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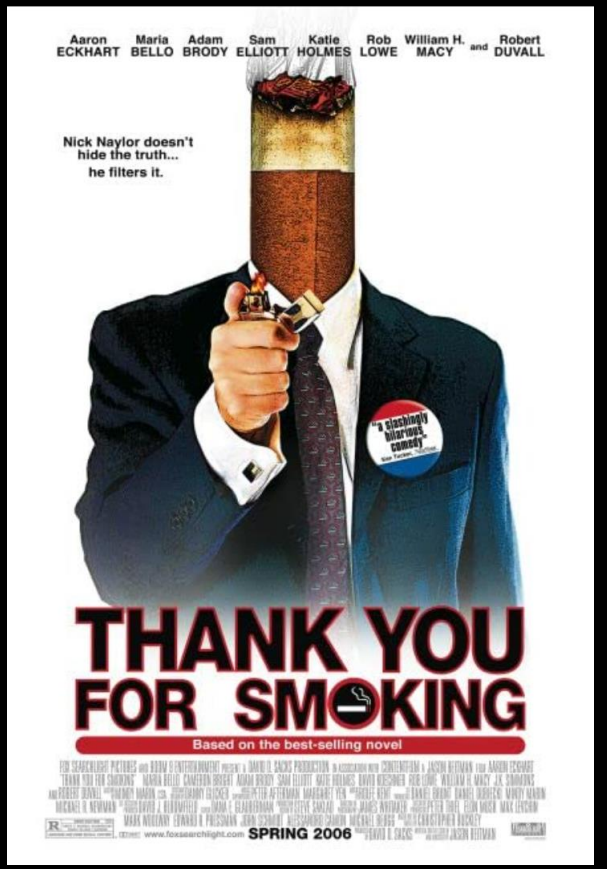
Aaron ECKHART
Maria BELLO
Adam BRODY
Sam ELLIOTT
Katie HOLMES
Rob LOWE
William H. MACY
and
Robert DUVALL
Nick Naylor doesn't hide the truth... he filters it.
"a slashingly hilarious comedy"
THANK YOU FOR SMOKING
Based on the best-selling novel
SPRING 2006

People smoke cigarette
because of
its “Nicotin”
but die because of its “Tar”

- One study showed that people of a village at Switzerland who chew one special gum with

❖Quick Facts

❖

— 20.6% of the U.S. adult population continues to use tobacco products.
— Tobacco use accounts for the premature deaths of 443,000 persons annually in the United States, with an additional 8.6 million disabled from tobacco-related diseases.
—One in two regular smokers dies prematurely.
—On average, persons with mental illnesses die 25 years earlier than the general population and suffer disproportionate medical conditions that negatively impact individuals‘ functioning. This excess mortality and morbidity is primarily due to modifiable risk behaviors including poor nutrition, lack of exercise, and smoking.
— Most smokers want to quit, and studies find that 77-79% of persons with mental illnesses and or substance abuse disorders intend to quit, many within the next month.

- Secondhand smoke is the third leading preventable cause of disability and early death (after active smoking and alcohol) in the United States.
- For every eight smokers who die from smoking, one non-smoker dies from illnesses associated with secondhand smoke.

- Nonsmokers who are exposed to secondhand smoke at home or work increase their risk for heart disease by 25–30% and lung cancer by 20–30%.

- Thirdhand smoke is tobacco smoke contamination that remains on clothes, furniture, walls and other surfaces after a cigarette has been put out. Thirdhand smoke contains known carcinogens that can be transmitted through the skin and is considered a health hazard, especially for infants and children.

