

# *Win Over Tobacco Made Easy*

by Dr. Pawan Gupta

A black and white photograph of a person riding a bicycle through a long, dark tunnel. The tunnel has brick walls and a brick floor. The person is silhouetted against a bright light at the end of the tunnel, creating a strong backlight effect. The perspective is from behind the cyclist, looking down the length of the tunnel.

**I CAN WIN**

**‘MY QUIT TOBACCO’ DAIRY**

# WIN OVER TOBACCO

## (MADE EASY)



The author would like to express his gratitude towards his colleagues friends and members of I CAN WIN Foundation, who have contributed their valuable suggestions and inputs.

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# WIN OVER TOBACCO

## (MADE EASY)



### *Expert Reviews*

This book is a very good compilation of facts and has been written with great insights from the experts across the spectrum like academicians, tobacco control advocates, practicing physicians and oncologist.

The book covers all aspects of issues pertaining to tobacco and its harm. The book specifically aims at making users think of quitting, guiding them through the process of quitting and reinforcing the fact that quitting is possible. Tobacco users are always on the lookout for solution and they have tried numerous but failed due to lack of direction or misguidance or lack of service and expertise from health care professionals. Hence the book comes to the rescue. It aligns the key concepts of behavioral change that a person goes through right from thinking to actually quitting and maintaining the phase of abstinence. The book exemplifies the common withdrawal symptoms those person faces and how to deal with them; as these are the day to day challenges a person undergoes and tobacco users always try to reach for solutions.

The approach of treating addiction is multifaceted like using behavioral, pharmacological and continuous follow up. The most important aspects of the book is reinforcing the fact that “Never think that you can't do it”. The relapse prevention strategies and a constant reinforcement that every time you quit you improve your chance of quitting. The book covers alcohol addiction as well. In most case scenarios tobacco and alcohol goes hand in hand and hence it covers the most important aspects of addiction which is the need of the hour.

The book is handy guide and can be used by individuals, health care professionals, community based organizations and social workers. I appreciate the author and its team to come out with a book which is simple, easy and handy for treating tobacco and alcohol addiction. The name of the book justifies its essence: “Yes I Can. Yes We Can” Win over Tobacco.

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# WIN OVER TOBACCO

## (MADE EASY)



### *Expert Reviews*

I believe this book is very much needed today as there is not enough information available to tobacco users through ordinary channels to help them quit. This booklet represents an excellent effort to help tobacco users in India quit tobacco. Particularly the work-book format of the book will be helpful, as it invites participation from the reader and this will help to result in the book contents being taken to heart and used by the reader.

This booklet, especially if translated into several languages will help to fill the gap of lack of information given to patients on how to quit. The translation of certain key words into Hindi is a welcome feature and a start in the direction of wide dissemination.

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I am overwhelmed after reading the full text of the book. It is indeed a superb tool in the hands of people who consume tobacco in any form. The illustrations are well quoted and will have a lasting impact. It will definitely change the mind-set and give impetus to people who smoke & drink and at the same time seriously contemplating to quit.

I wish your mission a great success and looking forward to the release of the book.

***Dr. Lalatendu Sarangi***

Indian Railways Cancer Institute

Varanasi

# WIN OVER TOBACCO

## (MADE EASY)



***This booklet, is written and conceptualized by consulting various doctors and medical science professionals and is an endeavor to assist people to “winning over tobacco addiction”.***

### **Who can benefit from this book?**

- Current tobacco users who are willing to quit
- Former tobacco users (who have quit successfully), yet have the risk of relapse
- Tobacco users who failed quitting earlier

### **This book belongs to:**

Name: .....

Age: ..... ☐ Male ☐ Female

Mobile No: .....

Email: .....

Address: .....

.....

My buddy\*:.....

My buddy's Mobile No: .....

My buddy's Email: .....

My Buddy's - tobacco use - Current ☐ Former ☐ Never ☐

Store from where I purchase tobacco: .....

.....

Frequency of purchase: .....

Frequency of intake per day: .....

***\*buddy - one who would be supporting me through my "win over tobacco" habit***

# Foreword



By purchasing this book, you have shown your willingness towards quitting tobacco addiction. You realize that using tobacco in any form leads to chronic diseases. You probably started consuming tobacco without knowing its serious consequences. However, it's never too late and the best part is your intention and motivation to quit.

Remember, it is only your firm resolution to quit tobacco use that will help you sail through. This book will guide you in achieving your "Quit Tobacco" goals.

