



A Guide To **BECOMING SMOKE-FREE**



A Guide To Becoming Smoke-Free

STARTING YOUR QUITPATH JOURNEY

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A close-up photograph of a person's hand holding a small, burnt cigarette butt between their fingers. The hand is positioned on the left side of the frame, with the fingers slightly curled around the butt. The background is dark and out of focus.

STARTING YOUR QUITPATH JOURNEY

Introduction

Congratulations on picking up this booklet—it's a good first step to becoming smoke-free (or quitting other forms of tobacco including e-cigarettes). If you are reading this, you've probably been thinking about trying to quit or reduce your tobacco use. Perhaps you've already started this process, or maybe you've quit before and haven't been able to stick to it. The important thing is that you are still trying to break the habit.

HERE'S THE GOOD NEWS — You can become smoke-free!

Here's what it can take.

- Determination to quit or to reduce.
- Information on how to quit or reduce.
- Support—from family, friends, co-workers and quit coaches.
- Enough time for you to make the physical, emotional and social adjustments to living without tobacco.

This guide is designed to help you become smoke-free. However, if you use other forms of tobacco like chew or e-cigarettes, this booklet will still help. Quitting other forms of nicotine is similar to quitting cigarettes, and takes the same kind of preparation, tools and information that you'll find in this booklet.

We respectfully acknowledge that many First Nations and Métis communities have a sacred relationship with traditional tobacco. The information in this booklet refers to commercial tobacco products, such as packaged cigarettes, e-cigarettes and chew tobacco, unless otherwise stated (see page 6 for more).



Quitpath

Quitpath can help you become smoke-free and leave the pack behind. Our homegrown program is for Yukoners who want to quit or reduce commercial tobacco products, including e-cigarettes. Our services are free and located in every Yukon community. We will work with you to personalize your support. It might involve gradually reducing, setting a quit date, managing withdrawal and developing a specific Quit Plan that's right for you.

WE OFFER:

- **Free coaching**—by phone, text, and face-to-face
- **Free nicotine patches, gum, lozenges and inhalers**—12+ weeks per year
- **Free quitpacks**—full of hands-on resources
- **Quitpath.ca** with tools and a supportive online community

Combine you + coaching + nicotine replacement therapy (patch, gum, lozenges and/or inhaler), and you can triple your chances of quitting.

Even if you're not sure you're ready to quit or reduce your tobacco use yet, you can always reach out to us to talk. Wherever you are on your journey, we are here to help.



Quitpath: 1-866-221-8393 / info@quitpath.ca

Ceremonial Tobacco

TRADITIONAL OR CEREMONIAL TOBACCO

Ceremonial (also called traditional) tobacco is tobacco that is grown and harvested by First Nations and Metis people. It is considered a medicine and is used for ceremonial or medicinal purposes. There are many teachings and stories that use traditional tobacco, and it is often used as a medicine with cultural and spiritual importance.

The tobacco is made to promote physical, spiritual, and emotional well-being. One common teaching is the belief that your personal energy flows into the medicine you are making, channeling the importance of having good thoughts and attitudes when working with traditional tobacco.



CEREMONIAL TOBACCO

A gift of traditional tobacco is a sign of respect and may be offered when asking for guidance or protection. It is often used as a gift to creators and ancestors in sacred ceremonial fires. When used appropriately, traditional tobacco is not associated with addiction and adverse health impacts and is accepted as part of First Nations and Metis culture.

COMMERCIAL TOBACCO

Commercial tobacco products are vastly different from traditional tobacco. Commercial tobacco is manufactured, mass produced and sold for profit by companies. It is used for recreational and habitual use and includes cigarettes, smokeless tobacco (chew, snuff, snus), pipe tobacco, cigars, hookahs, e-cigarettes (vapes) and other products.

All commercial tobacco products contain toxic chemicals, some of which produce carcinogens (cancer-causing agents) when burned. Many of these chemicals are linked to heart disease and other fatal conditions. Even products that are labeled “organic,” “natural” or “additive-free” are considered as harmful as regular cigarette brands.

The primary addictive substance in commercial tobacco products is nicotine. Nicotine changes the brain in ways that cause it to crave more nicotine. Commercial tobacco products are designed to be highly addictive, resulting in people who use commercial tobacco to purchase more products and generate more profit for companies.

COMMERCIAL TOBACCO



Getting ready

Seeing and feeling the many benefits as little as 20 minutes after your last cigarette helps fuel your motivation to keep going.



Start getting ready by learning the health, financial and lifestyle benefits of quitting at different milestones in your quit journey.

You can also find quitting and reducing tobacco smartphone apps that send you reminders of the benefits each day (see page 22).

BENEFITS TO OTHER HEALTH CONDITIONS

Smoking and cancer treatment

Did You Know? “Stopping Smoking at the time of a cancer diagnosis can reduce mortality by 30 to 40%” (USDHHS Surgeon General’s Report, 2014).

Why is it important?

Quitting smoking may have an equal or even stronger effect than the best cancer treatments because the effect is so profound. Quitting smoking is considered first-line therapy for cancer patients. There is strong evidence to show that cancer patients who quit smoking:

- have a better chance of successful treatment;
- improve their health and their body’s response to treatment;
- have fewer serious side effects;
- have faster recovery from treatment;
- have a lower risk of their cancer coming back or getting another form of cancer;
- have a lower risk of infection;
- find it easier to breathe;
- have more energy; and
- experience better quality of life and outcomes, even when living with chronic cancer.

Smoking and surgery

If you smoke, you have a higher risk of serious complications during and after surgery and longer healing times.

When you’re about to have surgery, it’s a great time to start planning to quit smoking.

For people who smoke, there is an increased risk of serious complications during and after surgery if they don’t stop smoking beforehand. For the most benefit to your health, quitting smoking six to eight weeks prior to surgery will reduce the likelihood of complications, and even stopping smoking for at least 12 hours before surgery will help.

THE FINANCIAL BENEFITS TO QUITTING



FACTS ABOUT BECOMING SMOKE-FREE

Fact 1: It takes a few tries to stop smoking successfully.

Although a few people are successful on their first try, most people who smoke need to try a few times. On average, it takes seven to ten serious quit attempts before quitting successfully. The more support you have, the more successful you'll be. (For more information about support, see page 13.)

Fact 2: Medication can be used to help you quit smoking.

Medications to help you quit smoking that are available on the Canadian market are nicotine replacement therapies (e.g., nicotine gum, patch, lozenges and inhaler), Zyban® and Champix®. When these are used as directed, and combined with support, they can triple your chances for long-term success.

Medication may not be necessary for everyone who wants to become smoke-free. Many people who smoke only a few cigarettes a day may not need medicine to help them quit.

For more information about medication that can help you quit smoking, see pages 37 to 46 or talk to a doctor, nurse or pharmacist about what kind of medication might work best for you.

Fact 3: It is never too late to quit smoking.

Stopping at any age will improve your health and quality of life. Within the first day of quitting, there are healthy changes in blood pressure and lung function. After three months, your blood circulation and breathing get better. With time, the risk of having a heart attack or developing lung cancer is half that of a smoker.

Fact 4: Quitting smoking does not always result in weight gain.

