UNIVERSITY STUDENT HEALTH SERVICES

MY QUIT PLAN: Feelin’ the Cessation!

■ Why I wanna quit:
  ▪ Make a list of reasons for why you want to quit tobacco. Everyone smokes and quits for different reasons. Take a look at your list when cravings come or if you are losing motivation. Make a mini version of this list to carry in your cigarette pack.
  ▪ Make a symbol of what you want MORE than your tobacco…and look at it often!
  ▪ Read the literature to learn about the health rewards you will gain by quitting tobacco. Many rewards start within 24 hours.
  
■ Before your quit attempt:
  ▪ Strategize, and choose a time that gives you the best chance for success. If stress levels are super high right now, give yourself a break and choose another time to quit.
  ▪ For inspiration and practical advice, check out the video “What is the Single Best Thing You Can Do to Quit Smoking?” by Doc Mike Evans at www.youtube.com/watch?v=z16vhtjWKL0.
  ▪ Take the “Why I Smoke Test” to help you zone in on what triggers your tobacco use. Then you can take specific actions to overcome that urge to pick up a cigarette.
  ▪ Use tobacco cessation resources and/or consider meds to increase your chances of success.
    - Call 1-800-QUIT-NOW for free materials and personalized counseling.
    - Check out www.smokefree.gov and www.thewell.vcu.edu/tobacco.html.
    - Visit medicine.yale.edu/psychiatry/quitsmoking to learn about a new app and online program that uses mindfulness training to help people quit smoking.
  ▪ Research tobacco cessation medications several weeks before your quit attempt. If you choose to use medication, begin taking (medication) ___________________________ on (date).
  ▪ Tell friends and family that you plan to stop. Wear a button or sticker on yourself or your book bag.
  ▪ Carry a “survival bag” with you. Include 3x5 cards with your top 3 reasons for quitting, a picture of your loved ones, gum/candy, fruit/carrot sticks, straws/toothpicks, etc.
  ▪ Start to delay your first tobacco product for 5-10 minutes.
  ▪ Begin to throw away tobacco products, ashrays, lighters, etc.
  ▪ Clean out your house, car, and workplace.
  ▪ Spend more time around non-tobacco users and in smoke-free facilities.
  ▪ Make friends with an ex-tobacco user.
  ▪ Practice what to say when someone offers you tobacco.
  
■ When you quit:
  ▪ Ask friends, family, and co-workers for support and encouragement.
  ▪ Change your daily routine.
  ▪ Stay busy.
  ▪ Avoid situations where you’d typically use tobacco.
  ▪ Drink plenty of water.
  ▪ Do something special to celebrate!
  
■ After your quit attempt:
  ▪ Reward yourself for successes — one hour, one day, or one week without smoking.
  ▪ Maintain a tobacco-free environment at work, in your car, and at home.
  ▪ Stay away from people who use tobacco.
  ▪ Avoid possible triggers. Avoid drinking alcohol, coffee, or other beverages that you associate with tobacco use. Take a walk during your class or work break. Wash dishes by hand after a meal.
  ▪ If you miss the sensation of having a cigarette in your mouth, chew on carrot or celery sticks, flavored toothpicks, or a straw. Chew sugarless gum or mints to help with cravings.
  ▪ Keep your hands busy. Doodle, play with silly putty, knit, or crochet.
  ▪ Exercise! Go for a walk. Take the stairs. You’ll burn calories and alleviate stress.
  ▪ Find other ways to reduce stress. Try meditation, prayer, yoga, and deep breathing.
  ▪ Join a support group.
  ▪ Return for a follow-up visit in ________________________________.
  
■ For more support:
  ▪ Contact VCU’s tobacco cessation specialist, Linda Hancock, at quit@vcu.edu or request a 30-minute appointment with her in the Student Health clinic (Monroe Park: 828-8828, MCV: 828-9220).
  ▪ Visit the Wellness Resource Center for additional help with behavioral strategies and support.
UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

TOBACCO CESSATION MEDICATIONS

About 70% of smokers say they want to quit, but only a small fraction are able to do so without help. People who use medications to quit can double, even quadruple, their chances of success. Options include nicotine replacement products, Zyban, and Chantix. These medications work in different ways to help reduce cravings and withdrawal symptoms.

