

Thinking of getting some help next time you try to quit smoking? This guide presents the pros and the cons of different treatments. In it we provide information that will help you decide which treatment best fits your situation. Before we discuss the treatments, we want to correct some myths many smokers have about quitting.

Common Myths About Quitting Smoking

▶ **Treatment is not necessary. I just have to tough it out.**

It is true that many smokers quit without treatment, but for most, it takes many attempts over many years before they finally quit. By using the treatments in this guide, you double your chances of quitting. Don't fool around—give yourself the best chance of quitting. It's important to quit now, before you get a disease caused by smoking.

▶ **Medications containing nicotine, like a patch or gum, are harmful and addicting.**

Actually, the tar, carbon monoxide, and other toxins in cigarettes, not the nicotine, produce most of the harm from smoking. Long-term use of nicotine itself does not appear to be harmful. In addition, current research indicates that nicotine medications that provide a slower, lower dose of nicotine are not addicting.

▶ **If I go to counseling for smoking cessation, I'll have to bare my soul.**

Smoking cessation groups are not psychotherapy. They are no-nonsense groups of smokers and ex-smokers that focus on mutual support and tips to help you stop smoking.

▶ **I can't afford it.**

Smokers have a 50% chance of dying from a smoking-related disease such as lung cancer, a heart attack, or emphysema. The cost of most

treatments to stop smoking is low. Most treatments last only 6 to 12 weeks. During this time, medications cost \$3 per day or less, and group counseling costs \$5 to \$25 per week. (Compare this to how much you spend on smoking.)

▶ **I'll gain weight.**

Smokers weigh 5 to 7 pounds less than nonsmokers. When they quit smoking, they gain back those 5 to 7 pounds. When smokers diet while quitting smoking, they often relapse and start smoking again. The best solution is not to diet but to increase your activity while quitting. You should wait until you are sure of your abstinence (1 to 3 months) before trying to lose weight.

Where Can You Get Help?

▶ **Your doctor**

Spend a few minutes during your next visit to the doctor and talk to your doctor, the office nurse, or a health educator. Brief, personal advice from this team increases your chances of success by 50%. A hint—write down your questions ahead of time.

▶ **Your family and friends**

Some people like the support and encouragement of others; plus, making your commitment public can help motivate you. Even if these reasons are not important to you, you must talk to your family or best friend and let them know whether you want them to be involved and, if so, how—for example, not smoking in front of you or not offering you a cigarette.

▶ **A group**

Maybe it's time to try stopping with a group of people. Voluntary organizations (see box on page 4) often run groups to support and to give

tips to smokers. Groups usually last 45 to 60 minutes once a week for 1 to 3 weeks before the quit date and then 1 to 3 weeks after the quit date. One common problem is that groups are offered only once every few months; thus, you will have to decide whether it's important to delay your quit attempt until a group starts.

▶ A specialist

Many, but not all, addiction counselors, health educators, nurses, psychologists, and physicians have experience helping smokers stop smoking. Some new treatments require a physician's prescription. Be sure any specialist is using a proven method for smoking cessation (we'll describe the proven methods later), and ask if they have treated smokers before.

▶ Telephone advice

Sometimes this is just recorded tips, but now, many health plans, wellness programs, state health departments, and drug companies that sell smoking-cessation medications offer free advice over the phone from a real person. Often this advice consists of personalized quitting plans and ongoing supportive counseling.

▶ Written materials

All of the organizations in the box on page 4 offer pamphlets and books with many tips to help smokers stop smoking. It's best to pick out a few tips especially important to you in your attempt to quit.

Costs

Groups can be free or can cost up to \$150. Written materials can be free or can cost up to \$10. Specialists can charge from \$60 to \$150 per hour. Some health plans cover smoking-cessation treatment, but others do not. Be sure to check.

Organizations With Stop-Smoking Programs and “Stop Smoking” Experts

American Academy of Addiction Psychiatry

7301 Mission Road, Suite 252
Prairie Village, KS 66208
tel: 913-262-6161
members.aol.com/addicpsych/
private/homepage.htm

American Cancer Society

1599 Clifton Road, NE
Atlanta, GA 30329-4251
tel: 800-ACS-2345
www.cancer.org

American Society of Addiction Medicine

4601 North Park Avenue
Arcade Suite 101
Chevy Chase, MD 20815
tel: 301-656-3920
www.asam.org

American Lung Association

1740 Broadway
New York, NY 10019
tel: 800-LUNG-USA
www.lungusa.org

National Cancer Institute

9000 Rockville Pike
Building 31 10A16
Bethesda, MD 20892
Tel: 800-4-CANCER
www.nci.nih.gov

Nicotine Anonymous

NAWSO
P.O. Box 591777
San Francisco, CA 94159-1777
tel: 415-750-0328
www.nicotine-anonymous.org