Smoking Cessation: the 5 A's & 5 R's

5 A's to Help Patients Quit

Ask
About use, history & smoking habits

Advise
Discuss health risks & encourage to quit

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Assess
Willingness to quit

Assist
With quit attempt & help create an action plan

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Arrange
Follow-up care

5 R's to Increase Motivation to Quit

Relevance
Why quitting is personally relevant

Risks
RxKeySlides
Negative consequences of smoking

Rewards
Benefits of smoking cessation

Roadblocks
Identify barriers to quitting

Repetition
Repeat every time during patient visit

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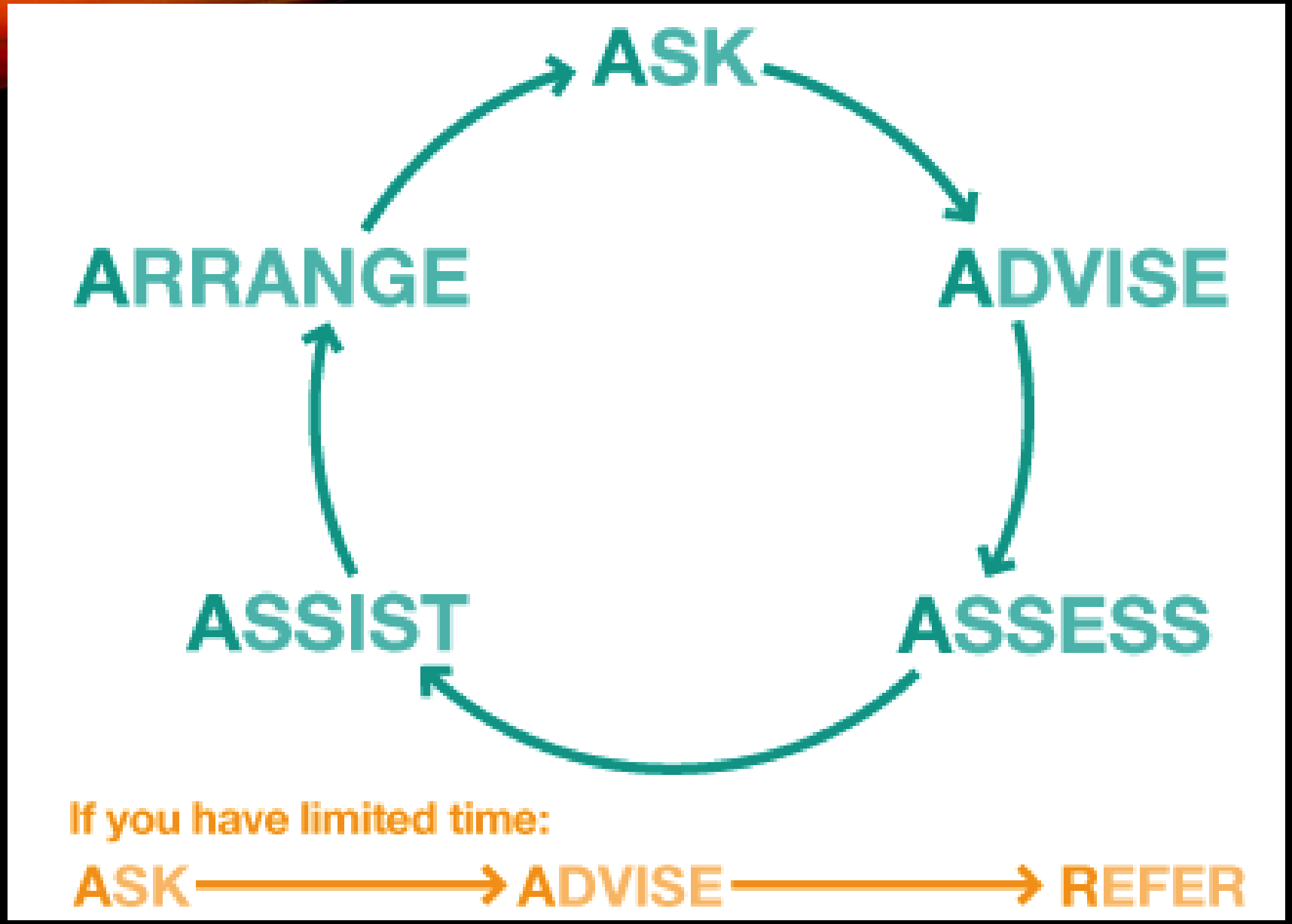
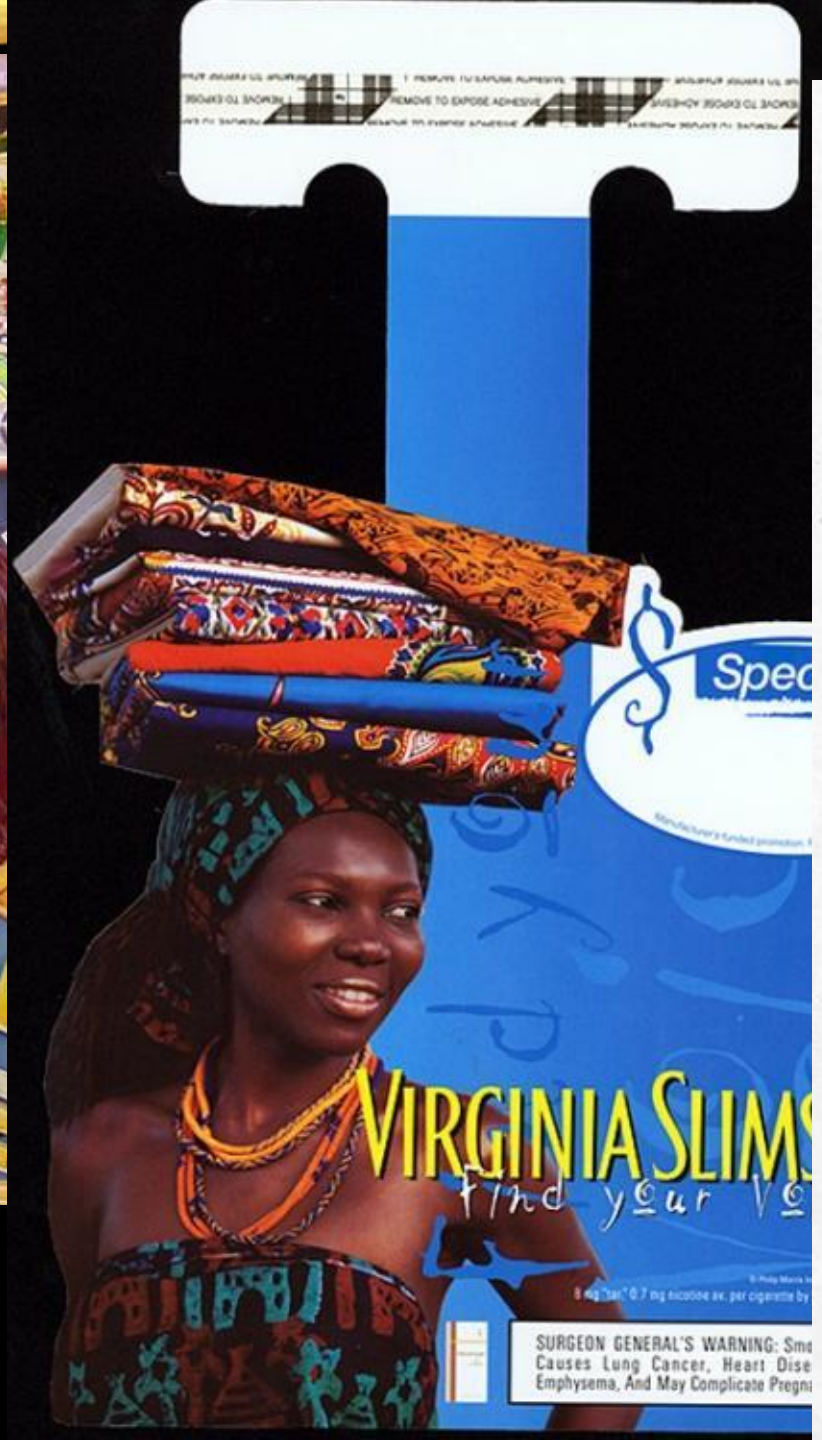

