

CLEARING THE AIR

SMOKING/TOBACCO CESSATION

CLIENT PACKET



Informed Consent for Smoking/Tobacco Cessation Counseling

Welcome!

Thank you for coming in today to discuss strategies for becoming tobacco-free!

Confidentiality

Your visit is completely confidential and all information will be shared only with you. The only time that we are required to disclose personal information is in any event that you intend to harm yourself or someone else. We will give you a copy of this consent form and keep a copy for our records.

Staff Information

This counseling session may be facilitated by an intern who is still learning. While a supervisor is always available, you are strongly advised to visit your physician to discuss this counseling session. We do not diagnose or prescribe medications and the advice we give is not intended to take the place of your physician's recommendations.

Who may I contact?

If you have any questions or concerns, you may contact Julie Chobdee, MPH, Wellness Program Coordinator at 951-827-1488, or by email at julie.chobdee@ucr.edu.

Consent

I have read the preceding information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate in this counseling session and understand that I have the right to withdraw from counseling at any time without affecting my medical care or employment.

I release the staff working under the Wellness Program at the University of California, Riverside from any liability including any matter committed or omitted which may arise during my visit. I understand that it is my responsibility to follow up with my physician or a care provider regarding the information provided.

Print Name of Participant: _____

Signature of Participant: _____ **Date:** _____

Print Name of Staff/Intern: _____

Signature of Staff/Intern: _____ **Date:** _____

MY QUIT SMOKING/TOBACCO PLAN

Name: _____

Date: _____

Counselor: _____

Before You Begin

Becoming tobacco-free can be challenging. Many former tobacco users say it is the hardest thing they ever did. But it also can be the most rewarding. It takes time to break away from a nicotine addiction especially since using tobacco is probably a big part of your life.

A. Preparing to Quit: Have Good Reasons to Quit

Often when trying to quit, tobacco users don't plan to fail but they fail to plan. Having a plan and knowing what your options are will greatly increase your chance at success. The first step is to think about why you want to become tobacco-free:

My reasons for becoming tobacco-free are:

B. Know Your Triggers: Understanding Why You Use Tobacco

Understanding what your triggers to using tobacco are is an important step in designing a plan to overcome these urges after your quit date. Triggers are situations, times, places, people and emotions which cause you to think of lighting up.

It helps to track your tobacco use for a few days to find out which are your strongest urges. There are many different reasons in using tobacco, some you might not even be aware of.

To find your particular patterns, complete the "Tobacco Use Record", Appendix B. This page can be removed and each section is small enough to be placed with your pack of cigarettes so you can fill it out before you light up or you can carry it in your wallet or rubber band it to your tin for other forms of tobacco.

Write down the time that you use tobacco. Where are you? What are you doing? Who are you with? How are you feeling? Rate each tobacco usage from zero to three: 0=no craving, 1=Just a little, 2= some, 3= a lot. Not only will you discover what your triggers are, you will discover which ones create the strongest urges and may require additional planning before your quit date.

My Triggers (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Drinking coffee, tea or soda | <input type="checkbox"/> Feeling lonely or depressed |
| <input type="checkbox"/> Alcohol or being in a bar | <input type="checkbox"/> Feeling Stressed |
| <input type="checkbox"/> After a meal | <input type="checkbox"/> Feeling angry or anxious |
| <input type="checkbox"/> Talking on the phone | <input type="checkbox"/> After completing a task |
| <input type="checkbox"/> Driving my car | <input type="checkbox"/> Being bored |
| <input type="checkbox"/> Watching TV or on the computer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social situations | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Being with other tobacco users | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> After sex | |

C. Meet Your Triggers Head On

After you know what your triggers are, it helps to have some alternatives for when an urge to use tobacco comes up. You may need a different technique for each type of trigger. For example, you may need one technique for when you use tobacco with your coffee, and another one for your use while driving. Appendix C is “Creating your own action plan”. On the left side write down your most important triggers from your Tobacco Use Record and on the right side, ideas you can practice. In Appendix D is “The Seven D’s” which are some suggestions you can practice instead of using tobacco.