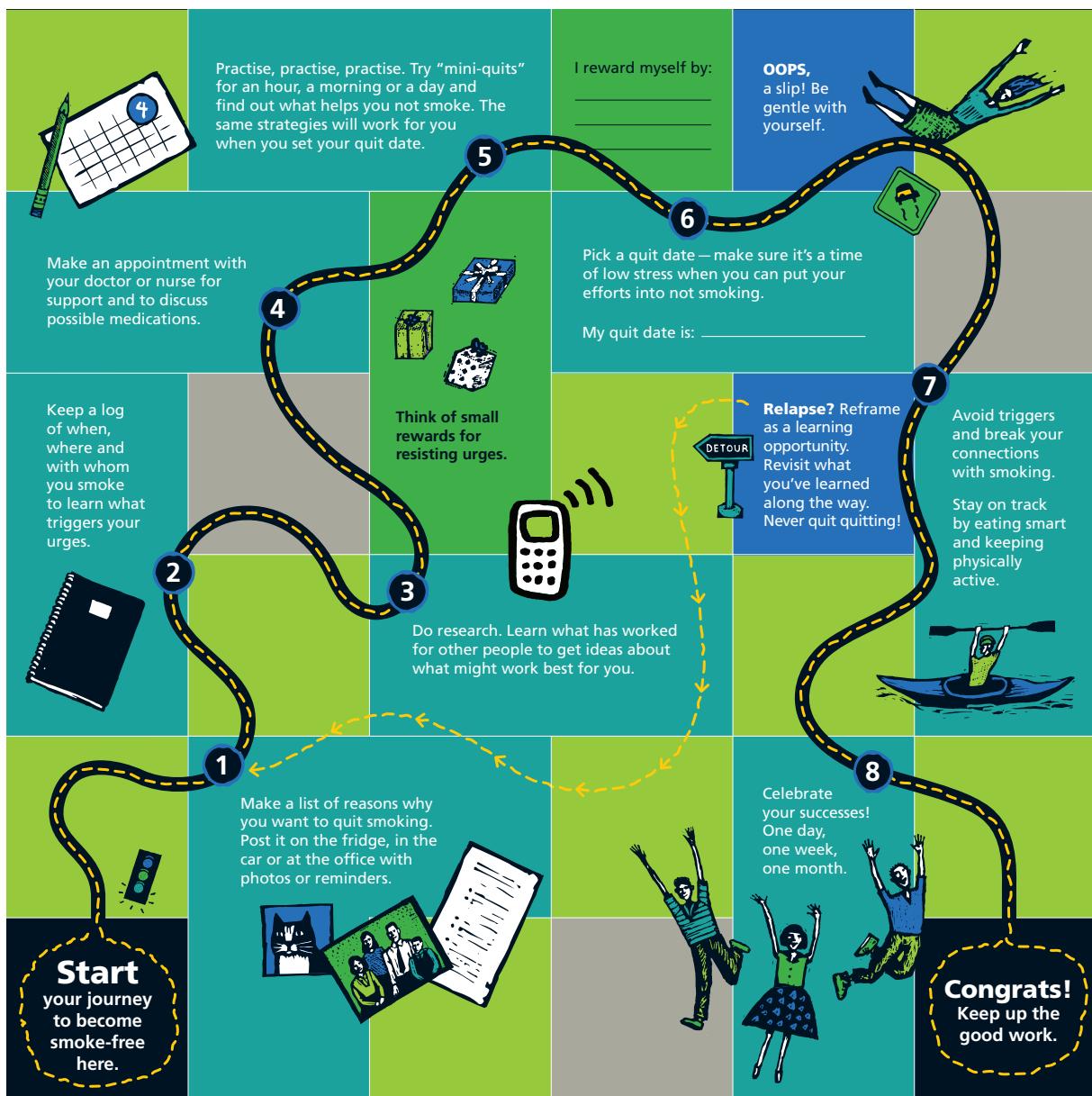
When they first start to quit smoking, some people find they eat more because food tastes better or food is a way of taking their mind off smoking. Being active and eating three nourishing meals and one to two snacks every day can help. Remember—your primary goal is to quit and stay smoke-free.

Here are some tips that can help.

- **Eat regularly in small portions to resist cravings.** Snack on whole foods, such as fruits and vegetables. Wash and cut them up ahead of time, so that they are ready in your fridge when an urge to smoke hits.
- **Not sure if you are hungry?** Drink lots of water. (We've included a water bottle in your quitpack to help.)
- **Move your body.** Exercise helps to release endorphins in the brain, which reduces stress, and helps increase blood flow to your body.

ON THE ROAD TO QUITTING

Becoming smoke-free is a journey. It takes several steps and begins before your last cigarette. Use this road map to learn about the quit process, stay focused on your goals, and keep track of your progress.



CHECKLIST

Here is a checklist of steps you can use to guide you through the process and help you reach your goal.

- Make a list of reasons why you want to quit/reduce.
- Keep track of what triggers the urge to smoke.
- Consider using nicotine replacement therapy (patch, gum, lozenges and/or inhaler) or other medications (Zyban®, Champix®) to manage nicotine withdrawal.
- Practise “mini-quits” often by taking longer breaks between cigarettes or not having as many throughout the day.
- Pick a quit date.
- Reward yourself along the way.
- Deal with slips constructively—get back on track as soon as possible.
- If you return to smoking, be kind to yourself. Pick another quit date, start fresh, review your plan, and go for it.
- Let your friends, family and even co-workers know you’re quitting and ask them to help you keep things low stress if they can.



AFFIRMATIONS

Some people find affirmations helpful and grounding. If this suits you, try it out. Affirmations are self-empowering and positive statements about how you can achieve your goal or change your state of mind. Affirmations are written in the present tense, and are positive, personal and specific.

Some examples of affirmations:

- I am smoke-free.
- I am in control of my own life.
- I am taking this one step at a time.
- I am making positive changes.

Write your affirmations on your bathroom mirror so it is the first and last thing you see every day. Or take a picture on your phone or post notes around the house to remind yourself of your goals to becoming smoke-free. Repeat them to yourself on a regular basis.

POSITIVE AFFIRMATIONS CAN
IMPROVE YOUR STATE OF MIND

Getting support

Support is a key part of your quit plan. Whether it's from family, friends, co-workers, Quitpath, Smokers' Helpline or online—support will improve your chances of success.

WHO CAN SUPPORT YOU AND HOW CAN THEY HELP?

Tell your family, friends and co-workers. Tell them you are planning to quit smoking and you need their help. If they smoke, ask them not to smoke around you, offer you a cigarette or leave cigarettes lying around.

Ask close friends or family members if they are willing to be part of your support network. They can be there to listen when you need to talk to someone about your good or bad day. They may even be able to talk you through a craving without you lighting up.

Make a list of those people who you can count on to be part of your smoke-free team.

Talk to your doctor, pharmacist or community nurse about your quit plan and ask for advice on what products may be the best fit for you.

Call Quitpath (867-667-8393 or toll-free 1-866-221-8393) and talk to one of the quit coaches to get started on your quit plan and access the tools and resources you need to begin your smoke-free journey.



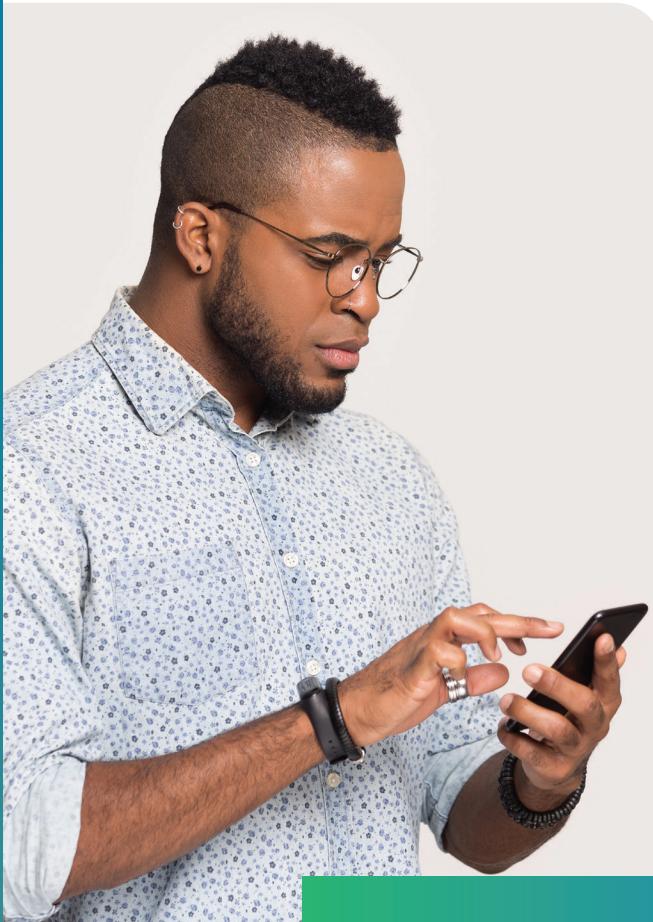
If you smoke privately and people close to you don't know that you smoke, reach out to **Quitpath, Smokers' Helpline** or online programs and apps for support.

