

What am I Smoking/ Vaping?

What's in a cigarette? ²

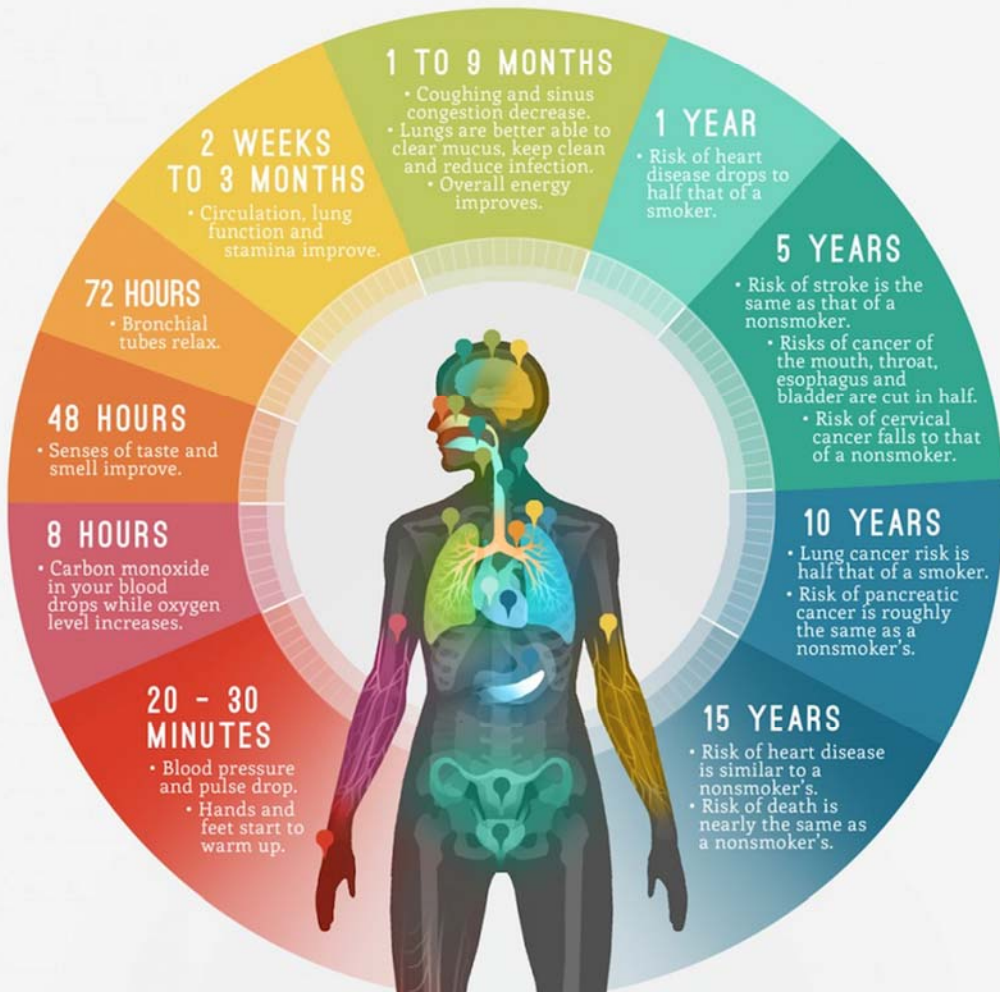


What's in an e-cigarette? ³



HOW QUITTING SMOKING CHANGES YOUR BODY

Here's what happens to your body after your last cigarette:



SOURCES

- "Smoking & Tobacco Use," cdc.gov
- "When smokers quit - what are the benefits over time?" cancer.org
- "Smoking Cessation: Why You Should Quit," my.clevelandclinic.org
- "Pancreatic Cancer Causes and Risk Factors," webmd.com



Image source: http://www.huffingtonpost.com/2014/12/05/effects-of-quitting-smoking_n_5927448.html

Support for Changing Your Tobacco Use

A complete list of stop smoking programs in San Francisco resources can be found at:

<http://sanfranciscotobaccofreeproject.org/you/>

QUIT SMOKING PROGRAMS & CLASSES	San Francisco General Hospital Stop Smoking Program Quit smoking classes for San Francisco residents. (415) 206 – 6074		
	California Smoker's Helpline FREE phone counseling for California residents in many languages. Some may be eligible for free medication. 1 – 800 - NO – BUTTS www.nobutts.org		
	The Last Drag Stop-smoking classes for LGBT people and people living with HIV (415) 339 – STOP (7867) www.lastdrag.org		
	Nicotine Anonymous In-person, on-line, and call-in meetings. http://www.nica-norcal.org/		
MOBILE/APPS		QuitGuide (CDC) FREE smartphone app tracks your cravings and moods, monitors your progress toward milestones, helps you develop strategies to deal with triggers, and more. http://tinyurl.com/CDCquitguide	
		Stay Quit Coach (US Department of Veterans' Affairs) FREE smartphone app with information about quitting, interactive tools, motivational messages and support https://mobile.va.gov/app/stay-quit-coach	
		quitSTART FREE smartphone app with tailored tips, use tracking, inspiration, and fun challenges. http://tinyurl.com/quitSTART	
		Addicaid – Addiction Recovery Support + Group Finder FREE smartphone app that can help you find meetings, and track your daily use and urges, and customizable goals for various addictions, including nicotine. Stay motivated, inspired and supported by a like-minded community. http://www.addicaid.com/	
	Text QUIT to 47848 , answer a few questions, and you'll start receiving FREE 24/7 quit help messages texted to your phone!		