Coping methods to practice before my quit date:

Relaxation techniques: If you are stressed, find some ways to relax such as deep breathing, progressive muscle relaxation, listening to music, walking outdoors, reading, laughing, watching a good movie, reading a good book, meditating, etc.

Relaxation techniques I will use:

Make a quit-kit in preparation for your quit day:

Things I Will Put Into My Emergency Quit Kit (check all that apply):

Oral distraction

- ☐ Sugar-free gum
- ☐ Cinnamon candy
- ☐ Straws
- ☐ Toothpicks

Hand distraction

- ☐ Stress ball
- ☐ Silly putty
- ☐ Rubber bands

Stress management

- ☐ Relaxing music
- ☐ Beautiful picture
- ☐ Good book
- ☐ Favorite poem

Reminders and Support

- ☐ My Reasons for quitting Card/Nicotine Withdrawal Card
- ☐ List of rewards
- ☐ List of phone numbers of supportive friends/family

D. Set a Date

Choose a time that is best for you. For some that may be on the weekend, for others during the work week. Be sure to avoid any upcoming plans where it might be tempting to use tobacco such as any special social events or parties.

Circle this date on a calendar and ask your family and friends for support. It may also help to find a sponsor either someone who has quit before or a quit buddy, someone who is also becoming tobacco-free.

My Quit Date: _____

E. Tell Your Friends and Family and Find Support

Social support: Often tobacco users don't want to tell their friends and family about their plan to become tobacco-free in case it doesn't work out but instead studies show that having the support of friends and family will increase your chances of success. You may want to ask your friends and family to be an "angel" while you may begin acting like the "devil". It is important to ask for the kind of support you need, especially if you live with other tobacco users. If you live with a tobacco user, ask for their support: to not use tobacco around you and/or to leave their tobacco products outside. Avoid other tobacco users during the first few weeks of quitting. Try making some new friends who don't use tobacco or even participate in tobacco cessation support groups.

Who I will ask for support:

What kind of support I will ask for:

Find a sponsor or a quit buddy: Your sponsor should preferably be a person who does not use tobacco. A former-tobacco user may be a good sponsor. This person should be supportive but not judgmental. Or find a quit buddy, someone who is also quitting at this time where you can support each other.

Who I will ask to be my sponsor/quit buddy:

Spiritual support: Have a daily meditation to clear your mind and prepare yourself for each day. Ask your religious community for support during the quit process.

What I will do for spiritual support:

F. Environmental Control

- Get rid of all your tobacco equipment: ash trays, lighters, matches, etc. Clean your house to get rid of the tobacco smell and detail your car.
- Set up a “smoking corner”, away from all household activities, where all you do is smoke. Even if you already smoke outside, your smoking corner is preferably someplace where you don’t normally smoke, perhaps outside by the garbage can, in a corner in the garage or on the side of your house. Always smoke alone. Keep your “butt jar” here. The place where you used to smoke can become a place to practice your relaxation techniques such as yoga or meditation.
- Make a “Butt Jar.” Collect your cigarette butts for a week in a glass jar and fill with water. Remind yourself of what the cigarettes are doing to your body. For smoke-less tobacco users, collect tobacco juices in a jar.
- Before your quit date, find any hidden or loose cigarettes or other tobacco products. The night before your quit date, crush and flush all remaining cigarettes and other tobacco products.
- My smoking corner will be: _____-

What I will do to control my environment:

G. Prepare Physically

Know the symptoms of nicotine withdrawal and realize that these are NORMAL. Have a plan and be ready to face them. Take the nicotine dependence test (Appendix A) and consider using OTC nicotine replacement therapies or prescription medications. Discuss your options with your physician (Appendix E: FDA Approved Cessation Medications) especially if you scored high for nicotine dependence.

If you have quit before, what symptoms did you experience?