If you have tried to quit tobacco earlier and did not succeed, do not get disheartened. This might have been due to lack of guidance and support.

You might shy away about disclosing your objective behind quitting tobacco. 80 percent of the tobacco users whom I have met in the past 18 years of my medical career have said "Doctor, don't tell me why to quit, please tell me how to quit". There are several health and personal reasons to quit tobacco. Find out one of your own ! These reasons can motivate you more than anything else and strengthen your will to quit.

So, go ahead! Announce your quit date and your intention. Talk out aloud about the quitting date and the intention behind it. The near and dear ones will definitely understand , support and also help you quit the same.

Tobacco use is a chronic disease. Like any other disease, this requires regular guidance and treatment. Depending up on your level of addiction, the majority of you would be able to quit, by the guidelines given in this book. Some of you may require medical help from tobacco cessation expert. Most of you will definitely find ways of not falling for your tobacco habits again.

When to quit? Whether you have used tobacco for many years, or you are just an occasional user, remember, one cigarette or a pouch of chewing tobacco reduces your life by 8 minutes! You benefit from the day you quit.

So early realization is the best time to quit your tobacco habits. In the meantime, if you need an expert's advice, do not hesitate.

Certain things have been repeated many times in the book; like my quit date. The purpose is to emphasize and keep you committed.

In this guide, smoking tobacco has been referred to as smoke/ puff and the spit or smokeless tobacco as dip/gutka/ quid.

Now, that you are ready to go...let's start with the resolve - Yes! I CAN WIN.



Sensitise  
Aware  
Volunteer  
Enforce



# About the Author



**Dr Pawan Gupta**

M. Ch. (Surgical Oncology) FAIS, FSOG

Dr. Gupta did his M.Ch. and underwent specialized training in cancer from Gujarat Cancer Research Institute, Ahmedabad in 2001. He has held several positions during his career in various hospitals including Gujarat Cancer and Research Institute, Tata Memorial Hospital, Dharamshila Cancer Hospital, Nizam's Institute of Medical Sciences, SMH-Curie Cancer Centre, SCB Medical College, The ASIAN Institute of Medical Sciences and Jaypee Hospital.

Dr. Gupta has published several papers in National and International journals and is actively involved in many research projects.

Dr. Gupta received the ICD Appreciation Award by Dr Donald E. Johnson, ICD International President, USA, at the International College of Dentists Annual Convocation and Award Ceremony on 25th March 2007, New Delhi.

He co-supervised "Molecular Analysis of P16 and FHIT gene in Indian Head and Neck Cancer Patients and their association with HPV -16 and HPV 18" (Submitted by Mohammad Raish).

Dr. Gupta introduced the concept of 'Win over Cancer' as against just 'Fight against Cancer,' a positive approach to cancer at the Livestrong Global Summit at Dublin in August 2009.

*Dr. Pawan Gupta is a first-class surgical oncologist and a social activist engaged in creating awareness in the society to win over cancer.*

In his mission to win over cancer, he has come up with a unique methodological approach to quit tobacco. This book is a step by step guide for tobacco addicts to overcome their cravings.

During his career in oncology, he observed that more than the disease itself, it's fear is tormenting for the patients. He realized that the agony of patient's relatives is no less than the sufferer. He could not bear the misery of these people. The only thought in his mind was, "if only they could be diagnosed a bit early." He is seen as mentor of strayed souls, and a soothing balm to those tormented by cancer.

This one thought gave birth to "I CAN WIN".

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*His journey has just begun  
and he narrates*

*"The Woods are dark & deep,  
& miles to go before I sleep"*

**Robert Frost**





# About the "I Can Win" Foundation

***I CAN WIN Foundation® is a Non- Government Organization formed to accomplish the following objectives:***

1. To change the way cancer is perceived by society
2. To help overcome the disease with a positive spirit
3. Early detection of Cancer
4. Prevention and lifestyle modifications
5. Rehabilitation of Cancer Patients
6. Tobacco Control Awareness & "Win over Tobacco" Programme
7. Training Programs

The Founders realized that change cannot occur overnight. However, major changes can be brought about by mobilizing people who want to help others, training volunteers, supporting and guiding people towards best treatment, providing financial help and developing screening protocols in some of the selected areas in which association would work.