Remember that medicines for quitting tobacco are like shoes. You know how you try on shoes and some fit and some don’t, but you don’t give up wearing shoes? It’s the same way with tobacco meds. You just have to try them on, and see if they fit.

CHANTIX (VARENICLINE)

Chantix, the newest tobacco cessation medication, was designed specifically to block the nicotine receptors in the brain. It quadruples quitting success rates, and it seems to decrease both craving and withdrawal symptoms.

- Both smokers and dippers can use Chantix.
- Chantix is not used with nicotine replacement products, such as the patch or gum, because it blocks nicotine receptors.
- Visit www.chantix.com or call 1-877-242-6849 for more information.
- Chantix also offers a free GETQUIT plan that provides personalized online and phone support.

How do I start, and how long do I take it for?
- Your healthcare provider will prescribe a “Chantix Starter Kit” that lasts for one month.
- Start the medication 7 days BEFORE your quit date.
- Take 1 pill in the morning for the first 3 days. Then increase to 1 pill twice a day.
- Take your pill after eating and with a full glass (8 oz) of water.
- Most people use Chantix for 3 months. If you have quit successfully during these 3 months, you may continue for another 3 months if you think it would help keep you tobacco-free.

Are there any contraindications?
- If you have kidney problems or are on kidney dialysis, you may need a lower dose of the medication.
- If you are pregnant or breastfeeding, the safety of the medication has not been studied.
- If you suffer from depression, talk with your healthcare provider about the risks and benefits of starting Chantix. A recent study has shown an association between Chantix and worsening depression and/or suicidality in patients with current depressive symptoms.
- If you have a history of cardiovascular disease, talk with your doctor about the risks and benefits of starting this medication. In 2011, the FDA issued an advisory that taking Chantix may increase the risk of adverse cardiovascular events in patients with known cardiovascular disease.

Can I drink alcohol while I’m on Chantix?
- It is important to limit alcohol use while taking Chantix. Alcohol can increase the risk of serious psychiatric side effects, like worsening mood or suicidal thoughts.

How much does it cost?
- Because it’s a newer medication, Chantix can be expensive. Shop around, and compare prices from Student Health with outside pharmacies. Sam’s Club and Costco may be cheaper than other outside pharmacies.
- Check to see if your insurance company will cover Chantix. Some insurance companies offer mail-order prescriptions at a cheaper price.

Are there any side effects?
- The primary side effects are that you stop thinking about cigarettes, and you quit with less frustration and withdrawal.
- Most of the other side effects have been minimal and are more common at the start of therapy.
- About one third of people experience some mild nausea or gastrointestinal symptoms. These symptoms are often reduced when you are no longer using nicotine.
- Other common side effects include insomnia, abnormal dreams, and rashes.
- Rare cases have been reported of irritability and depression. It is important to notify your medical provider immediately if you become depressed or notice a significant change in mood. The medication dose may be reduced or discontinued, depending on your symptoms.
BUPROPION (ZYBAN)

Bupropion is the smoking cessation pill that has been on the market the longest. Research suggests that it can triple success rates. Bupropion can reduce withdrawal symptoms, cravings, and weight gain.

- Bupropion is available in a generic 100 mg tablet and a non-generic 150 mg sustained release (SR) tablet called Zyban. Wellbutrin is another trade name for bupropion.
- Bupropion is safe to take with nicotine replacement products.

❖ How do I start, and how long do I take it for?
- Start bupropion about 2 weeks BEFORE your quit date.
- You may continue to smoke while on bupropion for the next 7-14 days. During that time the bupropion will work on your neuro-receptors to decrease craving and withdrawal. After 2 weeks, if you have not naturally stopped smoking, then you need to set and celebrate a definite quit date.
- Start with 1 pill in the morning for 3 days. Then, if you notice no decrease in smoking and no side effects, increase to 1 pill twice a day.
  - Take the second pill around dinnertime. Don’t take it at bedtime because it might keep you awake.
  - If you notice any unpleasant side effects, do not increase the dose. Continue taking only 1 pill in the morning. Monitor your smoking behavior.
  - If you are extremely sensitive to medicines and dislike the feeling of the pill, the good news is you may even be able to quit on one pill or less a day.
- If you miss a pill, never double the dose.
- If you still need your tobacco when your quit date arrives, you can use a nicotine replacement product (such as the patch, gum, etc.) with bupropion for extra support. You are more likely to need this extra help if you’ve been a heavy smoker for many years.
- The company that makes bupropion recommends staying on the medicine for at least 7-12 weeks.
  - Physical withdrawal from nicotine ends at about 2 weeks, but the extra time on the medication provides support while you learn to live as a non-smoker. You need to get into the car, visit with friends, finish a meal, and talk on the phone many times before the behavioral cue to smoke fades away. Bupropion makes this process easier.
- For long-term treatment, bupropion may be used for up to 6 months after quitting.

