



MY CHANGE PLAN



Workbook for making healthy changes



CONGRATULATIONS!

Quitting smoking is an important change in your life. **You can quit smoking.** For many people, the decision to quit smoking is a difficult one. They also don't take advantage of resources that can help them to quit. You have taken these initial steps.

INTRODUCTION

In this workbook, we will give you some useful information about putting together your own quit plan. This will include thinking about addressing aspects of your environment, changing your behaviour and considering medications. We will also help you consider other healthy behaviour changes related to nutrition, exercise, alcohol intake and other factors that contribute to your overall health. It is a good idea to come back to this book repeatedly while you are trying to quit or stay quit.

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Chapter 1: Setting the Stage

Some important things to consider

- * Quitting smoking is a **process**, not an event
- * Smoking is an automatic behaviour; you may not always be aware of reaching for a cigarette
- * One pack of cigarettes per day equals 110,000 hand to mouth repetitions per year
- * Smoking is linked with many behaviours: eating, drinking alcohol or coffee, waking up, driving
- * Smoking is also linked with social events: breaks at work, parties, friends' homes

Smoking cessation medications (NRT, Zyban® or Champix®) are only a part of your quit smoking strategy; you also need a plan that includes behavioural tactics.

Good reasons for quitting

Quitting smoking is one of the most important things you will ever do:

- ✓ You may live longer and have a better quality of life
- ✓ The people you live with, especially your children, will be healthier
- ✓ Quitting will lower your chance of having a heart attack, stroke or cancer
- ✓ You will have extra money to spend on things other than cigarettes

What other reasons do you have for quitting smoking?


Reasons for Change

Making a commitment to meeting your goal is important to your success. Sometimes, it's easy to forget why you're making the change, so write down your reasons and use this as a reminder to yourself when things seem tough!

 The most important reasons why I want to change are:

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

Decision to Change

	Changing my current behaviour	Continuing the behaviour in the same way
Benefits		
Costs		

Goal Statement

 The behaviour I want/need to change is:

What is your goal now?



Start date:

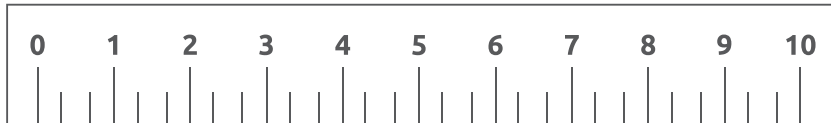


Achievement date:

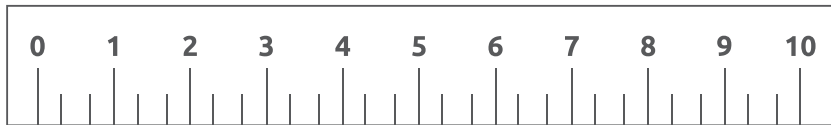
Readiness Ruler

People usually have several things they would like to change in their lives – this may be only one of those things. Answer the following three questions with respect to the goal you have set.

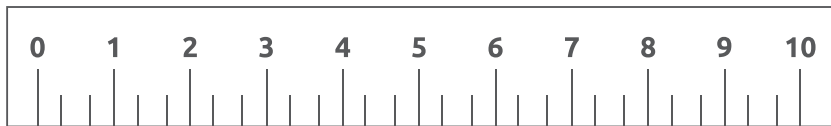
Q1. How **important** is it to change this behaviour?



Q2. How **confident** are you that you could make this change?



Q3. How **ready** are you to make this change?



For reflection: Readiness Ruler



What are 3 reasons you are at _____ and not zero?

1. _____
2. _____
3. _____

Chapter 2: Behaviour Change Roadmap: The 4-Point Plan



These 4 steps are useful in helping to change any behaviour whether it's quitting smoking, improving your nutrition, doing more exercise, decreasing alcohol use, etc.

1. Strategize

Smoke-free environments

- ✓ Make home and vehicle smoke-free
- ✓ Find areas of home to restrict smoking behaviour if entire home cannot be smoke-free
- ✓ Work environment – avoid smokers and smoking areas at work
- ✓ Social events – avoid social events where there will be smoking while you are trying to quit
- ✓ Get rid of all things that remind you of smoking (e.g., ashtrays, lighters, matches.)
- ✓ Other: _____

Support Systems






Identify all positive support

- Partner, family, friends, colleagues
- Professionals – physician, pharmacist, dentist, nurse, etc.
- Other support – Smokers' Helpline, groups, websites, self-help

Identify all negative influences

- Other smokers (partner, family)
- People who don't want you to quit smoking
- Unhelpful "encouragement" to quit

Grief Process: *Experiencing a loss*

-  **Denial:** "This can't be happening to me." Not accepting or even acknowledging the loss or potential loss.
-  **Anger:** "Why me?" Feelings of wanting to fight back or get even, anger at yourself, the tobacco industry, people in your life, blaming.
-  **Bargaining:** Attempting to make deals or to stop or change the loss. Wishing, praying for cigarettes to come back.
-  **Depression:** Overwhelming feelings of hopelessness, frustration, mourning loss of cigarette. Feeling lack of control, perhaps feeling suicidal.
-  **Acceptance:** Finding the good that can come out of the pain of loss, finding comfort and healing. Our goals turn toward personal growth.