Symptoms that I am worried about (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Irritability/Anger | <input type="checkbox"/> Urge to use tobacco (physical craving) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Weight Gain |
| <input type="checkbox"/> Difficulty Concentrating | <input type="checkbox"/> Increased Appetite |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Other: _____ |

Medications/therapies that I am interested in (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Chantix (Varenicline) | <input type="checkbox"/> Nicotine Replacement Therapies, i.e., patches, gum, lozenges, inhaler, nasal inhaler |
| <input type="checkbox"/> Zyban (Wellbutrin/Bupropion) | <input type="checkbox"/> Combination therapy (where two medications are used together) |

Questions to ask my physician about symptoms and/or medications:

H. Reward System

Make sure to reward yourself after successfully quitting for one day, one week, one month, one year, etc. figure out how much you spend on tobacco and use this money to reward yourself.

Cost Per Day: _____ x 365 (days) = _____ **Annual Cost**

For example: 1 pack per day at \$6.00/pack x 365 = \$2,190

Rewards don't have to cost money but can be pampering yourself with extra time for activities you enjoy.

- 1 Day Reward: _____
- 1 Week Reward: _____
- 1 Month Reward: _____
- 3 Month Reward: _____
- 6 Month Reward: _____
- 1 Year Reward: _____

I. Lifestyle Advice

Eat lots of fruits and vegetables, avoid fattening and sugary foods, drink lots of water, and stay active. Your body will recover faster and you'll minimize weight gain!

What lifestyle changes I'll make:

Potential barriers & solutions

My potential barriers are:

I will work around these barriers by:

My Quit Smoking/Tobacco Contract

(Detach and keep with you)

I, _____(name), pledge to use the techniques and strategies above to reach my goal of becoming smoke/tobacco-free. On _____ (quit date), I will be smoke/tobacco free!

My Signature: _____

Witness' Signature: _____

Date: _____

APPENDIX A: FAGERSTROM TEST FOR NICOTINE DEPENDENCE

The mini-test for Nicotine Dependence that you spoke with your counselor will give you an idea of how much you depend upon nicotine. Your score on this expanded test can further help you decide whether or not to use cessation medications:

Add up your score from the following questions:

1. How soon after you wake up do you use tobacco?

- ☐ After 60 minutes (0)
- ☐ 31-60 minutes (1)
- ☐ 6-30 minutes (2)
- ☐ Within 5 minutes (3)

2. Do you find it difficult to refrain from using tobacco in places where it is forbidden?

- ☐ No: 0 pt
- ☐ Yes: 1 pt

3. Which cigarette/chew would you hate most to give up?

- ☐ The first in the morning: 1 pt
- ☐ Any other: 0 pt

4. How many cigarettes per day do you smoke? (Or tins of smokeless per week?)

- | | |
|---|--|
| <input type="checkbox"/> 10 cigarettes or less: 0 pt | <input type="checkbox"/> 1 tin or less: 0 pt |
| <input type="checkbox"/> 11-20 cigarettes: 1 pt | <input type="checkbox"/> 2 to 3 tins: 1 pt |
| <input type="checkbox"/> 21-30 cigarettes: 2 pts | <input type="checkbox"/> More than 3 tins: 2 pts |
| <input type="checkbox"/> 31 or more cigarettes: 3 pts | |

5. Do you use tobacco more frequently during the first hours after awakening than during the rest of the day?

- ☐ No: 0 pt
- ☐ Yes: 1 pt

6. Do you use tobacco even if you are so ill that you are in bed most of the day?

- ☐ No: 0 pt
- ☐ Yes: 1 pt

Total Score _____

Your level of dependence on nicotine is:

- 0-2 Very low dependence
- 3-4 Low dependence
- 5 Medium dependence
- 6-7 High dependence
- 8-10 Very high dependence

Even scoring 1 point could mean that you are dependent upon nicotine. The higher your score, the more dependent you are.

Scores under 5: Your level of nicotine dependence is still low. You should act now before your level of dependence increases.

Score of 5-6: Your level of nicotine dependence is moderate. If you don't quit soon, your level of dependence on nicotine will increase until you may be seriously addicted. Act now to end your dependence on nicotine.

Score over 7: Your level of dependence is high. You aren't in control of your tobacco use – it is in control of you! When you make the decision to quit, you may want to talk with your doctor about nicotine replacement therapy or other medications to help you break your addiction.