❖ You should NOT take this medicine if you:
- Have a history of seizures, or have had a serious head injury.
- Have an eating disorder.
- Have problems with alcohol or drug abuse.
- Are taking any medications that can lower the seizure threshold, such as MAOIs (monoamine oxidase inhibitors) or St. John’s Wort.

❖ You should take this medication WITH CAUTION if you:
- Have high blood pressure. Bupropion can increase blood pressure in some patients.
- Have liver or kidney disease. You may be advised to take a lower dose or to avoid it altogether.

❖ You should NOT use alcohol while taking this medicine:
- Mixing alcohol with bupropion increases the risk of sedative effects.
- Withdrawal from alcohol can also increase your risk of seizures with bupropion.

❖ How much does it cost?
- At Student Health, a month’s supply (60 pills) of generic bupropion costs $17.
- Name-brand Zyban is more expensive, running $60-200 for a month’s supply (60 pills).
- Check to see how much bupropion costs through your health insurance. Prices are often cheaper if your insurance company offers mail-order prescriptions.

❖ What are possible side effects?
- Most people have no side effects. They simply notice a decreased urge to use tobacco.
- Beneficial side effects can include less depression, extra energy, decreased eating (weight loss if you are overweight), and improved attention if have attention deficit disorder.
- Adverse effects are more common at the start of therapy. The most common side effects are insomnia and dry mouth. Other side effects include nervousness, rash, or constipation.
- Some patients complain of headache or an unusual taste in the mouth if they smoke while on the medication, but this helps to deter smoking.
- If you are sensitive to bupropion and feel wound-up, talk to your healthcare provider, but be optimistic. This usually passes in a few days and is a sign that the medication is working. However, if you notice a significant worsening of your mood, it is important to notify your healthcare provider immediately! You may need to lower the dose or taper off the medication.
According to the American Lung Association, nicotine replacement therapy can double your chances of quitting versus going cold turkey. NRT can decrease withdrawal symptoms by giving you controlled doses of nicotine without the other harmful chemicals found in tobacco products.

- **Nicotine replacement products are available in a variety of forms:**
  - The nicotine patch, gum, and lozenge are available over-the-counter.
  - The nicotine inhaler and nasal spray are available by prescription only.
  - The patch releases nicotine slowly, while the other NRT forms are more rapidly acting.

- **NRT may be used alone or with other smoking cessation products:**
  - NRT is commonly used with bupropion (Zyban).
  - A common mistake when using short-acting NRT (like the gum, lozenge, inhaler, or spray) is undertreating.
    - It is critical to use these products regularly throughout the day, according to the product label, even when you have no cravings.
    - You can take additional doses for episodes of breakthrough cravings or in anticipation of smoking triggers.
  - For heavy smokers or those with a history of severe withdrawal, combination NRT works better than using a single NRT. This means using the patch, which provides a base level of slowly delivered nicotine, with a short-acting NRT to control breakthrough cravings.

- **Talk to your doctor before starting nicotine replacement if you:**
  - Are pregnant or breastfeeding.
  - Have heart disease, a recent heart attack, or an irregular heartbeat (nicotine can increase heart rate).
  - Have high blood pressure not controlled by medication (nicotine can increase blood pressure).
  - Take prescription medication for depression or asthma (your prescription dose may need to be adjusted).

- **Side effects** are most common at the start of therapy. Possible side effects of all forms of NRT include:
  - Irregular heartbeat or palpitations
  - Nausea, vomiting
  - Dizziness
  - Weakness
  - Headache

## OVER-THE-COUNTER NRT PRODUCTS

If you are thinking about trying a non-prescription nicotine replacement product, take a look at the options below. For information about prescription forms (the inhaler and nasal spray), talk to your healthcare provider.