Triggers & Coping Skills

Sample Plan

Triggers		Coping Skills
Smoke with co-worker every day at breaks	➔	Tell co-worker "I am quitting"
After meals	➔	Chew gum after meals, get up from table right away
Stress at work gets too much on some days	➔	Plan to take walks when stress is high

Triggers & Coping Skills



Triggers



Coping Skills



Triggers



Coping Skills



Triggers



Coping Skills

Change Plan (Sample Worksheet)

The changes I want to make are...

Changing my morning routine to avoid smoking while I drink a coffee

The most important reasons why I want to make these changes are...

It will help with cravings, and might save me time in the morning. It would be healthier as well.

The steps I plan to take in changing are...

(1) Wake up 30 minutes earlier; (2) Do some exercise at home or at the gym; (3) Go right to work after I have a shower; (4) Pick up coffee on my way to work.

The ways other people can help me are...

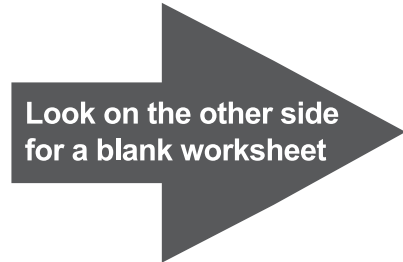
Ask my partner to help the kids get ready for school. Tell the kids I need them to help out in the mornings too.

I will know that my plan is working if...

I actually get out of bed when the alarm goes off, and I can put off having a coffee.


Some things that could interfere with my plan are...

My partner makes his own coffee – the smell might be a trigger.



**Look on the other side
for a blank worksheet**

Change Plan Worksheet

 The changes I want to make are...

The most important reasons why I want to make these changes are...

The steps I plan to take in changing are...

The ways other people can help me are...

I will know that my plan is working if...

Some things that could interfere with my plan are...

Identifying Barriers & Solutions to Change

 What could get in the way of quitting (**barriers**), and what can you do about it (**solutions**)?

Possible Barriers:

Proposed Solutions:

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<hr/>	<hr/>
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<hr/>	<hr/>

Enhance your strategy


- ✓ Keep a diary/log
 - Record details about the behaviour you want to change
 - Simply keeping track can lead to a change
Diary pages are provided at the end of this booklet
- ✓ A variety of medications are available to help you quit smoking. Have you considered any? Look for more information on pages 21-36.

4. Prevent Relapse

Dealing with “slips”

- * Nearly 50% of Canadian smokers reported they tried to quit 1 or more times in the past year
- * Relapses or lapses are a part of the process and can be common
 - ✓ What happened?
 - ✓ Can I prevent that situation?
 - ✓ What can I do when I am in that situation again?
 - ✓ Which options worked and what more do I need to do?

If I were to relapse...

 ...it would most likely be in the following situation:

What coping strategies could I use to avoid smoking a cigarette in this situation?

Example: If I were to relapse...

...it would most likely be in the following situation:

Getting together with friends on Saturday night

What coping strategies could I use to avoid smoking a cigarette in this situation?

- ➔ Avoid the triggers or situations
 - *Miss this event while I'm trying to quit smoking*
- ➔ Change the trigger or situation
 - *Ask friends to smoke outside because I'm quitting*
- ➔ Find an alternative or substitute for the cigarette
 - *When someone lights up, get support from other friends*
 - *Get up and get glass of water or move to another part of the room*

Relapse Warning Signs

“One cigarette won't hurt”


“I'm sure I can smoke socially now that I've quit”



“I'm stressed! Just this once to help me get through this”

“I've been quit for long enough that I have control over this”

Current Motivation & Next Steps

 Where were you when you came here today, and where are you now?

What do you need to do to continue to make positive changes?

What is your next step?