Society for Behavioral Medicine

7611 Elmwood Avenue
Middleton, WI 53562
tel: 608-827-7267
www.sbmweb.org

Society for Research on Nicotine and Tobacco

401 E. Jefferson Street
Suite 205
Rockville, MD 20850
tel: 301-251-9133
www.srnt.org

**Your local clinic, HMO, hospital,
work wellness program, or
health education department**

**Your state Department of
Health**

**Your state Alcohol and Drug
Abuse Office**

Drug Companies

Glaxo Wellcome	800-522-6784
Lederle	800-934-5556 (option 5)
McNeil Consumer	800-699-5765
Novartis Consumer	800-452-0051
Pharmacia & Upjohn	800-717-2824

The Treatments

The boxes on pages 6 and 7 list the treatments that are scientifically proven to work and those that do not appear to work.

Medications

Medications That Contain Nicotine

Four different types of nicotine medications are available: two you can buy without a prescription—nicotine gum and nicotine patch—and two for which you need a prescription—nicotine nasal spray and nicotine inhaler. They all are effective—that is, they all double your chances of quitting. However, they have different pros and cons that will appeal to different smokers. All are used for 6 to 12 weeks.

Nicotine gum (Nicorette). This gum contains a small amount of nicotine that is released by chewing and is absorbed in the mouth. There are two doses: 2 milligrams for light smokers and 4 milligrams for heavy smokers. The gum produces nicotine levels lower than those from smoking. As soon as you quit, the gum is used as needed but at least once every hour for up to 12 weeks. The biggest plus of the gum is that you use it when you need it—for example, when a craving occurs. You chew the gum for about 30 minutes at a time. Unfortunately, caffeinated coffee and soda and juices limit the absorption of nicotine from the gum, so you cannot drink these right before, during, or right after using the gum. The most common side effects are disliking the taste, sore jaw, and burning mouth. Although some people use the gum for long periods, very few of these have trouble stopping the gum. You should talk to your doctor before choosing to use nicotine gum if you have heart problems, high blood pressure, dental problems, ulcers, or diabetes; if you use medication for asthma or a mental illness; or if you are younger than 18 years old, pregnant, or breast-feeding.

Nicotine patches (Habitrol, Nicoderm, Nicotrol, Prostep). Nicotine can be absorbed through the skin, which has led to the development of several different skin patches for delivery of nicotine. The key advantage of the patches is that they are easy to use. The Nicotrol

Scientifically Proven Treatments

	Major Benefit	Problems
Over-the-Counter Medications		
Nicotine gum (Nicorette)	You determine when to use	Bad taste/ sore jaws
Nicotine patch (Nicoderm, Nicotrol)	Easy to use	Skin irritation, insomnia
Prescription Medications		
Nicotine patch (Habitrol, Prostep)	Easy to use	Skin irritation, insomnia
Nicotine nasal spray (Nicotrol NS)	Faster, higher-dose nicotine	Throat and nasal side effects
Nicotine inhaler (Nicotrol IN)	Mimics habits related to smoking	Cough
Bupropion (Zyban)	Doesn't contain nicotine	Dry mouth, insomnia
Behavioral/supportive therapy via		
Groups	Support of others	May have to wait until a group starts
Individual counseling	Individualized program	Costly
Telephone counseling	Easy to access	Only brief contacts
Written materials	Work at your own pace	No social support

Treatments That Do Not Appear to Be Helpful

Acupuncture
Cigarette filters
Herbal treatments
Homeopathic treatments
Injections
Lobeline (BanTron, Nicoban)

Treatments Not Proven But That Appear Promising

Medications

Clonidine
Combined nicotine gum + patch
Combined Zyban + patch
Higher-strength nicotine patches
Nicotine-blocking medication

Other Treatments

Increased exercise
Hypnosis
Nicotine Anonymous

patch is used for 16 hours (while awake), and the Nicoderm patch is used for 24 hours. After 6 weeks of treatment with Nicoderm, you switch to lower- and then even lower-strength patches to slowly wean yourself. After 6 weeks of treatment with Nicotrol, you simply stop using the patch. Although the two patches have different features, use of either doubles quit rates and they appear equally helpful. If you have one of the conditions mentioned in the previous paragraph on nicotine gum, then you will need to consult with your doctor before using the patch. The most common side effects of the patches are skin irritation

and (with 24-hour wear) insomnia. Addiction to patches does not occur. When patches were first introduced, some physicians thought that smoking and wearing a patch simultaneously caused heart attacks. Several scientific studies since then have concluded that smoking and wearing a patch simultaneously do not increase the risk of heart attacks. However, most physicians believe it is best not to smoke while using the patch.