ASK
ADVISE
ASSESS
ASSIST
ARRANGE
If you have limited time:
ASK
ADVISE
REFER

QUIT SMOKING TIPS

The most important step to take is the first step — admitting you have an addiction

Studies have shown that nicotine addiction, part physiological and part psychological, is as hard to break as heroin or cocaine addiction.



HERE IT IS!

PHILIP MORRIS KING-SIZE

—the only leading King-Size cigarette made an *exclusively* *different* *way* to avoid the main cause of irritation!

NOW! PHILIP MORRIS is available in the new KING-SIZE for longer smoking enjoyment.

Remember, you'll *feel better* when you change to PHILIP MORRIS. In case after case, coughs due to smoking disappear . . . parched throat clears up . . . that stale, "smoked-out" feeling vanishes.

So take your choice, but make *your* choice PHILIP MORRIS—America's Most Enjoyable Cigarette!

KING-SIZE or REGULAR

YOU'LL FEEL BETTER

smoking PHILIP MORRIS

Call for PHILIP MORRIS

KING-SIZE or REGULAR
you cannot buy any other cigarette of equal quality!

- By telling smokers that smoking is a personal choice, the tobacco industry has helped to keep its customers in denial about the true extent of their addiction. If smoking is a choice, then what's the rush to quit? The tobacco companies have used this spin to help keep millions of customers buying their deadly products.
- Admitting that you're smoking more out of addiction than choice will help motivate you to go on to the next steps — taking control of yourself and becoming a nonsmoker.
- This admission will further serve you by helping you stay smokefree later. In the months and years after you quit, when temptations to smoke occasionally overpower you — and they will — remind yourself, "I have an addiction and I'm powerless over tobacco." Saying this to yourself in overwhelmed moments of desire will help give you the strength to say no to "just one" cigarette.