Chapter 3: Nicotine Replacement Therapy (NRT)

QUIZ

Testing Your Knowledge: Myths and facts about Nicotine Replacement Therapy (NRT)

✓✗ TRUE or FALSE:

1. Nicotine is the harmful ingredient in cigarettes

Nicotine in cigarettes

- ✓ *Carbon monoxide and carcinogens cause harm, not nicotine*
- ✓ *There are 60 cancer-causing chemicals in cigarette smoke; nicotine is not one of them*
- ✓ *Nicotine is the addictive component in cigarette smoke*

✓✗ TRUE or FALSE:

2. Nicotine Replacement Therapy (NRT) is a safe and clean delivery system of nicotine

Nicotine Replacement Therapy (NRT)

- ✓ *Provides the body with nicotine to help minimize withdrawal symptoms and cravings*
- ✓ *Does not contain the toxins one gets from cigarettes*
- ✓ *Shown to almost double quit rates*
- ✓ *Most effective when combined with counseling or a support group*
- ✓ *NRT is safer than smoking*
- ✓ *NRT gum used for up to 5 years was not associated with increased hospitalization due to cardiovascular disease*

✓ ✗ TRUE or FALSE:

3. 21mg of nicotine is the strongest level of patch that a smoker can wear

Higher than 21mg

✓ *21mg or STEP 1 patch is the highest dose available for purchase, but you may use additional patches or combine with other types of NRT (for example, 21mg patch and 2mg gum)*

➔ *Consult with your doctor or pharmacist first*

✓ ✗ TRUE or FALSE:

4. Smoking while on the patch increases the risk of a heart attack

Patch and heart attack

✓ *People tend to blame NRT for heart attacks. However, the heart attack was most likely caused by something else, such as years of smoking, poor diet and unhealthy lifestyle*

✓ ✗ TRUE or FALSE:

5. NRT should not be used at the same time or in combination with Zyban® (bupropion)
(Zyban is another smoking cessation medication)

NRT and Zyban

✓ *NRT and Zyban work differently*

✓ *They can be used together or alone*

✓ *Zyban is available by prescription only*

➔ *Consult with your doctor*



Champix® (varenicline) is another smoking cessation medication. Champix is not used together with NRT.

Answers:

- ✗ 1. False
- ✓ 2. True
- ✗ 3. False
- ✗ 4. False
- ✗ 5. False

About Nicotine Replacement Therapy (NRT)

- * NRT is a group of smoking cessation aids that provide clean nicotine in either long-acting (i.e., patch) or short-acting (e.g., gum, inhaler, lozenge and mouth spray) forms
- * Works by replacing a portion of the nicotine in your cigarettes so that your withdrawal symptoms are minimized
- * With less severe withdrawal symptoms you face an easier time quitting smoking

Why use Nicotine Replacement Therapy (NRT)?

1. Doubles your chances of successfully quitting
2. Safer to use than tobacco – no long-term negative health effects have been found for NRT
3. Works well in combination with other strategies (such as changing what you do, how you think about smoking, and how you feel about smoking and quitting)















Who should NOT use Nicotine Replacement Therapy (NRT)?

- * If you are currently taking the medication Champix® (also called Chantix® or varenicline)

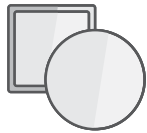
If you recently experienced any of the following please consult with your doctor before starting NRT:

- * Stroke
- * Heart attack
- * Worsening angina or arrhythmia

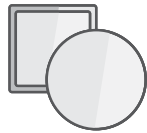
Possible Tobacco Withdrawal Symptoms

 Irritability	 Sleep disturbances
 Difficulty concentrating	 Headaches
 Coughing	 Clumsiness
 Dizziness	 Cravings
 Diarrhea/constipation	 Fatigue
 Shakiness	 Nausea
 Sweating	 Appetite changes

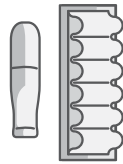
Types of NRT on the market



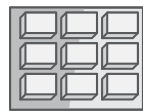
Nicotine Patch (24-hour)
21, 14 & 7 mg doses



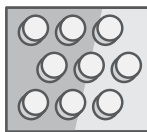
Nicotine Patch (16-hour)
15, 10 & 5 mg doses



Nicotine Inhaler
10 mg dose



Nicotine Gum
4 & 2 mg doses



Nicotine Lozenge
4, 2 & 1 mg doses



Nicotine Mouth Spray
1mg / spray

These are available over-the-counter

Other smoking cessation aids:

Zyban®
(bupropion)

Champix®
(varenicline)

You need a prescription for these

How to choose which NRT to use?




Important considerations:

Did you use NRT in the past?

Was it the patch, inhaler, gum, lozenge, mouth spray, or a combination?

How was your experience using NRT?