You don't have to do this alone!

IF THOSE AROUND YOU AREN'T ABLE TO SUPPORT YOU

Some people, even close friends and caring family members may not be able to stop themselves from smoking around you. Some may want to challenge you or interfere with your attempts to become smoke-free. In the early days of becoming smoke-free, you might want to spend less time with people who may not be able to provide the support you need at that time.

Give yourself time to build up your ability to control the urges as well as your confidence. This doesn't have to be forever—just long enough until you can be confident about resisting the urge to smoke no matter what your friends and family do.



SMOKERSHELPLINE.CA

SMOKERS' HELPLINE

In addition to Quitpath, Smokers' Helpline is available in the Yukon. Smokers' Helpline is a free, non-judgmental and confidential service run by the Canadian Cancer Society. Call or chat online with a quit coach for:

- support and information about quitting smoking and tobacco use;
- a personalized quit plan; and
- follow-up calls to support you along your journey to becoming smoke-free.

smokers' helpline

1-877-513-5333 smokershelpline.ca

Bilingual services are offered by phone and online as well as translation for 200+ languages including Southern Tutchone.

Phone/online chat hours:

(Yukon Standard Time – UTC-7)

Monday to Thursday 5 a.m. to 6 p.m.

Friday 5 a.m. to 3 p.m.

Saturday to Sunday 6 a.m. to 2 p.m.

Call 1-877-513-5333 or visit smokershelpline.ca and make a plan today.

Getting started

MY REASONS TO QUIT SMOKING ARE:

1. _____
2. _____
3. _____

Knowing why you want to quit smoking is an important step in the quit journey. This list can help you stay on track and avoid any slips from turning into relapses (see pages 32 and 33 for ideas).

- Keep your list handy where you can see it and look back at it often.
- Add new items that come up as you progress through your quit attempt.
- Add to the list to include things you can do to deal with cravings, triggers and slips.

PROS & CONS OF QUITTING

Like many things in life, there are positive and negative things about quitting smoking.

When quitting smoking, many people think of the negative things about smoking (like bad breath) and the positive things about quitting (like saving money).

But, soon after quitting, you may realize that there are some good things about smoking that you miss (smoke breaks at work, being with friends who smoke). Or there may be negative things that come with quitting (missing the ritual of lighting and tapping a cigarette, finding other ways to handle stress).

Thinking things through and planning ahead of time will put you in a better position to deal with the mind games that can happen when you quit smoking. This could also help you avoid slips and keep you from returning to smoking.

GETTING STARTED

Positive things about smoking:



Negative things about smoking:



Positive things about quitting:



Negative things about quitting:



Preparing to quit

UNDERSTANDING YOUR NEED TO SMOKE

Smoking is more than just a habit. It's a dependency—a frequent and recurring need for something. Your brain adapts to the reward signals you get from the nicotine, and when it doesn't get that reward when it's used to getting it, you feel withdrawal symptoms which causes cravings. The test below can help you find out how dependent you are on nicotine.

FAGERSTRÖM TEST FOR NICOTINE DEPENDENCE*

		POINTS	TOTAL
1. How soon after you wake up do you have a cigarette?	Less than 5 minutes	3	_____
	6 to 30 minutes	2	_____
	31 to 60 minutes	1	_____
	After 1 hour	0	_____
2. Do you find it difficult not to smoke?	Yes	1	_____
	No	0	_____
3. Which cigarette would you hate most to give up?	The first one in the morning	1	_____
	Any other	0	_____
4. How many cigarettes do you smoke a day?	10 or fewer	0	_____
	11 to 20	1	_____
	21 to 30	2	_____
	31 or more	3	_____
5. Do you smoke more frequently during the first hours after waking up than during the rest of the day?	Yes	1	_____
	No	0	_____
6. Do you still smoke even if you are so sick that you are in bed most of the day?	Yes	1	_____
	No	0	_____

RESULTS:

0–2 Very Low Addiction
3–4 Low Addiction

5 Medium Addiction
6–7 High Addiction

8–10 Very High Addiction

*Heatherton, TF, Kozlowski LT, Frecker RC, Fagerström KO. 1991. The Fagerström Test for Nicotine Dependence: A revision of the Fagerström Tolerance Questionnaire. *British Journal of Addictions* 86:1119–27.



If you are dependent on nicotine, think about reducing or setting a quit date. Decide on what you need in your quit plan to increase your chances for success and keep reading this booklet. You may also want to use a quit aid to manage withdrawal symptoms and cravings (see page 37). This can be especially helpful if your score from the previous test is on the higher end.

PHYSICAL DEPENDENCY (WHEN YOUR BODY FEELS IT NEEDS NICOTINE)

Nicotine is the chemical in tobacco that causes addiction. It takes less than 10 seconds from the first puff on a cigarette for the nicotine to reach the reward centres in your brain. That means your brain tells your body it feels good, almost as soon as you've taken a drag, and your body wants more. It's not surprising that you do it again and again.

It takes 72 hours or three days for the nicotine to leave your body. After you become smoke-free, you may experience withdrawal symptoms from nicotine, like irritability, insomnia, headaches and mood swings. Some of these physical symptoms may last for a few days and others up to a few weeks, especially coughing with phlegm. Maybe you didn't cough a lot or at all before and it may seem like things are getting worse but, in fact, coughing up phlegm is a sign that your body is recovering.

Some people find it easy to quit on vacation but start smoking again when they're back home. This is because many of the things linked to smoking are not around when you're on vacation, so it's just a matter of getting through the 72 hours of physical withdrawal. When returning home, the things that have been strongly linked with smoking can trigger the urge to smoke. Having a plan to deal with triggers and developing a list of things to do instead of smoking can be helpful.



PSYCHOLOGICAL DEPENDENCY (WHEN YOUR BRAIN IS TELLING YOUR BODY IT NEEDS NICOTINE)

Most people who smoke are psychologically dependent on tobacco. This means they feel a strong desire to smoke whether or not they are experiencing nicotine withdrawal. There are several steps involved in overcoming psychological dependency and recognizing your triggers is the first step in the process.

Smoking is often linked to:

- happy emotions or experiences;
- feelings of relaxation;
- socializing with friends; and/or
- alcohol and coffee.

Each of these things can trigger an urge to light up. You will need to confront each of these triggers a few times without smoking to change the power they have over you.

Smoking may also be used to deal with loneliness, anger, boredom, anxiety or stress. It can help to recognize these emotional triggers and talk with yourself or someone about these feelings and how they link to your smoking habits.

Stay focused on achieving your goal of becoming smoke-free.

You may feel like smoking is a part of who you are. If so, you may want to make a change to your lifestyle or take up a new activity that helps you see yourself as a non-smoker, like starting a new sport or hobby.

You may feel like you are losing a friend when you begin to quit smoking. You may feel that cigarettes have always been there for you. They are reliable, like a good friend and there for you through good times and bad.

While there may be times when a cigarette feels good, there are probably many more times when it doesn't.

Reading this booklet is your first step in recognizing your need to re-evaluate and end your relationship with tobacco.



CONSIDER TAKING UP A NEW HOBBY

CIGARETTE TRACKING SHEET

Keep this sheet to track your daily progress and to identify your personal smoking triggers. Awareness is the first step to real change.

CIG #	TIME	PLACE	WHO WITH	MOOD	RATE IT*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Over the course of the week, you may begin to see patterns in your smoking. You'll become more aware of what's going on when you smoke, and what situations, moods, people and activities are most likely to trigger the urge to light up.

Some people find it helpful to also write down the reasons why they needed to smoke a cigarette at that particular time.

*The “Rate it” column is for you to rate how much you needed a cigarette on a scale from 1 to 5.