APPENDIX B: TOBACCO USE RECORD

Time	Activity-Feeling	Rating	Time	Activity-Feeling	Rating
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		
10.			10.		

Time	Activity-Feeling	Rating	Time	Activity-Feeling	Rating
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		
10.			10.		

Time	Activity-Feeling	Rating	Time	Activity-Feeling	Rating
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		
10.			10.		

Time	Activity-Feeling	Rating
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Time	Activity-Feeling	Rating
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12.		
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Time	Activity-Feeling	Rating
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Time	Activity-Feeling	Rating
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Time	Activity-Feeling	Rating
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18.		
19.		
20.		

Time	Activity-Feeling	Rating
11.		
12.		
13.		
14.		
15.		
16.		
17.		
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20.		

APPENDIX C: CREATING AN ACTION PLAN TO AVOID USING TOBACCO

From your tobacco use record, which were your strongest cravings (the ones rated 4 and 5). List these and other common triggers. Practice different “tips for quitting” ideas this week and see what works for you. Write your best “tips” next to each trigger. Sometimes it helps to have a specific “tip” or plan of action for each specific trigger. If you have quit before, what techniques have worked for you then?

My Common Triggers:

Mornings:

Afternoons:

Evenings:

What I can do instead of using tobacco:

Once completed, this is your action plan to follow during the first days of your quitting process. Add to your plan as new ideas to avoid using tobacco come up. Reaching for tobacco is a low-effort coping mechanism and sometimes the effort to avoid using tobacco takes planning and high effort. Use ideas from the following Appendix: the “Seven D’s”.

APPENDIX D: THE SEVEN “D’S”: TIPS TO QUIT

1. **Drink water** or fruit juice to help flush the nicotine out of your system. Limit juice due to the calories. Satisfy your oral fixation in other ways.
 - Squeeze lemon juice in your water.
 - Get a water bottle and sip water throughout the day to replace the hand to mouth motion of smoking. Use gum instead of chew.
 - Drink herbal tea instead of coffee.
 - Don’t drink alcoholic beverages.
 - Watch your caffeine intake.
2. **Deep Breathe** from your abdomen. Avoid shallow breathing. Lie on the floor with a piece of paper on your navel, trying to lift the paper by using your breath. Breathe deeply through your nose for 5 seconds, exhaling through your mouth for 5 seconds. This ten-second breathing cycle will slow down your heart rate and calm you down.
3. **Do something else.** Get your mind off the tobacco. Keep your hands busy. Engage in substitute activities.
 - Play a musical instrument, or a computer games. Do a crossword puzzle. Doodle or sketch. Read a book or magazine. Write letters.
 - Start a new hobby; Knit, crochet, needlepoint, garden, paint, sculpt.
 - Do house or yard work. Clean out the closets. Do the dishes, vacuum the floor.
 - Give yourself or someone else a manicure or pedicure.
 - Shampoo the dog or cat.
 - Take a shower or splash cold water on your face. Wash your hair. Brush your teeth. Take a nap.
 - Balance your checkbook. Surf the Internet. Google yourself.
- Exercise. Go for a brisk walk. If you cannot walk outside, walk the interior of a shopping mall. Walk the dog. Go bowling, play tennis, ride a bike. Go for a swim. Lift weights. Climb a flight of stairs instead of using the elevator. Stretch, touch your toes, do jumping jacks. Park a block or two away from your destination and walk.
- Change your routine. Replace old habits with new ones such as: Try tea instead of coffee. Take a 5 minute walk after a meal. Take a walk at your break instead of going to where you used to smoke. Sit in a different chair; avoid your “smoking” seat. Eat lunch in a new place not associated with past smoking behavior.
- Reach for a pen and paper and doodle rather than tobacco when answering the phone.
- Chew on a straw, cinnamon stick, toothpick, clove, or sugarless gum or candy. Have carrot or celery sticks on hand. Try eating unshelled, unsalted sunflower seeds. Eat one at a time.
4. **Delay.**
 - Wait it out, a craving will often fade and disappear in a few minutes.
 - Count to 300 or count backwards from 300 to 1.
 - Say to yourself, “I’ll think of cigarettes/chew 5 minutes from now”; then go do something else and soon, the thought of your cigarettes/chew will be gone.
 - Don’t say that you won’t think about tobacco because then that will all that you will think about.
 - Talk yourself out of it, tell yourself “This isn’t going to last, it is only temporary”.
 - Remember the craving will go away whether or not you use tobacco.
5. **Discuss with a friend.** Find helping relationships and support.