You can use these general guidelines to choose the right type of NRT for you:

If you smoke...	Start with
<p>Less than 10 cigarettes daily:</p> 	<p>PATCH (14 or 7mg) or INHALER or GUM (2mg) or LOZENGE (2mg) or MOUTH SPRAY...</p> <p>then reduce use over several weeks</p>
<p>Between 10 - 20 cigarettes daily:</p> 	<p>PATCH (21mg) or INHALER or GUM (2mg) or LOZENGE (2mg) or MOUTH SPRAY...</p> <p>then taper down over several weeks</p>
<p>More than 20 cigarettes daily:</p> 	<p>PATCH (21mg) or INHALER or GUM (4mg) or LOZENGE (4mg) or MOUTH SPRAY...</p> <p>then taper down over several weeks</p>

You may need to use a higher dose or combination therapy. Talk to your doctor, nurse or pharmacist about a more tailored treatment plan.



Nicotine Patch

- Delivers a continuous dose of nicotine throughout the day
- May cause sleep disturbance or nightmares
 - Take off the patch before bed if this occurs

➔ Possible side effects:

- May cause skin irritation
- Reaction to the adhesive
- Nicotine can be an irritant but this is not an allergy
- Talk to your pharmacist about medicated creams that may help (aloe, hydrocortisone)

How to Use the Nicotine Patch

1. Set doses: guides you from Step 1 to Step 2 to Step 3
2. Apply to clean, dry area; apply on a different part of arm (or upper body) each day
3. Remove old patch before applying new one
4. Touch only small corner of adhesive (sticky back of the patch)
5. Rub patch after application – make sure all edges are stuck
6. Wash hands in water after application – don't use soap
7. Fold in half (sticky parts together) and discard old patch out of reach of children and animals – can still be harmful

Useful tips:

- Do not use lotion or moisturizing soap where you intend to apply the patch – patch will not stick well
- If patch doesn't stick well:
 - May need to clean area with alcohol wipe
 - Use medical tape to hold patch in place



Nicotine Inhaler

Small, tube-shaped mouthpiece

- Delivers nicotine through “puffing”
- Absorbed in the mouth, throat and upper respiratory tract

➔ Possible side effects:

- Throat & mouth irritation, headache, nausea, indigestion

How to Use the Nicotine Inhaler

- Use about 6 cartridges per day
- Reuse cartridge multiple times: a single cartridge lasts for approximately 80-400 puffs or 20 minutes of continuous puffing
- Puff like a cigar, not deeply into the lungs
- Flexible – use as much or as little as needed
- Use more frequently at first, and at times when you most crave cigarettes
- May notice a burning, warm or cool sensation when inhaling – this is OK unless it becomes bothersome
- Clean inhaler on a regular basis with soap and water
- You may be ready to stop using the inhaler after you are down to 1 to 2 cartridges per day



Nicotine Gum & Lozenge

- Come in different flavours: mint, fruit, cinnamon
- Delivers nicotine via the lining of the mouth

➔ Possible side effects: Upset stomach, nausea/vomiting, dizziness, mouth/throat irritation, hiccups

How to Use the Nicotine Gum

- Flexible – use as much or as little as needed
- “Chew, Chew, Park” – bite on the gum once or twice, then park between your cheek and gums; repeat every minute or so
- Start with 1 piece every hour or so, then gradually decrease over several weeks
- You may be ready to stop using the gum after you are down to 1 to 2 pieces per day

Useful tips:

- Don't rush: chew slowly to minimize some side effects
- Carry nicotine gum with you all the time for several months after your treatment (often just one cigarette is enough to start smoking again)

How to Use the Nicotine Lozenge

- Not like ordinary lozenges or candy. Do not chew or swallow; simply place the lozenge in your mouth and allow it to dissolve slowly
- Start with 1 lozenge every 1 to 2 hours for the first few weeks (about 8 lozenges a day)
- Then gradually decrease: 1 lozenge every 2 to 4 hours, then 1 lozenge every 4 to 8 hours
- You may be ready to stop using the lozenge once you are down to 1 to 2 pieces per day
- You may feel a hot, peppery or tingling sensation in the mouth – this is expected

Useful tip:

- While the lozenge is in your mouth do not drink coffee, tea, soft drinks, alcohol or orange juice – it will interfere with the lozenge's effectiveness



Nicotine Mouth Spray

- Small, portable dispenser
- Delivers nicotine through a fine mist that is sprayed directly into the mouth
- Nicotine is quickly absorbed in the mouth