Nicotine nasal spray (Nicotrol NS). Nicotine nasal spray delivers nicotine in a manner similar to the nasal sprays used for colds. The major advantage of the nasal spray is that it gives you more nicotine faster. However, even with the nasal spray, you receive less nicotine than with a cigarette. As with the gum, at first it's best to use the spray at least once per hour. Some, but not all, studies suggest that smokers with stronger addictions are especially helped by the nasal spray. Initially, many users experience nose and throat burning, sneezing, runny nose, and watery eyes. However, for most users these go away or are greatly reduced within a week. Although early reports suggested that some people might become addicted to nicotine nasal spray, later reports have not supported this finding.

Nicotine inhaler (Nicotrol IN). The inhaler is a nicotine plug in a plastic rod that a user puffs on. Although labeled an “inhaler,” in reality, almost none of the nicotine goes into the lungs; rather, it is absorbed in the mouth. Thus, the inhaler results in relatively low levels of nicotine in the blood. As with the gum and nasal spray, the inhaler can be used as needed, but it should be used at least hourly. The main advantage of using the inhaler is that it mimics the habit or hand-to-mouth motions of smoking. The most common side effects of the inhaler are mild coughing and throat irritation. Addiction to inhalers doesn't occur, but one drawback is that the inhaler produces less nicotine in cold weather (below 50 degrees).

Medications That Do Not Contain Nicotine

Bupropion (Zyban, Wellbutrin). Bupropion was originally used as an antidepressant, but it has now been found to be as effective as nicotine medications in helping smokers stop smoking. Its main benefit is that, although receiving nicotine from medications is safe, many smok-

ers prefer a medication that does not contain nicotine. Although we don't know exactly how bupropion works, it doesn't work by its antidepressant effects; thus, you don't have to be depressed for bupropion to help you. With bupropion you take medication for one week before you stop smoking and then for 6 to 12 weeks thereafter. The most common side effects are dry mouth and insomnia. Although higher doses of a version of the medication in bupropion may cause seizures, this does not appear to be a risk when bupropion is used as directed for treatment of smoking cessation.

Clonidine. Clonidine, a prescription medication usually used to treat high blood pressure, has been found to help some smokers stop smoking. It does not contain nicotine. Most specialists believe that for most smokers, clonidine taken as a pill or a patch is less effective and has more side effects than the other medications available. However, your doctor may recommend this medication based on his or her experience or knowledge of your situation.

Combining Medications

Wearing a patch and then using nicotine gum for the hard times or wearing a patch and taking bupropion appear to increase your chances of quitting over using either method alone, although this has not been definitely proved. Because these are new treatments, you should ask your doctor about combining medications before doing so.

Counseling Treatments

Behavioral/Supportive Therapy

Behavioral/supportive therapy is the most widely used talking therapy for smoking cessation because it is scientifically proven to double your chances of quitting. Behavioral/supportive therapy can be done in several formats: groups, individual counseling, telephone contacts, or written materials. The behavioral portion often begins with writing down when you smoke to determine your specific triggers for smoking. Next, you develop a plan to avoid your smoking triggers and then use behav-

ioral and thinking strategies when you encounter a trigger (for example, take a short walk or tell yourself why you want to quit). Sometimes this therapy involves rewarding yourself for not smoking or making personal contracts with people close to you in which you pledge that you will not smoke.

Combining Counseling and Medication

If you want the best chance of quitting, you should use both a counseling treatment and a medication treatment. When you do both, your chance of quitting increases to near triple that of quitting without treatment.

If You Start Smoking Again

First of all, try not to be discouraged. Think of it as falling off a bicycle. It hurts, but you are one step closer to success. In addition to re-motivating yourself to try again, ask yourself three questions:

- 1. What did I learn from this attempt?** Write down a list of things you will do differently the next time and store it away for your next attempt.
- 2. Did I really give the medicine or counseling my best try, and did it still not help?** If so, then maybe you need to investigate a different treatment for your next attempt. Maybe you found out that you really do need some counseling help, or maybe you do need medication to help control your cravings.
- 3. Do I have a problem that's keeping me from quitting?** Perhaps you have a psychological problem such as depression, or perhaps you have alcohol problems. Or perhaps your spouse smokes and is not at all supportive. Whatever the problem, you should consider trying a group or specialist to get help with that particular problem.

If You Succeed in Quitting Smoking

Remember, successful ex-smokers are those who have plans for relapse situations such as stress and partying. They also know that for them, there is no such thing as smoking just one cigarette.

Make a commitment to help others around you when they try to quit. You know how hard it is to quit. When you talk to your friends who are still smokers, tell them how you did it and offer to support their attempt to quit.

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