Quitting with help

- **Real men ask directions!**

- **For me there were two very distinct and EQUALLY IMPORTANT phases to quitting:**

❖ ***Phase One — Quitting with help***

❖ ***Phase Two — Staying smokefree and not relapsing***

- **The most successful people typically get plenty of help. In business, a successful businesswoman or businessman gets a lawyer to write the contracts, an advertising agency to create the ads, a marketing executive to do the marketing, an accountant to do the accounting, a doctor when they're sick — people who succeed best get help, and lots of it.**
- **Even the very greatest novelists have editors they rely on for invaluable feedback.**
- **Real men ask directions!**

Sadly, eighty percent of smokers who quit do so without being in any program – and studies show that 95% of these self-reliant quitters fail, and go right back to smoking within 12 months. It's the same rate of recidivism as with heroin. So you may wish to consider getting some help this time around!

Sorry, but there's no magic pill

- Don't count on any of these programs to make it a breeze. None of them will do that — but they WILL absolutely reduce your distress by 15% to 50%, depending on how addicted you are psychologically, vs. physically — and that may well make all the difference this time around.
- I'm not promising it will be easy — it will likely be difficult for a few days or weeks. So, get your resolve and willpower up, because you'll need it. Remember, you CAN do it.
- Don't ask, "Does this program work?" Rather, ask yourself, "Am I willing to DO the work?"
- You know how to work, don't you? I'm betting that you do.

DEEP BREATHING PERHAPS THE SINGLE MOST POWERFUL AND IMPORTANT TECHNIQUE

- **Every time you want a cigarette, do the following. Do it three times. Inhale the deepest lung-full of air you can, and then, very slowly, exhale. Purse your lips so that the air must come out slowly. As you exhale, close your eyes, and let your chin gradually sink over onto your chest. Visualize all the tension leaving your body, slowly draining out of your fingers and toes, just flowing on out. This is a variation of an ancient yoga technique from India, and is VERY centering and relaxing. If you practice this, you'll be able to use it for *any* future stressful situation you find yourself in.**

Remember that the urge to smoke only lasts a few minutes, and will then pass.

- Do your very best to stay away from alcohol, sugar and coffee the first week or longer, as these tend to stimulate the desire for a cigarette. Avoid fatty foods, as your metabolism will slow down a bit without the nicotine, and you may gain weight even if you eat the same amount as before quitting.

After dinner, instead of a cigarette, treat yourself to a cup of mint tea or a peppermint candy.

- Go to a gym, sit in the steam, exercise. Change your normal routine – take time to walk or even jog around the block or in a local park.
- Look in the yellow pages under Yoga, and take a class – they're GREAT! Get a one hour massage, take a long bath — pamper yourself.
- Ask for support from coworkers, friends and family members. Ask for their tolerance. Let them know you're quitting, and that you might be edgy or grumpy for a few days. If you don't ask for support, you certainly won't get any. If you do, you'll be surprised how much it can help. Take a chance — try it and see!
- Ask friends and family members not to smoke in your presence. Don't be afraid to ask. This is more important than you may realize.
- On your quit day, hide all ashtrays and destroy all your cigarettes, preferably with water, so no part of them is smokeable.

- Write down ten good things about being a nonsmoker — and then write out ten bad things about smoking. Do it. It really helps.
- Don’t pretend smoking wasn’t enjoyable – it was. Quitting can be like losing a dear old friend – and it’s okay to grieve that loss. Let the feelings engulf you instead of avoiding your pain with sweets or some other distraction.
- Several times a day, quietly repeat to yourself the affirmation, “I am a nonsmoker.” Many quitters see themselves as smokers who are just not smoking for the moment.

- In Phase 2, the period which begins a few weeks after quitting, the urges to smoke will subside considerably. However, it's vital to understand that from time to time, you will still be suddenly overwhelmed with a desire for "just one cigarette." This will happen unexpectedly, during moments of stress, whether negative stress or positive (at a party, or on vacation). If you are unprepared to resist, succumbing to that "one cigarette" will lead you directly back to smoking.

- Remember the following secret: in these surprise attacks during Phase 2 — and they will definitely come — do your deep breathing, and ***hold on for five minutes, and the urge will pass.***

Go cold turkey, or gradually cut down?