Membership to I CAN WIN Foundation is open to all who want to work selflessly and to help cancer patients. This Association is a platform available for everyone to come together with the common mission to **WIN OVER CANCER®**

[\*\*www.icanwinfoundation.org\*\*](http://www.icanwinfoundation.org)  
[\*\*www.winovercancer.org\*\*](http://www.winovercancer.org)  
[\*\*www.winvertobacco.org\*\*](http://www.winvertobacco.org)

# Glossary



Gastric Ulcer	:	आमाशय का घाव
Myocardial Infraction	:	हृदय आघात
Infarction	:	रोधगलन
Stroke	:	सदमा
Cardiovascular	:	हृदयवाहिनी
Soreness	:	पीड़ा
Irritation	:	चिड़चिड़ापन
Dyspepsia	:	पेट में जलन
Nausea	:	मिचली
Hiccups	:	हिचकी
Salivation	:	लारस्रवण
Reaction	:	प्रतिक्रिया
Insomnia	:	अनिद्रा
Agitation	:	उत्तेजना, हलचल
Restlessness	:	अशांति
Gastrointestinal	:	जठरांत्र
Headache	:	सिरदर्द
Skin rashes	:	त्वचा पर ददोरे पड़ना
Muscle	:	मांसपेशी
Nervous system	:	तंत्रिका तंत्र
Severe liver	:	कमजोर लीवर
Depression	:	दबाव
Suicidal	:	आत्मघाती
Ideation	:	विचार
Breath	:	सांस लेना
Exercise	:	व्यायाम
Meditation	:	ध्यान
Buddy	:	जिगरी दोस्त
Temptation	:	लालसा
Rehabilitation	:	पुनः प्रतिस्थापन स्वास्थ्य लाभ
Announce	:	घोषणा
Destructive	:	विनाशकारी
Constipation	:	कब्ज
Strategy	:	नीति

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# My Tobacco Journey



My tobacco journey began when I was ..... years old, when I was in school/college/started my job. I saw my father/senior/favourite hero/grandparent/ boss/friend/colleague/ ..... smoking/chewing gutka.

The reason I started was.....  
Initially I took one..... and I felt great! Over a period of time, my tobacco consumption has increased. At present, I take ..... cigarettes/bidis per day or .....pouches of gutka/dip per day. I started alcohol when I was.....years old and now I consume alcohol.....per day/week/month and along with alcohol I do smoke .....cigarettes/bidi/hookah per day.

Now I am ..... years old. I have been smoking/chewing tobacco for ..... years and taking alcohol for..... years. I stopped taking smoke/dip/alcohol ..... years back and started/continue to take dip/alcohol/smoking ..... per day.

I have enjoyed taking tobacco for (reasons for taking tobacco and alcohol)

- 1.....
- 2.....
- 3.....
- 4.....

I met ..... in the year ..... and am married to/wish to marry him/her.

- ☐ He/She does not approve of my use of tobacco and alcohol and wants me to quit.  
☐ He/She has no objection to my use of tobacco and alcohol and is my partner.  
I am blessed with .....children.

Name of the Child	Age	Approves of my tobacco use
		Yes/no
		Yes/no
		Yes/no

# My Tobacco & Alcohol Partners



Name	Years of partnership	Relation

I am frustrated with my tobacco habit(s) and have been contemplating to quit this for ..... years. I have tried quitting ..... number of times. Last time my attempt to quit lasted for ..... months/years and this was around ..... months/years back.

***The reason I started taking tobacco again was :***

- Did not get proper guidance
- My partners, friends, spouse, relatives
- Work load
- Frustrated of my spouse's nagging habits
- My slow withdrawal did not work
- Nicotine chewing gum was too pungent and I could not tolerate
- The doctor I consulted could not help me

This time, I am sure I will be able to ***win over my tobacco habits!***



# Some Facts about Tobacco:

**Tobacco is a plant whose leaves are used to make:**

## Smoking Products

Cigarettes, bidis, hookahs, chuttas, dhuntis or pipes, cheroots (Myanmar), kreteks (Indonesia)