- Call a non-tobacco using support person or your quit buddy.
 - Go to a nicotine anonymous meeting.
 - Your best support may be someone who has kept you at a distance because you use tobacco, seek out others who are going through the quitting process now, or have successfully quit in the past.
 - Avoid people who will tempt you to return to using tobacco, or tries to sabotage your success.
 - Bet someone you will not use tobacco. Put money in a jar each day. Forfeit it if you use tobacco. Keep the money if you do not use tobacco. Try it for a week then extend it to a month.
 - Tell everyone you are trying to quit and you are making a plan. Ask for their support. Be specific about how they can help you.
 - Join BecomeAnEx.org and get support from others on-line.
6. **Distract your thoughts.** Change the way you think about using tobacco and get your mind off the cigarette/chew. Listen to what you are saying to yourself about quitting, change your self-talk.
- When the thought of a cigarette/chew comes up, deliberately choose to focus your mind on something else.
 - Wake up each morning and say, “I’m proud I made it another day tobacco-free.”
 - Remember NOPE—Not One Puff Ever. Or “I’m a puff away from a pack a day”.
 - Repeat positive affirmations such as: “I love the thought of being smoke/chew free.” Or “I choose to be tobacco-free.” Or “I look better, I smell better.”
 - Remind yourself of a difficult situation where you overcame the temptation to use tobacco and tell yourself, “I’ve done it before and I can do it again.”
- Ask yourself, “Do I really want this cigarette/chew?” or “How will this cigarette/chew help?”
 - Think of a negative image of using tobacco. Imagine this whenever the urge comes up. For example: A burn a hole in a favorite outfit, yellow teeth or bad breathe, 20 terrorists in a pack trying to kill you, how breathless you are after exercising or walking up a flight of stairs.
 - Prepare for tempting situations by mentally visualizing yourself handling the situation without using tobacco.
7. **Don’t use tobacco** no matter what.
- Remind yourself of what’s really important and it’s not tobacco.
 - Continue to carry your “Reasons to quit” card and review as often as possible (page 6).
 - Carry a picture of a child or grandchild who you want to be alive for in the future. Or a picture of someone who passes, vow to quit using tobacco in their memory. Look at the picture every time a craving comes up.
 - Remember thinking and dreaming about tobacco is not the same as craving it.
 - Be careful to identify excuses. There are no good reasons to use tobacco, only excuses.