➔ Possible side effects: Tingling lips, hiccups

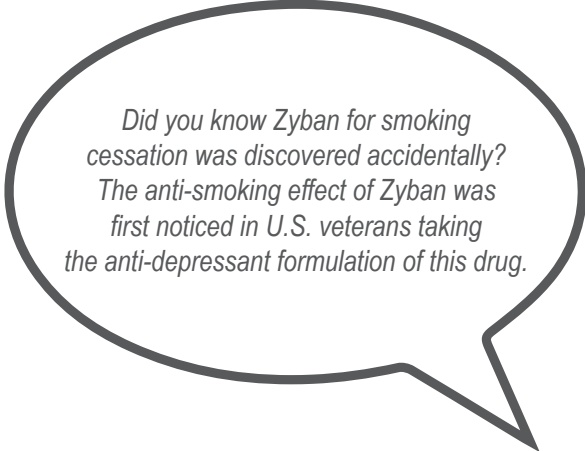
How to Use the Nicotine Mouth Spray

- Use one spray when you have a craving to smoke. If craving does not disappear in a few minutes, use a second spray.
- Maximum dose is 2 sprays at a time, 4 sprays per hour, 64 sprays per day.
- The first time using the spray, point spray nozzle away and press down on dispenser a few times until a fine mist appears. This process may need to be repeated if spray has not been used in 2 or more days.
- Point spray nozzle into open mouth, holding it as close as possible
- Press the top of dispenser to release one spray into open mouth
- Do not inhale while spraying to prevent the spray from getting down your throat

Useful tips:

- Avoid letting the spray touch your lips – if it does you may experience a tingling or burning sensation on your lips
- Avoid swallowing for a few seconds after spraying to reduce the chance of hiccups
- You may notice a strong taste – this is the taste of nicotine and is normal
- NOTE: mouth spray contains trace amounts of alcohol

Chapter 4: Medications Other than NRT: Zyban® and Champix®



Did you know Zyban for smoking cessation was discovered accidentally? The anti-smoking effect of Zyban was first noticed in U.S. veterans taking the anti-depressant formulation of this drug.

About Zyban®

- Like NRT, Zyban is a first-line medication for smoking cessation. It comes in tablet form.
- Unlike NRT, it is only available by prescription from your physician or pharmacist
- Unlike NRT, it does not contain nicotine. The medicinal ingredient in Zyban is **bupropion**.
- Like NRT, Zyban can minimize your experience of withdrawal symptoms, which can make quitting easier for you
- Dosage form: 150mg tablets
- Most common side effects: dry mouth, insomnia

Why use Zyban®?

1. Can double your chances of quitting smoking
2. Convenient: you take the tablets only once or twice a day
3. Can be combined with counseling support or NRT to improve success rate in some cases

Who should NOT use Zyban®?

- * If you are currently taking Wellbutrin
- * If you have a current seizure disorder
- * If you have a history of eating disorders

Important!

Before starting Zyban, discuss with your doctor if you have depression or other mental health diagnoses.

Also, discuss with your doctor your full list of medications as Zyban can interact with other drugs and they may need dose adjustment.

How to Use Zyban®?

- Set a quit date that is about 1 week after starting the medication
- Follow the instructions from your doctor and pharmacist
- Typically Zyban is used as follows:
 - Day 1 – 3: take one 150mg tablet once daily
 - Day 4 – end of treatment: one 150mg tablet twice daily, at least 8 hours apart
- Swallow the tablets whole – do not chew, cut, crush or dissolve tablets before taking (*as this will destroy the tablet's sustained release mechanism and can lead to increased side effects*)

Useful tip:

- To maintain effectiveness, try not to skip doses. But if you forget a dose, do not take two tablets next time.

About Champix®



Did you know Champix is called Chantix in the United States?

- Like NRT and Zyban, Champix is a first-line medication for smoking cessation. It comes in tablet form.
- Like Zyban, it is only available by prescription from your physician or pharmacist
- Unlike NRT, it does not contain nicotine. The medicinal ingredient in Champix is called varenicline.
- Champix reduces cravings for cigarettes so quitting is made easier
- Champix also decreases the pleasurable effects of smoking so you are not as tempted to light up
- Dosage form: 0.5mg & 1mg tablets
- Most common side effects: nausea/vomiting, abnormal dreams, GI disturbance

Why use Champix®?

1. Increases your chances of quitting smoking; as good as either NRT or Zyban, or better
2. Convenient: you take the tablets only once or twice a day
3. Champix does not interact with too many other drugs, which makes it more suitable for some people who are on other medications

Who should not Use Champix®?

- * It is not recommended that you use both Champix and NRT at the same time since Champix (varenicline) works by blocking the effects of nicotine.

Important!

Before starting Champix, tell your doctor if you have depression or other mental health diagnoses.

How to Use Champix®?

