



Break the Habit

A Pharmacist's Toolkit for Smoking Cessation Counselling

My Care Plan

Name: _____ My Quit Date/Plan to Cut Back Date is: _____

Pharmacy Information

Name: _____ Phone: _____ Fax: _____

My Reasons for Quitting

- Health-related benefits (e.g., cardiac, respiratory, cancer)
- Personal reasons (e.g., smell, skin appearance)
- Social/Family (e.g., feeling ostracized, advised to stop)
- Environmental reasons (e.g., limited smoking-friendly places)
- Financial: cost of cigarettes
- Other: _____

My Behavioural Plan

- My biggest concerns related to quitting. Cravings Stress Mood Habit Social Sleep
- Hunger/Weight gain Other: _____

Preparing for Quit Day

Prior to Quit Day:

- Get rid of cigarettes/lighters/ashtrays from all areas
- Clean home, work area, car, etc.
- Ensure all quit medications and supplies are available

On Quit Day:

- Keep myself busy
- Keep quit medications and supplies close
- Remind myself of reasons for quitting
- Reduce caffeine intake by 50%

My Quit Medications				
Agent	Start Date	Strength	Directions for Use	Quantity and Refills
Nicotine Replacement Therapy				
<input type="checkbox"/> Nicotine patch				
<input type="checkbox"/> Nicotine lozenge				
<input type="checkbox"/> Nicotine gum				
<input type="checkbox"/> Nicotine inhaler				
<input type="checkbox"/> Nicotine spray				
Non-Nicotine Replacement Therapy				
<input type="checkbox"/> Bupropion (Zyban)				
<input type="checkbox"/> Varenicline (Champix)				
<input type="checkbox"/> No Medication				

My Monitoring Plan

Adverse effects to watch for and how to manage them:

- **Weight gain**
 - Weigh myself once per week
 - Eat low-calorie snacks
 - Chew sugar-free candy/gum
 - Be physically active
- **Mental health concerns**
 - Watch for agitation, low mood, depression
 - Ask loved ones/caregivers to watch for agitation, low mood, depression
 - Notify pharmacist if symptoms occur
- **Increased blood pressure**
 - Measure blood pressure with blood pressure monitor once daily at same time each day
 - Notify prescriber if blood pressure increases
- **Nicotine toxicity**
 - Watch for:
 - o Nausea
 - o Sweating
 - o Racing heart
 - o Dizziness
 - o Increased saliva
 - o Pale skin
 - Record how close to smoking or nicotine replacement therapy use these symptoms occur
 - Notify prescriber if symptoms occur
- **Seizures**
 - Seek immediate medical attention

Handling My Withdrawal Symptoms

The most difficult period after quitting is the first 2-14 days. Additional behavioural interventions such as healthy lifestyle strategies may help (hydration, rest, regular exercise, relaxation, etc.). The dose of quit medication may need to be adjusted (increased) or an alternate treatment may be required. Speak to your pharmacist.

Symptoms	Solutions
Cravings Your body is physically wanting nicotine. You may feel jittery, restless, irritable and have trouble concentrating. Some people describe it as feeling weird, wired, tired, or up one minute and crashing the next.	<input type="checkbox"/> Use the 4 D's: <ol style="list-style-type: none"> 1. Delay the cigarette 2. Drink water 3. Deep breaths 4. Do something different <input type="checkbox"/> Use "Tips to SET Yourself Up for Success" <input type="checkbox"/> Talk to your pharmacist
Difficulty sleeping Your body is adapting to the removal of nicotine. The issue also may be medication related.	<input type="checkbox"/> Avoid caffeine after noon <input type="checkbox"/> Relax during the evening <input type="checkbox"/> Try relaxation activities (deep breathing, guided imagery, meditation)
Fatigue Nicotine is a stimulant, so reducing the amount in your system may result in fatigue. It also may be related to difficulty sleeping.	<input type="checkbox"/> Nap <input type="checkbox"/> Walk <input type="checkbox"/> Get fresh air
Constipation Your intestines will slow down temporarily for 1-2 weeks.	<input type="checkbox"/> Drink more non-caffeinated fluids <input type="checkbox"/> Eat fruits, vegetables and whole grains
Dizziness or itchy scalp Your body is now getting more oxygen.	<input type="checkbox"/> Change positions more slowly
Hunger/Increased eating Food tastes and smells better. Your mouth misses the sensation of something in it; it's an emotional response to quitting. This may lead to weight gain.	<input type="checkbox"/> Drink fluids <input type="checkbox"/> Eat crunchy, healthful snacks (e.g., baby carrots, cereal) <input type="checkbox"/> Exercise
Depression/Anger You miss smoking. You may be grieving.	<input type="checkbox"/> Talk to friends and support people <input type="checkbox"/> Seek professional help, if required

Reminders for Smoke-Free Success

Stay on your quit medication.

- Contact your pharmacist if quit medication(s) seems ineffective or causes side effects.
- Follow and implement tips for managing triggers and withdrawal symptoms.
- Remember: “You cannot have just one.”
- Acknowledge that quitting is challenging; forgive yourself and try again if there’s a slip up.
- View a slip up as a learning opportunity; identify triggers and plan differently for next time.

My Next Appointment

Date: _____ Time: _____

Contact Method: In person Phone Email Text

References

1. Petrasko K, Reeve C. *Smoking cessation* [internet]. May 1, 2018. Available from <https://cps.pharmacists.ca>. Subscription required.
2. Selby P, deRuiter W. *Tobacco use disorder: smoking cessation* [internet]. May 12, 2021. Available from <https://cps.pharmacists.ca>. Subscription required.