- 1 = you didn't really need a smoke.
- 5 = you really felt you had to smoke.

Track your cigarettes as long as you can and start eliminating the cigarettes you've rated as a 1 or 2. Then move up to the high-risk triggers.

ALTERNATIVES TO LIGHTING UP

Choosing something other than a cigarette

There are three main ways of coping with triggers and choosing a different activity other than smoking.

1. **Think ahead**—identify high-risk places and people so you'll be prepared ahead of time for cravings.
2. **Prepare for the craving**—think about how you will handle the situation.
3. **Cope with the craving**—coping skills are things you do or tell yourself to get your mind off wanting a cigarette.

For each trigger, you may want to think about what you can do instead of smoking.

Other things you can do

- Leave the situation that is causing you to feel like you need a cigarette.
- Drink water or choose another non-alcoholic decaffeinated drink.
- Get involved in a sport or activity or something else that's fun.
- Take several deep, slow breaths.
- Find something to keep your hands busy.
- Reach for a nicotine replacement therapy—a short-acting rescue agent such as gum, lozenges or the inhaler. (For more information see page 39.)
- Talk to someone who will listen.
- Engage in a cultural activity to help ground yourself; connection to culture is important.

Ideas for keeping your hands, mouth and mind busy so you can stay smoke free*

HANDS	MOUTH	MIND
tidy your house, car or office—or all three	call an old friend	listen to your favourite music
text a friend	suck on ice, a lollipop or a throat lozenge	rearrange the furniture
draw or paint	chew sugarless gum and blow bubbles	do a crossword puzzle
garden or chop wood	whistle a tune	try a new recipe
lift weights or do yoga	brush your teeth	go for a walk, run or bike ride
wash your car or clean fishing lures	snack on vegetables and fruit	listen to a podcast
knit, crochet or sew	sing a song	read a good book
play an instrument	smile for a selfie	take photos

* You Can Quit—One Step at a Time. Canadian Cancer Society 2020

What actions can I take when I get a craving?

Apps that can help you quit smoking

- MyChangePlan
- QuitNow!
- Smoke Free
- Quit Tracker
- EasyQuit

Other things you can think about

- Think about the progress you've made, and the positive lifestyle changes you have adopted.
- Think about the things you don't miss about smoking and how proud you are about being smoke-free.
- Take a minute to think to yourself: "I can stop myself right now."
- Review the reasons you decided to become smoke-free.
- Distract yourself with happy thoughts.
- Pat yourself on the back for being smoke-free today.
- Think about how hard it is to stop—and then think about the good progress you've already made.

What are thoughts I can use when I get a craving?

Ideas to handle common triggers

First cigarette in the morning

Change your morning routine in some way. For example, if you have your first smoke with a cup of coffee, try tea instead, or have your coffee in another room.

Talking on the phone

Break your usual phone routine. Stand up, sit down or change rooms. Have healthy snacks available. Doodle with a pen. Keep your hands busy.

Taking coffee breaks at work

Move to a smoke-free area. Take a walk, read, go buy a lottery ticket, eat a healthy snack, do a crossword puzzle, or play a game on your phone.

After a meal

Get up after a meal and leave the table. End your meal with a chocolate or a mint instead of a cigarette. Change your routine after eating by going for a walk or brushing your teeth.

Driving

Remove all cigarettes from the car. Clean the ashtray and seats. Fill your ashtray with mints. Hang an air freshener. Change the usual route you take to work.

Alcohol

Drink non-alcoholic beverages for a while or replace every other drink with a non-alcoholic drink.

Coffee

Drink tea, herbal teas or decaffeinated coffee for a while.



KEEP YOUR HANDS BUSY WITH
NOURISHING SNACKS

COFFEE, ALCOHOL AND CANNABIS

Drinking alcohol, coffee and using cannabis when you're trying to quit are common reasons why some people who smoke slip or start smoking again. Here is why.

Coffee and caffeine

Coffee contains caffeine, a stimulant that keeps you alert. Smoking causes the body to clear caffeine much faster than that of someone who doesn't smoke. When you quit smoking, caffeine from coffee (or some soft drinks, energy drinks or other caffeinated drinks) will stay in your body much longer and be felt more strongly.

Some of the side effects of caffeine are the same as withdrawal symptoms from nicotine, such as irritability, fidgetiness, anxiety, or inability to sleep. That is why some people start smoking again as it

will relieve those side effects. There is also the habit and routine for some people of having a cigarette with a coffee.

If you drink coffee, you may find it helps to reduce how much you drink or switch to herbal teas, half-decaf or decaffeinated coffee for a while. This can be done to give your body a chance to adjust to the higher amount of caffeine staying in your body. It also can help to change where you have your coffee, like taking your morning brew in a travel mug instead of having it at home.



CONSIDER DECAF COFFEE
OR HERBAL TEAS

Alcohol

Alcohol and smoking can go hand in hand. This can mean that the more you smoke, the more you want to drink and the more you drink, the more you want to smoke.

Certain things like sitting in a bar with friends, listening to music at a lounge or partying with friends can cause urges to drink and urges to smoke. Drinking or being around alcohol while you are trying to become smoke-free means that you will need to think about ways to handle the extra strong urges.

In the early days of becoming smoke-free, most people have to focus all their energy on quitting. When drinking alcohol, it can also be easier to think that smoking “just one cigarette” or “I’ll smoke only tonight” is okay and that you can become smoke-free again tomorrow.



Taking a break from drinking, having non-alcoholic drink options, and making sure you have short-acting replacement products on hand (gum, lozenges, inhaler or oral spray) can help.

Cannabis

Using cannabis can also go hand in hand with smoking cigarettes. Research shows that your success in quitting either cannabis or cigarettes is higher if you quit both at the same time. This is because using cannabis and nicotine together or one after another increases the severity of withdrawal symptoms, making it harder to quit. THC (the active component in cannabis, and the part that gives the “high”), and nicotine both act on the reward centres in the brain. In other words, what wires together, fires together.

What this means is that if you use cannabis, it is important to consider it in your quit plan. Maybe you want to cut back or quit cannabis at the same time to increase your success. You’ll need to think about what strategies you can use if you do use cannabis and do not want to smoke. For example, how you’re going to handle the trigger to smoke that it can cause. Similar strategies for quitting smoking can work for quitting cannabis. Talk to your doctor or health care professional if you are looking to quit cannabis as well.

Practising "Mini-Quits"

A "mini-quit" is a planned and mindful decision to not smoke for a period of time. If you have gone to the movies, taken a plane or bus ride, sat in the waiting room at a doctor's office or health centre, or visited your children's school, you already have experience with mini-quits. Any place where smoking is not allowed forces you to do a mini-quit.

Practicing mini-quits can help you learn how to control your urges, build confidence for preparing you to become smoke-free, and experience some victories. They can be like test runs while you get ready for becoming smoke-free.

HOW CAN YOU PLAN A MINI-QUIT?

- Start by having your first cigarette at a later time, decide not to smoke between lunch and dinner, or make your last cigarette of the day the one you have with dinner.
- Look over your cigarette tracking sheet (see page 20). Cut out the cigarettes you've rated "1," then work your way to eliminating a cigarette you've rated a "5."
- Start off slowly, set small goals that you will be able to stick to, and build on your successes.

USE THE FOUR "D'S TO COPE WITH CIGARETTE CRAVINGS



DRINK plenty of water



DELAY for 15 to 20 minutes until the urge is gone



DO SOMETHING else to keep your mind and hands busy



DEEP BREATHING helps relax and calm the urge

REDUCING

Cutting down little by little on the number of cigarettes you smoke every day can ease strong withdrawal symptoms and cravings. It can also help you figure out which approach works best for you.

Reducing works for some people who smoke and not others. It's a matter of finding out if it's easier for you to cut out cigarettes or slowly cut down. If you have made previous quit attempts, think about how well the attempts worked and see if you can figure out what would work better for you.

If you're still not ready to kick the habit, practise mindful smoking...