- Set a quit date that is in week 2 of starting Champix (it takes a few days to reach effective level of medication in your body)
- Follow the instructions from your doctor and pharmacist
- A typical dosing regimen is as follows:
 - Day 1 - 3: take one 0.5mg tablet once daily
 - Day 4 - 7: one 0.5mg tablet twice daily, several hours apart
 - Day 8 - end of treatment: one 1mg tablet twice daily, several hours apart

Useful tip:

Medication (Champix®, Zyban® or NRT) works well when you are motivated to quit smoking

Chapter 5: Other Healthy Changes

Target: Improving your health

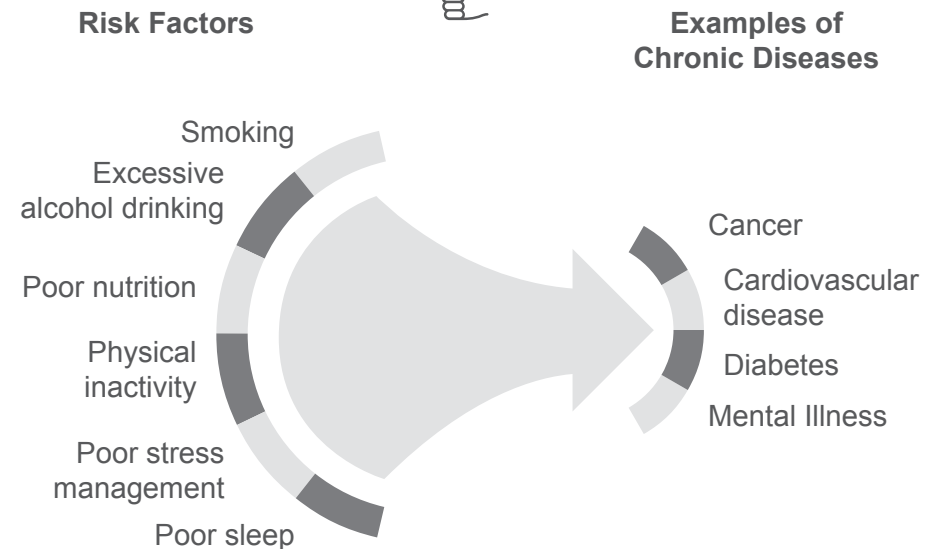
Quitting smoking improves your health. But there are other risk factors for disease that you can reduce to improve your health even further. You can apply the strategies in this book to help you make changes in all these areas.

Sounds too difficult?

Well, it may not be very easy

*but it might not be
as hard as you think.*

So, give it a try!



It makes sense to try and modify several risk factors at the same time. This is because they often occur in clusters.

The Health Promotion 6-Pack



Tobacco Use

Refer to pages 9 - 36

Nutrition and salt intake

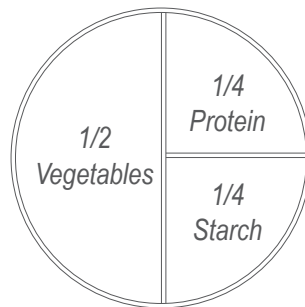
Fast Facts

60% of men and 45% of women in Canada are overweight or obese

59% of adults in Canada eat less than 5 servings of fruits and vegetables daily, far less than the recommended 7-10 servings

Portion Size Matters

- Use an 8" dinner plate instead of a standard 10" plate
- A well-balanced plate consists of $\frac{1}{2}$ vegetables, $\frac{1}{4}$ protein (e.g., beans, meat, poultry or fish), and $\frac{1}{4}$ grains and starches (e.g., rice, pasta).
www.diabetes.ca



Choose Healthy Options

- Different coloured vegetables
- Lean proteins
- Whole grains
- Low-fat dairy

Reduce Salt Intake

- Reducing sodium (& salt) in our diet reduces blood pressure and hypertension-related complications
- Most of the sodium in our diet is from processed food (e.g., canned food, cookies, microwave/frozen food)
- Most Canadians consume more sodium than recommended – reduce sodium intake to 1500 mg/day

For more nutrition tips, visit www.eatrightontario.ca

Sleep

- Lack of sleep and weight gain are related. If you get less than six hours of sleep each night, you are at increased risk for obesity.
- Lack of sleep is associated with long-term health consequences, including chronic medical conditions like diabetes, high blood pressure, and heart disease.

Tips for Improved Sleep

- Dark shades
- Cool the bedroom (AC or fan)
- Eye mask and/or ear plugs
- Keep consistent sleep schedule
- Skip sedatives
- Minimize caffeine late in the day
- Turn off electronics (tv, phones, computers) before bed

Alcohol Misuse

- * Alcohol misuse includes risky/hazardous and harmful drinking that places individuals at risk for negative health outcomes.
- * Reduce alcohol consumption to low-risk drinking guidelines:
 - ➔ 0 drinks for high-risk special populations (e.g., pregnant women)
 - 2 standard drinks maximum daily for women
 - 3 standard drinks maximum daily for men
 - 10 standard drinks maximum weekly for women
 - 15 standard drinks maximum weekly for men

A Standard Drink is:

 Wine	 Beer	 Spirits
142 mL (5 oz.)	341 mL (12 oz.)	43 mL (1.5 oz.)
12% alc/vol	5% alc/vol	40% alc/vol

- * For many smokers alcohol, is a trigger to smoke, and vice versa. It can be helpful to stop drinking when you are quitting smoking.

