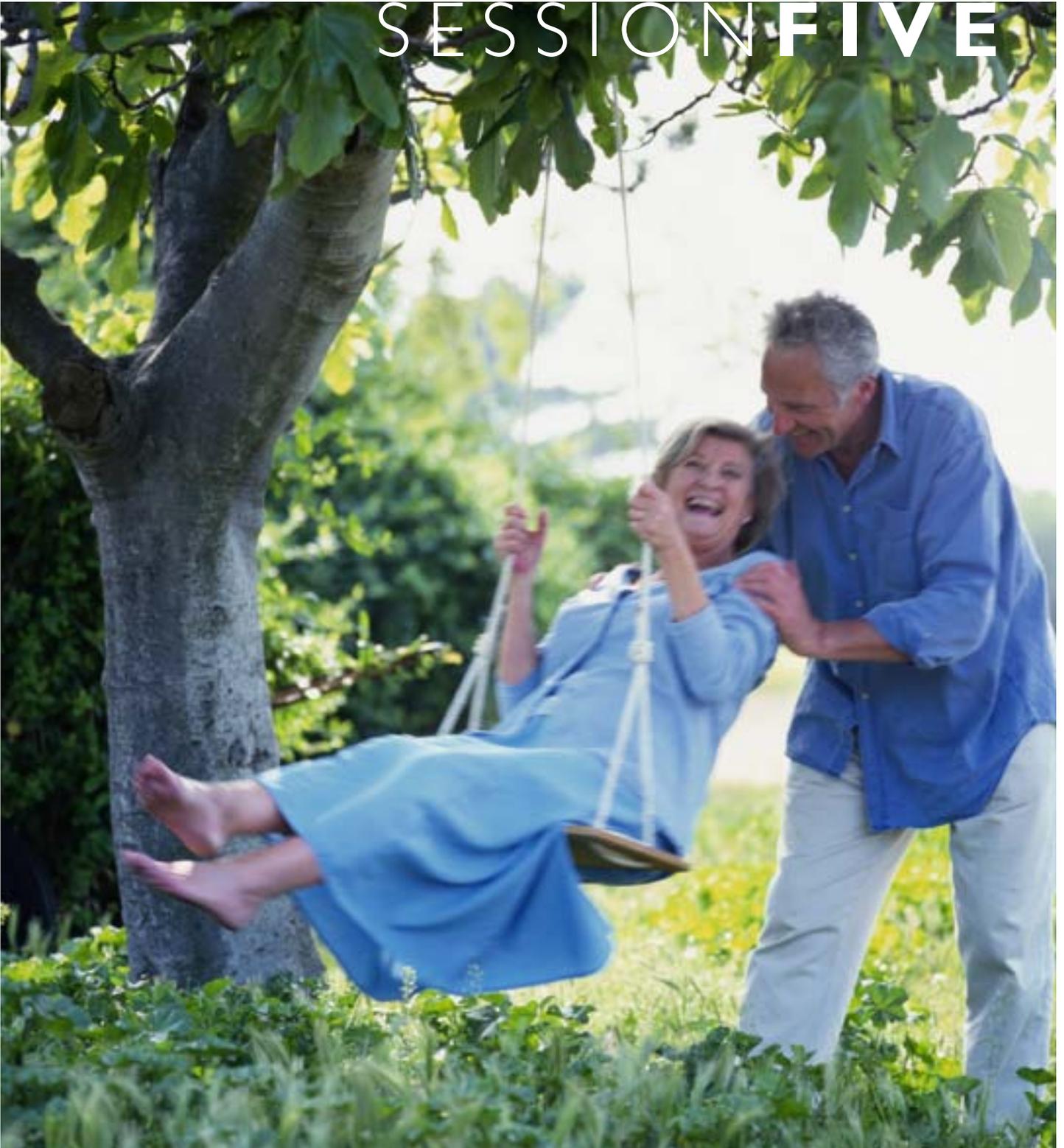


21 DAYS

TOBACCO CESSATION GUIDE
ONLINE EDITION

SESSION FIVE



DAYS 17 - 21

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Before You Proceed

Write down the specific coping strategies that you used during the week to resist tobacco in response to any of your identified tobacco urges. Now circle the successful managing attempts.

If you are still having problems managing your urges, remember that learning to manage tobacco urges is a trial and error process that takes time and many repeat efforts. Whatever you do, don't give up on yourself. Keep trying, you'll get there.

Get Ready to Quit

Please refer to the “Get Ready to Quit” worksheet.

- What did you do during the last week to start increasing time spent in non-tobacco places or time spent doing non-tobacco activities?
- What situations did you limit your tobacco use to during the past week?
- What actions did you take to make tobacco inconvenient or unpleasant during the past week?

List and identify the following:

- The name of the person(s) you have actively sought support from in order to assist in your smoking cessation efforts.
- The specific supportive actions you requested of this person(s).
- The outcome of this request (i.e., supportive actions others agreed to).

Actions To Take On Quit Date

- Make cigarettes or tobacco unavailable; this is a key to success in quitting tobacco.
- We strongly recommend using the strategies listed on the “Checklist of Necessary Actions to Take on Quit Date” and during the next few days following.
- You already have the ability to quit and you want to quit; now you must have confidence in yourself to quit!



After You Quit

After you quit, withdrawal symptoms may become strong the first 2-3 days but will diminish over the next 1-3 weeks, so hang in there!

- Examples of typical withdrawal symptoms include the following: craving, irritability, feeling jittery or restless, difficulty concentrating, mild headaches, upset stomach, and fatigue.
- Common signs of recovery are drainage and more mucous when coughing. This is a good sign that your body is recovering from years of damage.
- We caution you against the mentality that you can “have just one cigarette or dip of snuff,” as this often prolongs withdrawal symptoms and leads to a return to regular smoking.

Using nicotine replacement therapy as prescribed will prevent most withdrawal symptoms. If you successfully reduced tobacco use over the past few weeks, you have lowered blood nicotine levels and the likelihood of withdrawal symptoms.



Slips

A lapse is a slip-up where you stumble and have an isolated cigarette, while a relapse is when you continue to use tobacco for a period of time.

How to prevent a lapse from becoming a relapse:

- View a lapse as a mistake that can be recovered from, rather than as a personal failing.
- Regard a lapse as a learning experience—analyze what the urge was and how to better anticipate it and manage with it next time.
- Tell yourself that a lapse doesn't turn you into a regular tobacco user again, unless you allow it to.
- Immediately stop tobacco use after a lapse by using coping strategies in your workbook—negative feelings about your lapse will soon pass as time, not tobacco use, increases.

The most common high-risk situations for relapse:

- Negative moods, such as stress, depression and anger.
- Feeling positive and upbeat, especially in situations where others are drinking and/or smoking.
- Misguided rationalizations: missing tobacco is like a lost “friend,” convincing yourself that you “need” a smoke or a dip in a crisis, and testing yourself to see if you can use tobacco just one every once in a while.

Anticipate and prepare for encountering tobacco urge situations following Quit Date by regularly referring to and updating the “My Action Plan for Managing with Tobacco Urges” worksheet and the “Checklist of Necessary Actions to Take on Quit Date.”

CONGRATULATIONS!



You have completed the course!!!

Keep reminding yourself **“I CAN DO THIS”** – if not for yourself, for your family.

If you need additional help, please visit your healthcare provider.