MINDFUL SMOKING

BEFORE: Ask yourself how you feel before taking the cigarette. Are you anxious, nervous, stressed, tired, excited, hungry, calm? How does your body feel? What activity do you normally associate smoking with?

DURING: Take in every detail while smoking the cigarette, read the labels, use your senses to analyze the cigarette—how does it feel, how does it taste? Feel the smoke travel down your throat and fill your lungs as you breathe in the smoke and when you exhale feel it travel back up your throat and exit your mouth.

AFTER: Ask yourself how you feel after taking the cigarette. Do you feel the same as you did before you had a cigarette or has your mood changed? If your mood has changed, has it changed for the better or do you feel worse? How has your body changed?

If you want to cut back, slowly reduce the number of cigarettes you smoke until you cut back to about one third of what you used to smoke a day. Then put the cigarettes away for good. You can count out the number of cigarettes you're going to smoke per day, and set them aside, for example, in Ziploc bags. Then track how many you smoke each day and work towards smoking less over time (see the tracking sheet on page 20).

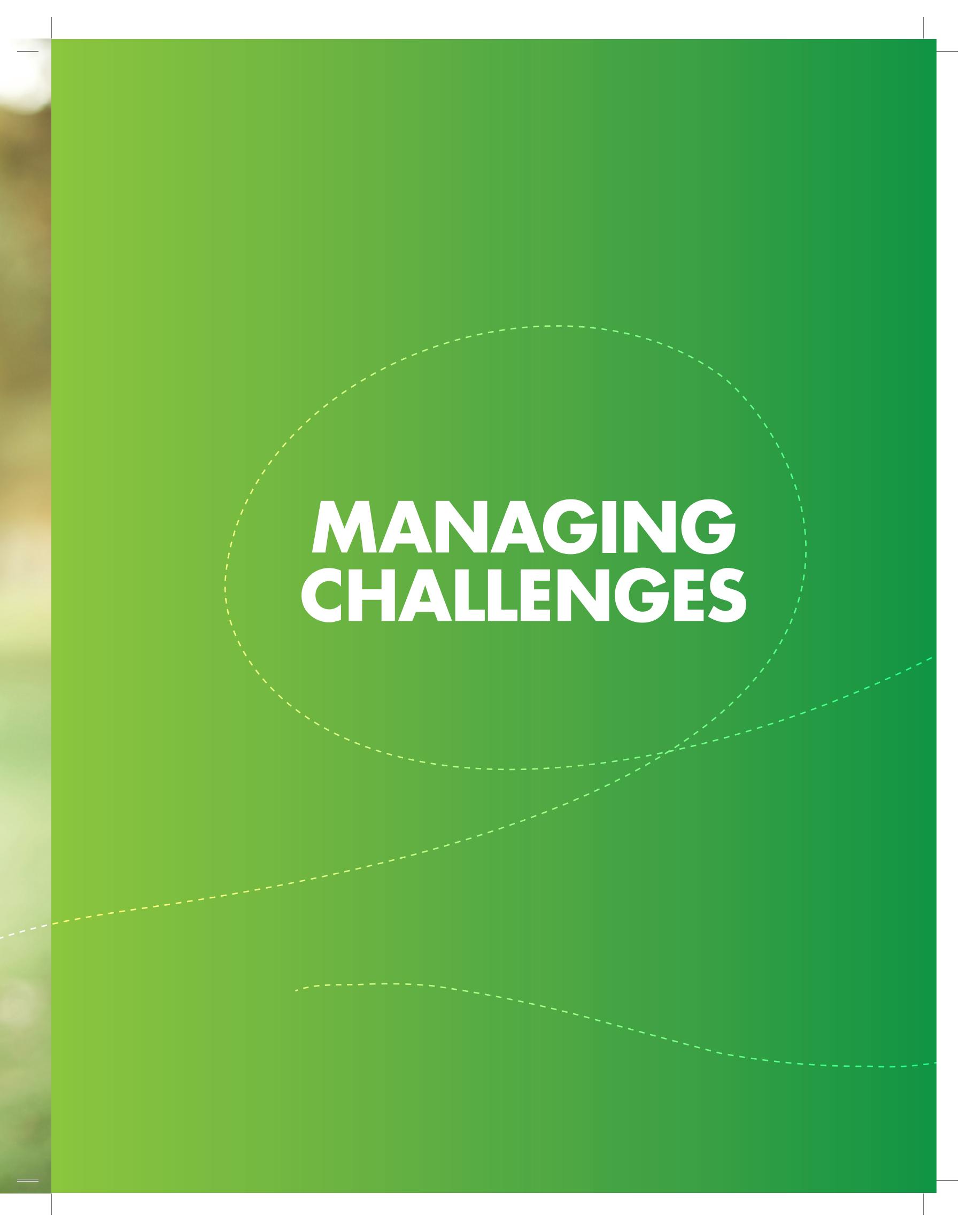
You can also use nicotine replacement therapy (NRT) products to help you cut down. Talk to your doctor, nurse, pharmacist or Quitpath coach to find out what would work best for you.



If you smoke a pack a day (**25 cigarettes**), try cutting down until you are smoking less than **8** a day.

After that, give up smoking altogether.





MANAGING CHALLENGES

Dealing with withdrawal

Below are some common symptoms you may experience when quitting smoking and suggestions for managing them.

WITHDRAWAL	TRY THESE
Craving tobacco	<ul style="list-style-type: none"> • Practise deep breathing. • Distract yourself. • Wait out the urge until it passes.
Anxiety, irritability	<ul style="list-style-type: none"> • Lower your caffeine intake by cutting down on coffee, black tea, soft drinks that contain caffeine, and hot chocolate. • Practise deep breathing. • Exercise regularly. • Try to relax. • Engage in a cultural activity, smudge or practise a grounding strategy.
Trouble sleeping	<ul style="list-style-type: none"> • Go for a quick, fast walk. • Take a hot bath. • Lower your caffeine intake. • Think restful, calming thoughts. • Try not to nap during the day.
Trouble concentrating	<ul style="list-style-type: none"> • Prioritize your schedule – make lists of what needs to be done. • Practise deep breathing to stay focused. • Go for a quick walk. (This increases blood flow to the brain, which can help you focus.)
Tiredness	<ul style="list-style-type: none"> • Drink plenty of water. • Find some time to relax. • Exercise on a regular basis.
Dizziness	<ul style="list-style-type: none"> • Sit or lie down.
Headache	<ul style="list-style-type: none"> • Take a mild pain reliever. • Drink more water.
Coughing	<ul style="list-style-type: none"> • Sip water. • Chew gum, or suck on a cough drop or hard candy.
Hunger	<ul style="list-style-type: none"> • Eat balanced healthy meals regularly throughout the day. • Eat healthy snacks, like cut-up fruits and vegetables, or chew on sunflower seeds. • Drink plenty of water or herbal tea.
Constipation	<ul style="list-style-type: none"> • Eat high-fiber foods such as fruits, veggies and whole-grain cereals. • Drink plenty of water or herbal tea. • Exercise.
Depression	<ul style="list-style-type: none"> • Talk positively to yourself. • Talk to someone about your feelings. • Focus on achieving your goal of becoming smoke-free.

Quit date countdown

Choosing a date to quit smoking is an important step in becoming smoke-free. It helps you focus on your goal. Give yourself some time to get everything planned and practise mini-quits before the actual quit date arrives. Don't set the quit date so far ahead that you lose focus. A good rule is to set your quit date within 30 days from when you first decide you want to become smoke-free.

If your quit date arrives and things are very busy at that time, you could consider postponing your quit date for a week or so until life is less stressful. Quitting during a stressful time in your life may mean you will not be as successful as you would be when trying to quit during a time of less stress. It is important to remember there will never be a time when you are completely stress-free. Avoid the trap of using any amount of stress as a reason to keep on smoking.

Keep this list
handy as a quick
reference for
your quit date
countdown.