Physical Activity

- ✓ If you currently do not exercise regularly, start slowly & build up
- ✓ Do muscle- and bone- strengthening activities 2 or more days a week
- ✓ Add up your activities in periods of at least 10 minutes
- ✓ Get 2.5 hours of moderate to vigorous exercise per week

Check with your physician before you start a new exercise program.

It's easier than you think!

- Walk whenever you can – get off the bus early, use the stairs
- Reduce inactivity for long periods, like watching TV
- Get up from the couch - stretch, bend for a few minutes every hour
- Play with your kids, choose to walk or cycle for short trips
- Start with a 10 minute walk – gradually increase the time.

Useful website: www.participaction.com

Stress Tolerance

Important to know: Unmanaged stress can lead to high blood pressure, arterial damage, irregular heart rhythms and a weakened immune system.

Many people often deal with their stress by resorting to unhealthy behaviours such as smoking.

Some healthier alternatives to help manage stress:

- Eat healthy, exercise regularly
- Adopt proper sleeping habits
- Deep breathing, meditation, yoga
- Take time for yourself - do something you enjoy
- Prioritize and delegate tasks; be realistic with expectations
- Seek counseling support

Unmanaged chronic stress can increase the risk of developing depression.

Depression is much more than simple unhappiness.

Symptoms include:

- Sad, despairing mood that's present most days and lasts most of the day
- Loss of interest in work, hobbies, people, sex
- Change in appetite, weight
- Sleep problems
- Feeling useless, hopeless
- Agitation, irritability, fatigue
- *There are other symptoms*


Many people with depression smoke and many smokers have depression. Depression can increase the risk of a heart attack.


Treatment

➔ Medications, psychoeducation, and psychotherapy, self-help organizations, online resources (www.depressioncenter.net)


Daily Diary


Keeping a diary is a key part of any behaviour change program. It gives you accurate details about the behaviour you want to change, and can also help you to identify high risk situations. This diary can also help you to see when you aren't likely to engage in this behaviour, and to identify what was different about those days. Keeping a diary takes time and commitment, but research has shown that simply keeping track of a behaviour can lead to change!

 What is your goal for this week?


	<i>Did you smoke? If yes, how many cigarettes?</i>	<i>Describe the situation (e.g., were you alone or in a social setting etc.)</i>	<i>Thoughts and feelings (What were you thinking and feeling in this situation?)</i>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			


Daily Diary

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Chapter 6: Other Resources and Contact Information

Coping Strategies

Behavioural (doing)	Cognitive (thinking)	Affective (feeling)
<i>Avoid people or places that trigger problematic coping strategies (e.g., drinking, drug use, self-harm)</i>	<i>Remember the positive & negative things about using healthy coping strategies.</i>	<i>Read inspiring literature on self growth or recovery.</i>
<i>Identify and avoid high-risk situations.</i>	<i>Tell yourself that feelings, even difficult feelings, are normal.</i>	<i>Ask yourself what you are feeling (go through a checklist of your common “feeling triggers” – e.g., am I lonely, sad, anxious, scared).</i>
<i>Take a “buddy” when going to a risky place / situation.</i>	<i>Distract yourself by thinking about something else.</i>	<i>Give yourself permission to feel emotions (don’t judge your feelings).</i>
<i>Leave risky situations, or limit how long you stay.</i>	<i>Recognize when you are making self-defeating statements or rationalizations (e.g., I am such a loser).</i>	<i>Express your feelings (e.g., cry, smile).</i>
<i>Phone someone for support.</i>	<i>Plan ahead for any risky situations or “loopholes” to your plan.</i>	<i>Ask for support.</i>
<i>Go for a walk.</i>	<i>Imagine a stop sign when you are having intrusive thoughts or imagery.</i>	<i>Talk to someone about your feelings.</i>
<i>Exercise or do something physical.</i>	<i>Think about your future goals and how to achieve them.</i>	<i>Find a creative outlet for feelings (e.g., music, drawing, painting, poetry).</i>
<i>Stand tall and feel your body’s strength. Remind yourself that you are a strong adult.</i>		<i>Get a journal and write to yourself.</i>
<i>Hold onto something to ground yourself (e.g., chair you are sitting in, key ring, picture).</i>		<i>Take time to soothe / nurture yourself.</i>