<table>
<thead>
<tr>
<th>NICOTINE PATCH</th>
<th>(Brand Names: Nicoderm CQ, Habitrol)</th>
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<tbody>
<tr>
<td>Description</td>
<td>Each patch contains nicotine which is absorbed through the skin.</td>
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</table>
| Usual Dose     | - If you smoke more than 10 cigarettes a day, start at 21mg per day and decrease over 10 weeks.  
                  - If you smoke 10 or less cigarettes a day, start at 10-14mg per day and decrease over 8 weeks. |
| Directions     | - Use one patch per day. Apply the patch to a dry, hairless area of skin on the upper body or upper outer arm. Change the location of the patch each day.  
                  - If you have morning cravings, choose the 24-hour patch.  
                  - If insomnia or vivid dreams are a problem, choose the 16-hour patch or remove the 24-hour patch before bedtime. |
| Cost           | $23-54 for 14 24-hour patches.  
                  (Check with the pharmacy at Student Health for current pricing.) |
| See your doctor before using if | You are allergic to adhesive tape or have skin problems. |
| Stop use and see your doctor if | You have skin redness lasting more than 4 days, swelling, or a rash. |
### NICOTINE GUM  
**(Brand Names: Nicorette, Nicorelief, Thrive)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Nicotine is absorbed through the lining of the mouth.</th>
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| **Usual Dose** | ▪ If you smoke less than 25 cigarettes a day, use the 2mg gum.  
▪ If you smoke 25 or more cigarettes a day, use the 4mg gum.  
▪ Chew only 1 piece of gum when you have the urge to smoke, up to 24 pieces a day.  
▪ The recommended course of therapy is 12 weeks.  
  ▪ Weeks 1-6: Chew 1 piece of gum every 1-2 hours. To increase chances of quitting, chew at least 9 pieces/day during the first 6 weeks.  
  ▪ Weeks 7-9: Chew 1 piece of gum every 2-4 hours.  
  ▪ Weeks 10-12: Chew 1 piece of gum every 4-8 hours. |
| **Directions** | Chew the gum until you notice a peppery taste and a tingling sensation in your mouth. Then “park” the gum between your cheek and gums. After the tingling and taste have faded, start chewing again until the tingling and taste return. Repeat this procedure until all the taste is gone from the gum (about 30 minutes).  
▪ Do not chew the gum too fast, as it will release more nicotine and increase the risk of side effects.  
▪ Avoid eating or drinking anything other than water for 30 minutes before or during use, as acidic beverages can decrease the absorption of nicotine. |
| **Cost** | $23 for 100 pieces of generic nicotine gum at Student Health. |
| **See your doctor before using if** | You have mouth, teeth, or jaw problems. |

### NICOTINE LOZENGE  
**(Brand Names: Commit or Nicorette Lozenge)**

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<tr>
<th>Description</th>
<th>Nicotine is absorbed through the lining of the mouth. Contains 25% more nicotine than gum.</th>
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</table>
| **Usual Dose** | ▪ If you usually smoke your first cigarette within 30 minutes of waking, use the 4mg lozenge.  
▪ If you wait longer than 30 minutes, use the 2mg lozenge.  
▪ You may use up to 20 lozenges a day.  
▪ The recommended course of therapy is 12 weeks.  
  ▪ Weeks 1-6: Use 1 lozenge every 1-2 hours. To increase chances of quitting, use at least 9 pieces/day during the first 6 weeks.  
  ▪ Weeks 7-9: Use 1 lozenge every 2-4 hours.  
  ▪ Weeks 10-12: Use 1 lozenge every 4-8 hours. |
| **Directions** | Only 1 lozenge should be consumed at a time.  
▪ Suck on the lozenge until it completely dissolves.  
▪ Do not bite, chew, or swallow the lozenge whole.  
▪ Avoid eating or drinking anything other than water for 30 minutes before or during use, as acidic beverages can decrease the absorption of nicotine. |
| **Cost** | $47-58 for 108 pieces. |
| **Side Effects** | Hiccups, heartburn, flatulence (more common in heavy users). |