APPENDIX E: FDA APPROVED CESSATION MEDICATIONS

TABLE 1. FDA APPROVED MEDICATIONS FOR TOBACCO DEPENDENCE

Pharmacotherapy	Common Side Effects	Advantages	Disadvantages	Dosage	Duration	Availability
Bupropion SR	<ul style="list-style-type: none"> • Insomnia • Dry mouth 	<ul style="list-style-type: none"> • Easy to use (pill) • No concerns for cardiac patients • Effective in patients with depression • Limits weight gain • Can be used with NRT 	<ul style="list-style-type: none"> • Prescription needed • Precautions: Pregnancy Category C <ul style="list-style-type: none"> • Seizure disorders, stroke • Current use of MAO inhibitors, levodopa • Anorexia, bulimia • Other seizure-threshold-lowering conditions (e.g., alcohol dependence, head trauma) 	150 mg every morning for 3 days, then 150 mg twice daily Begin 1-2 weeks before first tobacco free day Check BP if combine with NRT	7-12 weeks, maintenance up to 6 months	Zyban® Wellbutrin SR® Generic (Prescription only)
Nicotine Patch	<ul style="list-style-type: none"> • Local skin reaction • Insomnia 	<ul style="list-style-type: none"> • Provides steady levels of nicotine • Easy to use • Unobtrusive • No prescription needed- OTC 	<ul style="list-style-type: none"> • Dose is not adjustable if cravings occur • Contraindications: Pregnancy Category D. Severe or unstable angina pectoris, serious arrhythmias, For one month after acute MI • Use clinical judgment in pregnancy/teens 	For most patients: 21 mg/24 hours Then 14 mg/24 hours..... Then 7 mg/24 hours	4-6 weeks 2-4 weeks 2-4 weeks	Nicoderm CQ® Nicotrol® Habitrol® Generic (All available OTC)
Nicotine Gum	<ul style="list-style-type: none"> • Mouth soreness • Heartburn • Hiccups 	<ul style="list-style-type: none"> • Can use with patches to control urge in addicted smokers • User controls dose • No prescription needed- OTC 	<ul style="list-style-type: none"> • Proper use technique required • Difficult for users with bad teeth, dentures • Coffee, tea, soda & fruit limit absorption • Contraindications: Pregnancy Category D. TMJ disease. Also see patch 	1-24 cigarettes/day 2mg gum 25+ cigarettes/day 4mg gum Chew each piece slowly 30 minutes, up to 24 pieces/day (10-12/day usually)	Up to 12 weeks Taper 7-12 weeks	Nicorette® Nicorette Mint® (All OTC)
Nicotine Lozenge	<ul style="list-style-type: none"> • Nausea • Insomnia • Hiccups 	<ul style="list-style-type: none"> • Can use with patches to control urge in addicted smokers • User controls dose • No prescription needed 	<ul style="list-style-type: none"> • No eating or drinking before and during use • Takes lozenges 20-30 minutes to dissolve • Coffee, tea, soda & fruit juice limit absorption • Contraindications: Pregnancy Category D. Also see patch 	If 1 st cigarette more than 30 min. after waking – 2mg PRN If 1 st cigarette less than 30 min. after waking – 4 mg PRN. Up to 10 lozenges/day	Up to 12 weeks	Commit® Generic (All OTC)
Nicotine Inhaler	<ul style="list-style-type: none"> • Local irritation of mouth and throat 	<ul style="list-style-type: none"> • Can be used with patches to control urges in addicted smokers • User controls dose • Addresses hand to mouth habit 	<ul style="list-style-type: none"> • Prescription needed • Frequent continuous puffing needed for up to 20 minutes per cartridge • Does not work in cold (<40 degrees F) • Coffee, tea, soda & fruit juice limit absorption • Contraindications: Pregnancy Category D. Reactive airway disease. Also see patch 	6-16 cartridges/day PRN 20 minutes/cartridge Taper dosage after 3-6 months	Up to 6 months	Nicotrol Inhaler® (Prescription only)
Nicotine Nasal Spray	<ul style="list-style-type: none"> • Nasal irritation • Dyspepsia • Sneezing • Red, watery eyes initially 	<ul style="list-style-type: none"> • Can use with patches to control urge in addicted smokers • User controls dose • Most rapid nicotine delivery; simulates smoking 	<ul style="list-style-type: none"> • Prescription needed • Localized adverse effects limit use • Change in sense of smell or taste • Contraindications: Pregnancy Category D. Reactive airway disease. Also see patch 	Recommend 1-2 doses/hr PRN 5 doses/hr, 40 doses/day maximum One dose equals two sprays, one spray in each nostril (nearly equals nicotine from one cigarette)	3 months	Nicotrol NS® (Prescription only)
Varenicline	<ul style="list-style-type: none"> • Nausea • Insomnia • Abnormal dreams • Dry mouth 	<ul style="list-style-type: none"> • Easy to use (pill) • Blocks nicotine & therefore, the pleasure of smoking • No drug interactions 	<ul style="list-style-type: none"> • Prescription needed • Precautions: Pregnancy Category C <ul style="list-style-type: none"> • Dose adjustment for significant renal impairment • Mental illness may worsen or manifest • Nursing 	Begin 1-2 weeks before stop date Days 1-3: 0.5 mg tablet every morning Days 4-7: 0.5 mg tablet twice daily Days 8 to end of treatment: 1 mg tablet twice daily	3 to 6 months	Chantix® (Prescription only)

CREDITS

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