Behavioural (doing)	Cognitive (thinking)	Affective (feeling)
Clean or do housework.	Remind yourself that you only have to worry about what you have control over today.	Praise yourself for the progress you have made.
Do volunteer work.		
Try meditation, deep breathing, and relaxation tapes.	Remind yourself that you are in the present and the past cannot hurt you now.	Use affirmations.
Try new hobbies or leisure activities.		Light candles to help you to focus on your thoughts and feelings.
Practice saying no with both your voice and body language.	Make a commitment to yourself and remind yourself of it.	Write a letter to someone about how you are feeling (it is better to not send the letter, keep it, burn it, bury it).
Stay in contact with supportive people.	Think that you are in charge of whatever decisions you make about your safety.	Get a punching bag, or hit a pillow or bed, scream into a pillow.
Take care of yourself if you are hungry, thirsty or tired.	Tell yourself that you are doing well so far and don't want to interfere with the progress.	Throw rocks in the lake.
Keep a visual reminder of the negative consequences of your problematic coping strategies (e.g., court papers, photos)	When feeling overwhelmed, make a pro / con list and limit your decisions until you feel less overwhelmed.	Talk to a pet / spend time with animals.
Keep visual reminders or written lists of the positive consequences of the changes you've made.	Monitor your use and urges to use problematic coping strategies.	Spend time in nature.
Reward yourself for your efforts.	Think kind thoughts about yourself.	Go to a spiritual place (any place you define as spiritual).
		Create a safe or sacred place in your home.
		Be kind to yourself. If you are afraid of being overwhelmed by your emotions, imagine them coming through a tap where you are able to control the flow.

Behavioural (doing)	Cognitive (thinking)	Affective (feeling)
Go to a support group.	Think about the times in your life (even if few) where you have felt good about yourself. Try to get in touch with the feelings of strength and success that went along with those events.	
Listen to music. Sing. Dance.		
Cook and eat nutritious food.		
Practice being kind to yourself.	When a negative belief about yourself pops into your head, try to remember where it really came from — who originally planted those beliefs? Think about challenging them with other information that you know about yourself, which proves the beliefs to be false.	
	Be aware of any tendency you have to make general statements about yourself. Being human means having good and bad days.	

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Other Smoking Cessation Resources

Smokers' Helpline –

Canadian Cancer Society

1-877-513-5333

www.smokershelpline.ca

Free, confidential one-to-one counseling.

Websites:

www.cancer.ca

www.heartandstroke.ca

www.lung.ca/quit

www.smoke-free.ca

www.gosmokefree.gc.ca

www.oma.org/HealthPromotion/Pages/Tobacco.aspx

www.info-tabac.ca (FRENCH)

www.stopsmokingcenter.net

Books

The Stop Smoking Workbook – Your Guide to Healthy Quitting.

Lori Stevic-Rust, PhD & Anita Maximin, PsyD.

ISBN: 1-57224-037-7

The Complete Idiot's Guide to Quitting Smoking.

Lowell Kleinman, MD & Deborah Messina-Kleinman, MPH.

ISBN: 0-02-863915-4

Quit Smoking Without Willpower.

Trevor Wheeler. ISBN: 0-9680777-0-6

Community

Contact your local public health unit to inquire about resources in your community. Speak to your physician or pharmacist about quitting smoking.

About Us & Our Contact Information

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

With its team of doctors, nurses, pharmacists, addiction therapists and social workers, the Nicotine Dependence Centre is ready to assist smokers who wish to quit or reduce their tobacco use. The clinic offers clients options to access cost-free cessation medication in combination with counseling support. Annually, the NDC serves nearly 1000 tobacco users from the Greater Toronto Area.

175 College St, Toronto, ON M5T 1P7

Tel: 416-535-8501 ext. 77400



The STOP Program is a research project that aims to evaluate the effectiveness of widespread distribution of smoking cessation medication to smokers in Ontario who want to quit smoking.

Website: www.stopstudy.ca

Tel: 416-535-8501 ext.34455

Email: stop.study@camh.ca



PREGNETS provides pregnant and post-partum women and their health care providers with online information, resources and facilitated peer support around tobacco use and quitting smoking.

Website: www.pregnets.org



The TEACH Project is a university-accredited program that trains health practitioners to deliver specialized, intensive tobacco cessation counseling to their clients/patients.

Website: www.teachproject.ca

Tel: 416-535-8501 ext.31600

Email: teach@camh.ca



CAN-ADAPTT is a network of Canadian tobacco control practitioners working towards developing a dynamic guideline for tobacco control that is immediately relevant to practice.

Website: www.can-adaptt.net



175 COLLEGE ST.

camh NDS

Nicotine Dependence Service