MY QUIT DATE IS: _____

5 days before your quit date:

- Think about why you are quitting smoking.
- Make your last purchase of cigarettes if you have to.
- Tell your friends and family that you are planning to stop smoking.
- Ask your family, friends and co-workers to support you.

4 days before your quit date:

- Stock up on the tools that will help you deal with the cravings and withdrawals such as gum, sunflower seeds, mints, veggies, and things to keep your hands busy such as a deck of cards, knitting tools, or a hobby of some kind.

3 days before your quit date:

- Think about who you can call when you need help; give them a call to confirm that they will support you.

2 days before your quit date:

- Put up the road map (page 11) where you can see it.
- Keep your list of common triggers and your well-thought-out plans on how to deal with them in an easy-to-see place.
- Post your reasons for quitting on the fridge or on your desk at work.

The night before your quit date:

- Throw away lighters and ashtrays.
- Throw away all tobacco products and matches.
- Clean your clothes, house and vehicle to get rid of the tobacco smell.

Slips and relapses

In the process of becoming smoke-free, you will have a lot of success. At the same time, small slips and relapses (returning to smoking) are normal. On average it takes seven to ten attempts before quitting for good. Learn from your last attempts, be kind to yourself and focus on what is working and keep trying.

WHAT IS A SLIP?

A slip happens when you have a cigarette or two. A slip is just a bump on the road and not a reason to return to full-time smoking.

Many people who are quitting feel bad if they slip, but a slip doesn't mean you've failed. It means you're still working towards your goal of quitting. If you slip, try the following.

- Reframe the slip as a learning opportunity.
- Figure out what caused the slip and how you can respond to the same situation differently next time.
- Remind yourself of the reasons why you wanted to quit smoking.
- Ask someone for help (a trusted friend, family member, quit coach, health care professional).
- Know that you'll have more faith in yourself next time you face the urge to smoke.
- If you find yourself continuing to smoke, the best thing you can do is stop smoking as soon as possible (and throw away the rest of your cigarettes while you're at it).

WHAT IS RELAPSE?

A relapse is the return to regular smoking even if it's at a lower level prior to your quit attempt. Accept that relapses are part of the process. Remember not to be hard on yourself. Take this opportunity to re-assess what is working and what is not.

RECOVERING FROM A RELAPSE

- Try not to think of relapsing as a failure.
- Focus on what was working before you returned to smoking.
- Highlight the days you went without cigarettes, and the number of cigarettes you **didn't** smoke.
- Celebrate your successes.

ASK THE RIGHT QUESTIONS

- What happened? What Triggered me?
- How can I prevent this situation in the future?
- Do I need more support from family and friends?

KEEP ON QUITTING

- The more times you try to quit, the more chance you have of being successful.
- Each quit attempt is practise for the next one.
- Remaining smoke-free gets easier with practise.
- Re-evaluate your plan and set a new quit date.

REMIND YOURSELF OF YOUR REASONS

- Often when people quit for others, they are less committed.
- Give every quit attempt your full attention. Pick a quit date that will let you make quitting your main priority.
- Check your confidence level and ask yourself what you need in place to increase your confidence for quitting.

QUIT WHEN YOU ARE READY

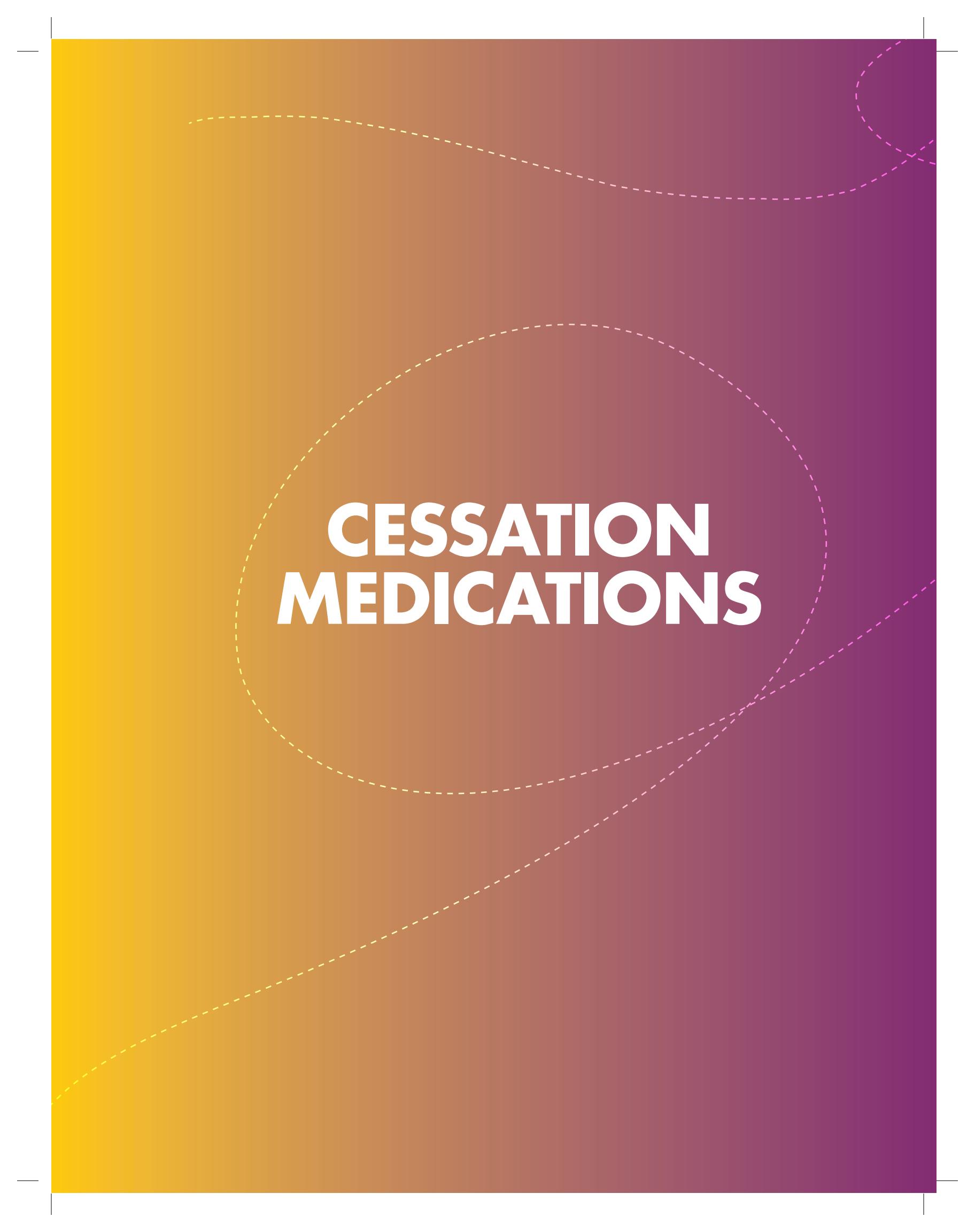
- Ask yourself questions and write down the reasons why you smoked. Make a plan for how you'll deal with these triggers the next time.
- Don't feel guilty. Figure out what worked and what didn't, and try it again when you are ready.



RELAPSES AND SLIPS ARE OPPORTUNITIES
TO LEARN

High risk situation(s) that make me want to smoke:

I will deal with the situation(s) by:



CESSATION MEDICATIONS



Medications and nicotine replacement therapy

The process of becoming smoke-free involves changing behavioural and chemical habits. There are different prescription medications and nicotine replacement therapies (NRTs) available that can help double your chances of being successful:

Nicotine replacement therapy helps you stop smoking by replacing cigarettes or other tobacco products with nicotine, and gradually decreasing the amount of nicotine your body receives. NRT does not cause cancer, and it does not have any of the toxins found in cigarette smoke, chew tobacco or e-cigarette vapour. It comes in five forms: a patch, inhaler, oral spray, gum and lozenges. NRT can deliver a controlled amount of nicotine in your body over time, for example, through a patch on your skin. It can also deliver a controlled burst of nicotine for more difficult cravings, for example, chewing a piece of NRT gum.

