

Prairie Ridge Integrated Behavioral Healthcare
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Tobacco Cessation

Help for Quitting Use of Tobacco Products



Treatment and Education

www.prairieridge.net

The Benefits of Quitting

Within 20 Minutes:

Blood pressure drops to normal
Pulse rate drops to normal
Body temperature of hands and feet return to normal

Within Eight Hours:

Carbon monoxide levels in the blood return to normal
Oxygen level increases to normal

Within 24 Hours:

Risk of heart attack decreases

Within 48 Hours:

Ability to smell and taste improves

Within 72 Hours:

Breathing gets easier as bronchial tubes relax
Lung capacity increases

Within Three Weeks:

Mucus in the lungs loosens
Lung function and circulation improves

Within Two Months:

Blood flows more easily to arms and legs
Lung function increases up to 30 percent

After Three Months:

Lungs become more healthy and you get fewer colds

After One Year:

Risk of sudden death from heart attack is cut almost in half

After Five Years:

Lung cancer rate decreases nearly 50%

After Ten Years:

Risk of heart attack and strokes becomes almost the same
as that of nonsmokers
Risk of cancer drops significantly

Are you ready to change your use of tobacco?
Which of the following statements best describes your current attitude about tobacco?

- I will start smoking when I leave Prairie Ridge.
- I would like to know more about the effects of smoking.
- I worry about the bad effects of smoking but probably will start again.
- I would like to quit smoking but am unsure of the best way to go about it.
- I have tried to quit in the past, but have always started again.
- I am ready to quit smoking and would like some suggestions.
- I am committed to quitting. I am confident I can do this.

If you are considering quitting, ask your counselor or healthcare provider about tobacco cessation treatment and medication options available through Prairie Ridge and other sources.

Prairie Ridge offers outpatient tobacco-cessation treatment offered by certified tobacco treatment specialists, utilizing the Mayo Clinic treatment model.

We are ready to help!

QUITLINE IOWA

1- 800-QUIT NOW (784-8669)
 Monday—Thursday 7 a.m. to
 midnight
 Friday 7 a.m. to 9 p.m.
 Saturday and Sunday 8 a.m. to 7
 p.m.
 Services are always free

American Lung Association

www.lungusa.org

American Cancer Society

www.cancer.org

**National Institute on
Drug Abuse**

www.nida.nih.gov

Mayo Health Clinic

www.mayohealth.org

**Office on Smoking and
Health at CDC**

[www.cdc.gov/tobacco/statehi/
statehi.htm](http://www.cdc.gov/tobacco/statehi/statehi.htm)

American Legacy Foundation

Www.americanlegacy.org

Center for Disease Control

www.cdc.gov/tobacco

Four Common Myths About Quitting Smoking

Myth #1: Smoking is just a bad habit.

Fact: Tobacco use is an addiction. For some people, it can be as addictive as heroin or cocaine. Treatment can help.

Myth #2: If you don't quit the first time you try, you may never be able to quit.

Fact: Many people try 2 or 3, or more, times before being able to quit for good.

Myth #3: The best way to quit is "cold turkey."

Fact: The most effective way to quit is by using a combination of counseling and pharmacotherapy options.

Myth #4: Quitting is expensive.

Fact: Treatments cost from \$3 to \$10 per day. A pack-a-day smokers spends more than \$1000 per year. Check with your health insurance plan to find out if smoking cessation services are covered.

Why consider quitting?

The U.S. Department of Health and Human Services has stated that smoking is the chief avoidable cause of death in our society.

While it is currently estimated that 27% of the general population in the U.S. smokes, studies show that more than 80% of people with histories of substance abuse smoke tobacco.

People who receive treatment for chemical dependency are more likely to die because of their tobacco use than as a consequence of the substance use disorders for which they were treated.

Tobacco use is highly related to the use of alcohol and other drugs.

Clients abstaining from tobacco use during chemical dependency recovery are less likely to relapse. Treating tobacco use and dependence during treatment for other chemical dependencies is safe and improves overall treatment outcomes.



Chewed and “parked” in the cheek, it provides short-term relief for “break-through” cravings. Over-the-counter. 2 to 4mg doses every 1 to 2 hours

GUM



Placed in the mouth between the gum and the cheek and sucked slowly until dissolved. Over-the-counter. Provides short-term relief for “break-through” cravings. Best used in combination

LOZENGES



Easy to use, over-the-counter, daily application. Typical dose is 21 mg., unless smoking fewer than 10

THE PATCH



Bupropion (Zyban, Wellbutrin SR): Prescription required. Contraindicated for anyone with history of seizure disorder. Typical dose is 2 tabs of 150 mg. per day. Begin one week prior to quit date. May assist with weight gain.

Varenicline (Chantix): Prescription required. Begin one week prior to quit date. Average dose is 2 mg. per day for up to 12 weeks. Not used in combination with any other nicotine replacement therapy.

PRESCRIPTIONS