Fagerström Test for Nicotine Dependence

From: “The Last Drag” Stop Smoking Program Facilitator’s Guide, developed by the California LGBT Tobacco Education Partnership

This is quick and easy! The Fagerström Test, developed by Dr. Karl Fagerström, is a questionnaire that rates your nicotine dependence. Answer each question, and add up the points. Then check out the score indicator below.

Questions	Answers	Points
1. How soon after you wake up do you smoke your first cigarette?	<input type="checkbox"/> Within 5 minutes	3
	<input type="checkbox"/> 6 to 30 minutes	2
	<input type="checkbox"/> 31-60 minutes	1
	<input type="checkbox"/> After 60 minutes	0
2. Do you find it difficult to refrain from smoking in places where it is forbidden such as church, the library, or movie theaters?	<input type="checkbox"/> Yes	1
	<input type="checkbox"/> No	0
3. Which cigarette would you hate most to give up?	<input type="checkbox"/> The first one in the morning	1
	<input type="checkbox"/> All others	0
4. How many cigarettes do you smoke? (20 cigarettes are in a pack)	<input type="checkbox"/> 10 or fewer	0
	<input type="checkbox"/> 11-20	1
	<input type="checkbox"/> 21-30	2
	<input type="checkbox"/> 31 or more	3
5. Do you smoke more frequently during the first hours after waking than during the rest of the day?	<input type="checkbox"/> Yes	1
	<input type="checkbox"/> No	0
6. Do you smoke if you are so ill that you are in bed most of the day?	<input type="checkbox"/> Yes	1
	<input type="checkbox"/> No	0
TOTAL POINTS		

Score indicator:

0-2 Very Low Addiction
 3-4 Low Addiction
 5 Medium Addiction

6-7 High Addiction
 8-10 Very High Addiction

Usually, people who score 6 or greater need additional assistance in quitting smoking. This may mean Nicotine Replacement Therapy (NRT), Bupropion (Wellbutrin), Varenicline (Chantix) and/or one-on-one counseling to problem-solve ways to overcome barriers and cope with withdrawal symptoms.

Talk to your doctor or pharmacist about which NRT is right for you.

My Personal Balance Sheet

What I like about smoking or my tobacco use:

What I DON'T like about smoking, or my tobacco use:

What I look forward to if I decide to make changes to my tobacco use:

What I am most worried about if I decide to change my tobacco use:

I want to change my tobacco use because...

Adapted from NY State Smoker's Quitline and SF General Hospital Stop Smoking Program

- _____ I would save money
- _____ I would not smell like a stale cigarette
- _____ I would not have to look for a place to smoke all the time
- _____ I would fit in better socially
- _____ My health would be better
- _____ I don't like feeling addicted
- _____ My partner, family and friends would stop nagging me to quit
- _____ My food would taste better
- _____ I would feel better about my future
- _____ I would set a good example for my friends, and family

My TOP 5 reasons for changing my smoking are:

1. _____
2. _____
3. _____
4. _____
5. _____

If I reduced my tobacco use or didn't smoke, I could...

1. _____
2. _____
3. _____
4. _____
5. _____

Pack Tracks: Track Your Tobacco Use

Date:							
#	Time	Need?			Mood		
		?	Yes	YES	☺	☹	☹
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Date:							
#	Time	Need?			Mood		
		?	Yes	YES	☺	☹	☹
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Date:							
#	Time	Need?			Mood		
		?	Yes	YES	☺	☹	☹
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Date:							
#	Time	Need?			Mood		
		?	Yes	YES	☺	☹	☹
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Date:							
#	Time	Need?			Mood		
		?	Yes	YES	☺	☹	☹
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Date:							
#	Time	Need?			Mood		
		?	Yes	YES	☺	☹	☹
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10							

First Steps to Changing Your Tobacco Use

Adapted from: San Francisco General Hospital Stop Smoking Program

- Make a **personal commitment** to yourself to change your smoking – to reduce or quit.
- Write down **reasons why** you want to become a nonsmoker.
- Record the times you smoke** on your Pack Track cards for a day, three days or a full week.
- Find your patterns:** when do you smoke, and why? Can you eliminate some cigarettes each day due to routine or habit?
- When you smoke, don't do anything else. For example, don't eat and smoke, don't talk on the phone and smoke, don't drive and smoke... just smoke.
- Don't smoke unconsciously** – slow your smoking way down, smoke in the moment – watch yourself smoke. Ask yourself if you are really enjoying this cigarette?
- Try this - Smoke only in one place in your home or smoke outside. Make your home, or car, or commute, tobacco-free.
- Break up your routine!** Carry your cigarettes in a different pocket or a different place. Try switching brands...to a cigarette with less nicotine or to one that tastes different. Smoke with a different hand.



- Think about your **Quit Goal** – prepare yourself mentally. Your quit date can be days, weeks, months or years away. Or, your Quit Goal may be to reduce how much you smoke.
- Take deep breaths** often – spend some time each day learning how to relax without smoking.
- Find a jar for the **money that you will save** even from reducing some of your regular use amounts!
- Give yourself nice **rewards** along the way.
- Find a class** or a support group to help you during the process of changing your tobacco use.