Prescription quit aids include Champix® and Zyban®. Both medicines change the way your brain processes nicotine in order to reduce withdrawal symptoms.

It is possible and may be more effective to use NRT with either of the prescription quit aids at the same time to help you quit smoking. Also, not everyone needs to use medication to stop smoking. It depends on how much you smoke, how badly you need the nicotine, and how your attempts to quit smoking have worked out before.

Speak with your doctor, nurse, pharmacist or Quitpath coach about what medication or combination of medications is best for you.

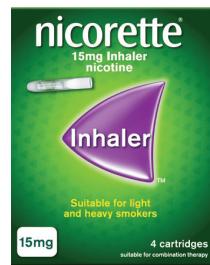
Like other medications, quitting smoking medications are most effective and may have fewer side effects when used as prescribed. The next section will explain these medications further and how to use them properly to increase your success rate.



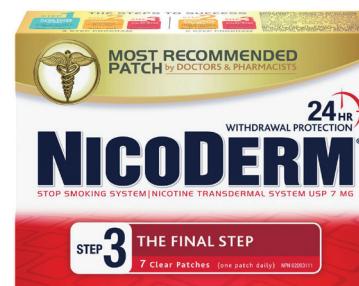
You can triple your chances of quitting when you combine medications or NRTs with some sort of support, such as our support system within the Quitpath program.

NICOTINE REPLACEMENT THERAPY (p. 39)

Short-acting products



Long-acting products



PRESCRIPTION QUIT AIDS (p. 44)



SHORT-ACTING NICOTINE REPLACEMENT PRODUCTS

Advantages of short-acting NRTs, or “rescue agents” (gum, lozenges, inhaler, oral spray)

- Easy and convenient to use.
- Release clean nicotine which means they don’t have any of the toxins that are in tobacco.
- Can be used to reduce the number of cigarettes you smoke daily.
- Can be used with other NRTs such as the nicotine patch to help you get through difficult cravings.
- Designed to help deal with the immediate urge to smoke.
- Helps reduce withdrawal symptoms (irritability, frustration, anxiety, restlessness, difficulty concentrating).
- Helps reduce cravings from nicotine.
- The user decides how often to use the rescue agent.

Note: *Avoid acidic food or beverages like coffee, tea, juice and soda 15 minutes before using the gum, lozenges, inhaler or oral spray. The acid in these products can prevent your mouth from absorbing the nicotine properly. When finished with any of these products, dispose of them safely, out of reach of children and pets.*

How to use the gum

- Nicotine gum shouldn’t be chewed like regular chewing gum. Use the bite-park technique. “Bite” the gum once or twice, then “park” the gum in the corner of your mouth (between your cheek and gums) for a few minutes.
- Repeat the “bite” and “park” process for 20 to 30 minutes.
- The nicotine is delivered and absorbed through the lining in your mouth.
- It takes 15 to 30 minutes for the gum to start working, so if possible use the gum prior to when you think you will need it. For example, if you used to smoke on your coffee break, take the gum 30 minutes before that break.
- It is safe to use up to 20 pieces of gum a day at a rate of 1 piece an hour.
- Keep gum use to 6 or fewer pieces a day if combining with the nicotine patch.
- When using the gum to reduce, do not have a gum and cigarette within the same hour.

NICOTINE GUM

- Nicotine gum (Nicorette®, Thrive®) is a non-prescription (over-the-counter) nicotine replacement product.
- Provides body with nicotine for 20 to 30 minutes.
- It’s not like regular gum. If used incorrectly, you are more likely to experience side effects.
- Comes in 2 mg and 4 mg strengths, and several flavours.

NICOTINE LOZENGES

- The nicotine lozenge (Nicorette®, Thrive®) is similar to a cough drop or a throat lozenge.
- The nicotine lozenge is a non-prescription (over-the-counter) nicotine replacement therapy product.
- Provides the body with nicotine for 20 to 30 minutes.
- There are two strengths of lozenges: 1 mg and 2 mg.

How to use the lozenge

- Place 1 lozenge in your mouth and hold it on your tongue until a strong taste develops.
- Move the lozenge and park it between your gum and cheek for a few minutes or until taste fades.
- Repeat those 2 steps for 20 to 30 minutes or until the lozenge dissolves.
- Do not chew or swallow the lozenge as you might with a cough drop.
- Do not eat or drink during use.

NICOTINE INHALER

- The nicotine inhaler (Nicorette®) is an option for people who miss the hand-to-mouth ritual of smoking.
- The nicotine inhaler is a non-prescription (over-the-counter) nicotine replacement therapy product.
- The inhaler uses cartridges that have nicotine in them, which is released when you puff on it, and eases the craving for a cigarette.
- The inhaler cartridge delivers 4 mg of nicotine (similar to 4 cigarettes) and 1 mg of menthol.

How to use the inhaler

- Separate the mouthpiece into 2 pieces.
- Insert cartridge into mouthpiece and twist both ends of mouthpiece to close securely.
- Puff lightly on the tapered end of the inhaler to release a nicotine vapour into your mouth (do not breathe it into the lungs).
- The vapour is not designed to be inhaled into your lungs like cigarette smoke. Instead, the vapour is meant to be absorbed through the lining in your mouth.
- Each cartridge will last for about 20 minutes of continuous, frequent puffing.
- Clean mouthpiece regularly with soap and water.
- Use 6 to 12 cartridges a day, and no more than 12 cartridges a day, reducing over a 3-month period.

NICOTINE ORAL MOUTH SPRAY

- The nicotine mouth spray (Nicorette®) is a non-prescription (over-the-counter) nicotine replacement therapy product.
- Quick results within 60 seconds.
- Mouth spray provides body with nicotine for 30 to 60 minutes.
- The mouth spray contains 1 mg of nicotine per spray.

How to use the quick mist mouth spray

- To open, slide black button down until it can be pushed inwards.
- While pushing in, slide button upward until it locks into place.
- Before first use (and again if it's been several days between uses) prime the dispenser by spraying once or twice away from mouth until fine mist appears.
- Hold close to mouth, point nozzle into mouth and spray once (avoid spraying lips).
- Do not inhale the spray or swallow for a few seconds after spraying in mouth.
- If craving does not reduce or go away within a few minutes, spray one more time.
- To close dispenser, slide button down and push inward.
- Maximum dose is 2 sprays at one time to a maximum of 4 sprays an hour, and no more than 64 sprays in a 24-hour period.
- Start to reduce in 7th week with the goal of reaching half the amount originally used by the end of week 9.
- By week 12 you should be using about 2 to 4 sprays per day.
- Generally use for 3 to 6 months.

Common side effects of short-acting NRT

- Nausea
- Jaw ache (gum)
- Trouble sleeping
- Upset stomach
- Hiccups
- Taste change (lozenges)
- Mouth, throat or gum irritation
- Headaches
- Dry mouth (spray)

Precautions for short-acting NRT

Note: If you have an active jaw disease or jaw/dental pain, you should use something other than the gum, as these conditions will make it difficult to use the gum.

Consult your doctor or pharmacist prior to starting a short-acting NRT if you:

- are pregnant or breastfeeding;
- are being treated for any serious heart condition;
- have had a heart attack or stroke within last two weeks;
- require kidney dialysis; or
- use any prescribed medication regularly.

Stop using a short-acting NRT immediately and see your doctor if you experience:

- chest pain;
- irregular heartbeat;
- palpitations;
- leg pain;
- persistent stomach pain; or
- fainting.

LONG-ACTING NICOTINE REPLACEMENT PRODUCT

NICOTINE PATCHES

- A nicotine patch (Nicoderm®, Thrive®) is a non-prescription (over-the-counter) nicotine replacement therapy product.
- The patch releases clean nicotine, which means it has none of the other toxins that are in tobacco.
- The patch sticks to your skin like a bandage, providing a slow and steady release of nicotine into your system to help reduce withdrawal symptoms and cravings from tobacco.
- Nicoderm® comes in 3 different dosages: 21 mg/day (Step 1), 14 mg/day (Step 2) and 7 mg/day (Step 3).