- ✓ This is a personal choice. Do whichever you think will work best for you.
- **Smokenders** is a gradual quit program.

- ✓ Once I tried quitting during a vacation. I found there was little to do, except to obsess all day long over having a smoke. I failed that time. The "***positive stress***" of being on vacation actually added to my stress in quitting.

One of the most effective and best researched programs we've found is www.BecomeAnEx.org, a free resource for tobacco users who want to quit. Here smokers can continue to smoke while they create free, personalized quit plans which track the triggers that lead them to light up, such as alcohol, parties, or a difficult boss. And when they do quit, and those cravings start to mount, a live virtual support group will be there to help. This extraordinary, brilliant program was developed using the latest research by the American Legacy Foundation, the group created with $2 billion of the $240 billion settlement of the lawsuits by the States against Big Tobacco.

Phase Two

Staying smokefree and not relapsing

- Here is the most valuable secret we can share with you, and probably the most important information.
- After the urges to smoke have become more and more infrequent, it's important to know that overwhelming surprise attacks are sure to come. It might be just a few weeks into your new smokefree life, a few months, or even a few years.
- These near out-of-control urges always engulfed me in unexpected moments, and I learned that if I did my deep breathing (see above), and if I could just HOLD ON for 5 minutes, the overpowering urge to smoke would subside and completely pass.

- *That* is by far the single most important thing I learned — the hard way — about how to quit successfully.
- Because I didn't know this, I failed 11 times. I finally stopped for good on my 12th try, and it's the key to what empowered me to stay smokefree ever since.
- Be prepared for out-of-control, very nearly irresistible urges to have "just one" are going to take you by surprise, like a sudden gale that comes out of nowhere. This will happen one or even several times in the coming months. It can happen years later, too.

- I wrestled with myself during 12th attack. I thought, “Okay, self. Relief is about four minutes away…” I remembered the deep breathing technique from the toolkit outlined above for combatting my initial withdrawal; if with friends, did the deep breathing secretly, so no one was even aware what I was doing.
- Now TWO minutes… And sure enough, at the end of five minutes, the urge to smoke would be gone. I would feel quite proud of myself for holding on, and not least, I got to deny my smoking friend the pleasure he might take in seeing me light up like him.
- This method might also apply if you’re struggling to lose weight, but I’m convinced that this method is the single most important secret to quitting smoking for life.

A NOTE TO NONSMOKERS IN THE FAMILY

If you live with a smoker, or are close friends with one: don't be a NAG about their smoking habit! (You can make noise about their smoking in the house or near you, because their second hand smoke hurts you – but don't nag them to quit. There's a BIG difference!)

Just three times a year you can ask your loved one – briefly – VERY briefly – to please quit smoking — in VERY loving and warm tones. (Try surrounding your request with HONEST complements, keep it BRIEF, and they might be more open to hearing you.

It's true that smoking is mostly very enjoyable, even comforting, for you. Let's not lie about it. Quitting will be like losing a great, dear friend — and you may find yourself grieving a bit. That's only natural, and it's okay. But if you don't quit and "grieve" now, this great "friend" of yours will probably turn on you and kill you one day.

Usually these “ATTACKS” would sneak up on me during moments of stress – positive stress, out with friends, after a fine dinner, or on a vacation – or negative stress, when I found myself immersed in an angry, sad or lonely moment. You may know about those.

During these surprise attacks I would rationalize, “I could have just one. I haven’t had one for three months – so what’s the harm of having just one now? I want it SO BADLY!” And I would take ONE, and ZAP!

ABC FOR SMOKING CESSATION QUICK REFERENCE CARD

- NICE recommends that NRT or varenicline should be prescribed as part of an abstinent contingent treatment, in which the smoker makes a commitment to stop smoking on or before a particular date (target stop date).

- A prescription for NRT or varenicline should be sufficient to last until 2 weeks after the target stop date. Normally, this will be after 2 weeks of NRT therapy, and 3–4 weeks for varenicline, to allow for the different methods of administration and mode of action.

- NICE recommends that if a smokers attempt to quit is unsuccessful using NRT or varenicline, do not offer a repeat prescription within 6 months unless special circumstances have hampered the person's initial attempt to stop, when it may be reasonable to try again sooner.

ASK

Ask all people if they smoke and document their smoking status in the clinical record. Use the following descriptions (or similar).

- Current smoker
- Ex-smoker
- Never smoked

For anyone who smokes or has recently stopped smoking, check and update their smoking status on a regular basis.

