed to you.
- Please allow seven to 10 business days to receive mailed refills.

If you have any questions:

- Contact your tobacco treatment specialist. They will answer any questions they can or put you in contact with a pharmacist or your case manager if necessary.

How we follow up:

- Your tobacco treatment specialist will call you on a regular schedule and ask you some follow-up questions.
- Treatment plan: follow up weeks 1, 2, 3, 6, 12, 26, and 52.
- You are always welcome to make an appointment to come in or call at any time in your treatment plan for follow-up services.

Regional resources

Southcentral Foundation	907-729-2689 Fax 907-729-8688
Benteh Nuutah Valley Native Primary Care Center	907-631-7630
Alaska Tobacco Quit Line	1-800-784-8669
Bartlett Regional Hospital	907-796-8920
Bristol Bay Area Health Corporation	1-800-478-5201 ext. 6292
Kenaitze Indian Tribe	907-335-7500
Kodiak Area Native Association	907-486-9800
Maniilaq Association	907-442-7158
National Cancer Institute (NCI) Smoking Quitline	1-800-44U-STOP
Southeast Area Regional Health Consortium	1-888-966-8875
Tanana Chiefs Conference	wellnessandprevention@ tananachiefs.org





Contact the SCF Quit Tobacco Team at 907-729-2689 for educational resources.

Work citations

Sources:

- **Center for Disease Control:** <https://cdc.gov/tobacco/tobacco-features/surgeon-generals-report.html>
- **American Lung Association:** <https://www.lung.org/quit-smoking>
- **American Heart Association:** <https://www.heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco>
- **Alaska's Tobacco Quit Line:** <https://alaskaquitline.com/faq/>
- **U.S. Food & Drug Administration:** <https://www.fda.gov/tobacco-products>
- **Office of the Surgeon General:** <https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html>
- **National Library of Medicine:** <https://www.ncbi.nlm.nih.gov/books/NBK606512/>



ALASKA NATIVE MEDICAL CENTER



The Alaska Native Tribal Health Consortium and Southcentral Foundation jointly own and manage the Alaska Native Medical Center under the terms of Public Law 105-83. These parent organizations have established a Joint Operating Board to ensure unified operation of health services provided by the Medical Center.