Advantages

- Easy to use—put it on once a day and forget about it.
- The patch comes in 3 steps so you use the step that will work best for you based on the number of cigarettes you smoke per day.

How to use the patch

- The patch should be applied first thing in the morning and left on the skin until 2 hours before you go to bed.
- If you get up in the night to smoke, you would benefit from wearing the patch for a 24-hour period. Discuss with your doctor, pharmacist, nurse or Quitpath coach.
- Apply a new patch to a clean, dry, hairless area between the waist and neck (e.g., on the arm or shoulder areas) each day.
- Apply the patch to a different site every day to prevent skin irritation.
- People who smoke 10 or more cigarettes per day could start with Step 1 for up to 6 to 8 weeks, gradually reducing nicotine delivery by moving to Step 2 then Step 3 over a 12-week period. The decision to reduce your patch level depends on your confidence level, cravings and slips.

Common side effects of the patch

- Headaches
- Dizziness
- Stomach upset
- Cold or flu-like symptoms
- Anxiety
- Redness of the skin under patch
- Vivid dreams (if worn while sleeping)
- Restless sleep (if worn while sleeping)
- Mild itching, burning and tingling are normal in the first hour of wearing the patch

Precautions for using the patch

Consult your pharmacist or physician prior to using the patch if you:

- are pregnant or breastfeeding;
- have had a heart attack or stroke within the last 2 weeks;
- require kidney dialysis;
- are being treated for any serious heart condition; or
- use any prescribed medication regularly. Smoking alters the effects of some medications. When you quit smoking, it may be necessary for your doctor to adjust your prescription, especially if you are diabetic, take medication for high blood pressure or heart disease, or take antidepressants, tranquilizers or sleeping pills.

Note: Remove the patch and consult your doctor if you experience the following.

- Chest pain
- Irregular heartbeat
- Heart palpitations
- Leg pain
- Persistent stomach upset while using the patch

Do not use the patch if you have severe eczema, psoriasis or other generalized skin disorders.

PRESCRIPTION QUIT AIDS

ZYBAN® (BUPROPION)

Note: A doctor's prescription is required.

- Zyban® is a non-nicotine aid to help you quit smoking.
- It comes in pill form and must be prescribed by a doctor.
- Helps reduce symptoms of nicotine withdrawal and lessen cravings.
- Can be used alone or in combination with NRT (consult with a doctor).

How to use Zyban®

Note: Stop smoking within two weeks of starting to take tablets.

- The tablets need to be swallowed whole. Do not chew, divide or crush the tablets.
- Start using Zyban® 7 to 14 days before your quit date.
- Most people start with 1 tablet a day then quickly increase to 2.
- Doses should be taken at least 8 hours apart.
- Treatment should continue for 7 to 12 weeks.

Common side effects

- Over stimulation (feeling wired)
- Insomnia
- Headache
- Shakiness or nervousness
- Weight loss
- Dry mouth
- Nausea
- Can make you more sensitive to alcohol

Note: These side effects usually occur in the first few weeks of treatment, then settle down after two to three weeks.

Precautions

- Not recommended for people under 18 years of age.
- Not recommended for people with certain medical conditions (discuss with a doctor).
- Not recommended if you are pregnant or breastfeeding.
- There are some medications and even herbal preparations that can interact with Zyban® to increase the risk of adverse reactions.

Note: Stop taking Zyban® and consult with a doctor (or health care provider) if you experience changes in behaviour. Examples of changes in behaviour that require further follow-up may include: increased impulsiveness, agitation, anxiety, aggression or hostility, feeling suicidal or thinking of harming yourself or others.

CHAMPIX® (VARENICLINE)

Note: A doctor's prescription is required.

- Champix® is a non-nicotine aid to help you quit smoking.
- It comes in pill form and must be prescribed by a doctor.
- It helps reduce symptoms of nicotine withdrawal and lessen cravings.
- It prevents pleasurable effects of smoking.
- Champix® is best tolerated when used alone without combining with other NRTs (consult with a doctor).

How to use Champix®

Note: Stop smoking within two weeks of starting to take tablets.

- The tablets need to be swallowed whole. Do not chew, divide or crush the tablets.
- Start using Champix® 8 to 14 days before your quit date.
- Most people start with 1 tablet a day then quickly increase to 2.
- Doses should be taken at least 8 hours apart.
- Treatment should continue for 7 to 12 weeks.

Common side effects

- Nausea
- Vomiting
- Headache
- Insomnia
- Vivid or unusual dreams
- Dry mouth
- Constipation

Note: These side effects usually occur in the first few weeks of treatment, then settle down after two to three weeks.

Precautions

- Not recommended for people under 18 years of age.
- Not recommended for people with certain medical conditions (discuss with a doctor).
- Not recommended if you are pregnant or breastfeeding.
- There are some medications and even herbal preparations that can interact with Champix® to increase the risk of adverse reactions.

Note: Stop taking Champix® and consult a doctor (or health care provider) if you experience changes in behaviour. Examples of changes in behaviour that require further follow-up may include: increased agitation, anxiety, aggression, development of hallucinations, feeling depressed or suicidal.

COMMON QUESTIONS ABOUT QUIT AIDS*

Is it true that nicotine replacement therapy (NRT) can cause cancer?

Nicotine replacement therapy (NRT) does not cause cancer. It's the tar and other chemicals in cigarettes that can cause cancer. NRT helps get nicotine into your body without those added dangers.

Can I get addicted to NRT? Will I just be trading in one addiction for another?

No. NRT gives your body nicotine but at a much lower level than smoking. It enters your body less quickly and by a safer route. And you avoid inhaling the cancer-causing chemicals and carbon monoxide found in cigarette smoke. As your cravings become more manageable, you can reduce the amount of NRT that you use. Talk to your doctor or pharmacist if you have any concerns about the products you are using.

Can I use quit aids if I'm pregnant?

If you're pregnant, it's a great time to quit! Most prescription medicines are not recommended during pregnancy, but talk to your doctor or midwife about NRT or other options.

My friend told me that Champix® will make me depressed or even suicidal. Is this true?

When you quit smoking, it's normal to feel frustrated, irritable, angry or anxious. Talk to your doctor about the possible risks of Champix®. Tell them if you feel depressed, can't sleep or have a history of mental illness or depression.

Should I try using alternative treatments such as hypnosis or acupuncture to quit smoking?

Some people have found hypnosis and acupuncture to be helpful, but there is no evidence that they work or how they work. The same is true for other alternative quit methods like herbal supplements, herbal patches and laser therapy.

How do e-cigarettes work?

E-cigarettes, also known as e-cigs, MODs and vapes, are battery-powered devices that mimic the feeling of smoking cigarettes but without tobacco. They use an e-juice solution that is heated to create a vapour. Many e-cigarettes contain nicotine, which enters your lungs when you vape (inhale the vapour).

For more information about e-cigarettes, speak with your doctor, visit quitpath.ca, or call us at 1-866-221-8393.

Wouldn't it be cheaper for me to just keep smoking?

The ongoing costs of smoking are greater than the costs of medicines. And quit aids may be covered by your private health insurance or provincial health plan. Contact your health insurance company to see what they cover.

* You Can Quit—One Step at a Time. Canadian Cancer Society 2020

Final Words

We hope the suggestions and information in this guide will support you in living a smoke-free life.

The journey to becoming smoke-free isn't always short or easy, and yet it's achievable and you don't have to do it alone. We encourage you to find out what works best for you, build your support team, explore your options and develop a plan. Take that plan and give it a go. And remember to celebrate your successes along the way!

GOOD LUCK!

For more support, call Quitpath at 867-667-8393 or toll-free at 1-866-221-8393.

We are here to help you on your smoke-free journey.

For further information on quitting smoking please check out **quitpath.ca**.

All the best, Government of Yukon

The Quitpath Team, Health Promotion Unit
305 Jarvis (second floor), Whitehorse, Yukon



Notes



Quitpath



2022