BRIEF ADVICE

Give brief advice at least once each year to all people who smoke and record this information in their file. Brief advice can be structured around the following three points.

1 **Personalize your advice** to what is important to the person (for example, health, family, or finances).

2 **Acknowledge that it can be hard to stop but that it is possible.** People successfully quit smoking for good every day. People often need to try a few times before they succeed. The important thing is to keep on trying.

3 **Encourage them and offer support to quit.** Some people will not want to stop right now, but they should know that you can help them whenever they are ready

NICOTINE REPLACEMENT THERAPY (NRT)

NRT patches, gum, and lozenges are available on prescription from September 2009.
In general, let people decide which product they would like to use.
Combination of patch and gum or lozenge is safe and may increase the likelihood of quitting.

PATCH (24-HOUR)

Three strengths (21 mg, 14 mg, and 7 mg).

GUM

Two strengths (4 mg and 2 mg).

LOZENGE

Two strengths (2 mg and 1 mg).

PRODUCT AND DOSAGE:

A GUIDE TO PRODUCT CHOICE:

- Smokers of ***10 or more cigarettes per day:*** recommend patch 21 mg/24 hr. ***and/or*** gum or lozenge.
- Smokers of ***fewer than 10 cigarettes per day***: recommend gum ***or*** lozenge. If an oral product cannot be tolerated then use a 14 mg patch/day.

A GUIDE TO DOSAGE:

Use time to first cigarette to guide dose of gum and lozenge:

- if within an hour of waking use 4 mg gum or 2 mg lozenge
- if after an hour of waking use 2 mg gum or 1 mg lozenge.

The dose of NRT can be increased if the user has inadequate relief of withdrawal symptoms (e.g. urges to smoke, irritability, restlessness).

All products should be used for ***8-12 weeks***, or longer for some people.

NRT can be used in all people who smoke.

INSTRUCTIONS FOR CORRECT USE

PATCH: Apply patch to clean, dry and hairless skin. Remove old and apply new patch daily, alternating sites. Some redness under the patch may occur – this is normal.
If sleep disturbance is experienced the patch can be removed overnight.

GUM:

Chew to release 'peppery' taste and then rest in the side of the mouth (between cheek and gum). Chew again when the taste starts to fade.
Do this for 30 minutes and then discard.

LOZENGE:

Suck to release 'peppery' taste, and then rest in the side of the mouth (between cheek and gum). Suck again when the taste starts to fade.
Do this for 30 minutes and then discard.

WHAT TO WRITE ON THE PRESCRIPTION OR QUIT CARD

(Up to 3 different products can be combined on one script or quit card)

PATCH: *Nicotine Patch 21 mg 8 weeks supply (dispensed 4 weeks at a time)*

GUM: *Nicotine gum 4mg (or 2mg) 8 weeks supply (dispensed 4 weeks at a time)*

LOZENGE: *Nicotine lozenge 2mg (or 1mg) 8 weeks supply (dispensed 4 weeks at a time)*

Notes about NRT:

1 *Sublingual tablets (Microtabs) and inhalers are available in pharmacies. These medications are not currently subsidized.*

2 *Lower strength patches are generally used only for weaning. Their use is not strictly necessary.*

3 *Note that these recommended doses differ from those listed on the product packaging. These recommendations simplify NRT dosage and try to ensure that people are getting enough nicotine replacement.*

4 *The number of cigarettes smoked per day is not the best indicator of tobacco dependence. People can reduce consumption, but typically compensate by smoking their fewer cigarettes more intensely. A better indication of dependence is time to first cigarette after waking. Those who smoke within 60 minutes of waking show a greater dependence than those who smoke after this length of time. Smoking within 30 minutes of waking can also be used as a cut-off point.*

5 *Most smokers don't use enough NRT, but rarely some have too much and then feel nauseated. If someone feels sick using NRT they should reduce the frequency or dose of the product.*

6 *NRT can be used in pregnancy if the woman would otherwise continue to smoke. Do a risk-benefit assessment: can she quit without*
NRT? If not, NRT is safer than smoking. (See page 49 of the Smoking Cessation Guidelines for more information.)

7 *NRT is safe to use in people with cardiovascular disease. No dosage adjustment is needed.*

8 *NRT can be used in adolescents (aged 12 and over). Use the product best suited to their needs.*

9 *There are no drug interactions with NRT. However, the doses of some medicines (e.g. some psychiatric medicines) may need a dosage adjustment when people stop smoking (see page 50 of the Smoking Cessation Guidelines).*