## Smokeless Tobacco

**Chewed-** gutka, khaini, zarda, pan masala, betel quid, plain chewing tobacco

**Inhaled** - snuff, naswar

**Gargled** - Tuibir (tobacco water),

**Tobacco dentifrice** - mishri, gul, dentobac, Sensoform.



*One cigarette/one gutka reduces life by 8 minutes!*

## Harmful Effects of Tobacco

### Risks from Smoking

Smoking can damage every part of the body

#### Cancers

Head or Neck

Lung

Leukemia

Stomach

Kidney

Pancreas

Colon

Bladder

Cervix

#### Chronic Diseases

Stroke

Blindness

Gum infection

Aortic rupture

Heart disease

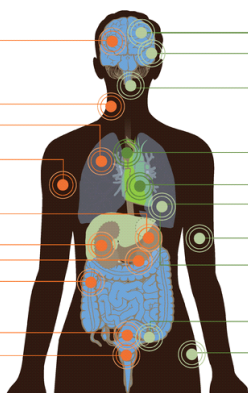
Pneumonia

Hardening of the arteries

Chronic lung disease & asthma

Reduced fertility

Hip fracture



# Stages of Change of Behavior Before Quitting Tobacco Use

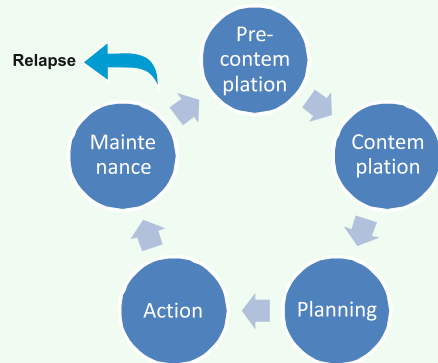


*Prochaska and DiClemente model*

1. **Pre-contemplation stage:** This is the stage in which the tobacco user is not thinking seriously about quitting at the moment.
2. **Contemplation stage:** The tobacco user is actively thinking about quitting but is not quite ready to make a serious attempt yet. This person may say, "Yes, I am ready to quit, but the stress at work is too much, or I don't want to gain weight, or I am not sure if I can do it or it keeps my bowel system in order".
3. **Preparation Stage:** The tobacco user in this stage seriously intends to quit in the next month and often have tried to quit in the past 12 months. They usually have a plan.
4. **Action Stage:** This is the period of first six months when a tobacco user is actively quitting.
5. **Maintenance Stage:** This is the period of 6 months to five years after quitting when the ex-tobacco user is aware of the dangers of relapse and takes steps to avoid it.

So where do you fit in this model? If you are thinking about quitting, setting a date and deciding a plan that will move you into the preparation stage, is the best place to start.

*Source: Prochaska, JO, DiClemente, CC, and Norcross, JC. "In Search of How People Change: Applications to Addictive Behaviors," American Psychologist, Vol. 47, No. 9, September 1992, p.*



**The Health Belief Model says that you will be more likely to stop tobacco use if you:**

- a.) Believe that you could get a tobacco related disease and this worries you.
- b.) Believe that you can make an honest attempt at quitting tobacco.
- c.) Believe that the benefits of quitting outweigh the pleasure of continuing tobacco.
- d.) Know of someone who has had health problems as a result of their tobacco use.



**Alcohol and Tobacco:** Alcohol along with tobacco increases the permeability of chemicals in smoke to our cell, increasing the risk of cancer by 100 times. Alcohol facilitates harmful effects of tobacco on our cells.



# Beneficial Effects of Winning Over Tobacco

Time after last cigarette	Beneficial health changes
20 minutes	Blood pressure and heart rate returns to normal.
8 hours	Nicotine and carbon monoxide levels in blood reduce by half, oxygen levels returns to normal.
24 hours	Carbon monoxide eliminated from the body, lungs start to clear out mucus and other debris. Chances of heart attack decreases.
48 hours	No nicotine left in the body. Ability to taste and smell is greatly improved.
72 hours	Breathing gets easier. Bronchial tubes start to relax and energy level increases.
2 to 12 Weeks	Circulation improves. Lung function increases by 30%.
3 to 9 months	Coughs, wheezing and breathing problems improve. Cilia regain normal function in the lungs, increasing the ability to handle mucus, clear the lungs and reduce infections.
1 years	Risk of heart attack falls to about half that of a smoker.
5 years	Risk of stroke is reduced to that of non-smoker 5-15 years after quitting.
10 years	Risk of lung cancer falls to half that of a smoker.
15 years	Risk of heart attack falls to the same level as someone who has never smoked.

## *When should I quit?*

I only take one cigarette/one tobacco pouch per day or occasionally, I don't need to quit.



## *Yes you do!*

1 puff/chew reduces life by 8 minutes. The nicotine level makes you feel high. This is the start of your addiction. The only safety is - no tobacco use in any form.

# Why was Winning Difficult?



## ***Nicotine Withdrawal:***

Nicotine found naturally in tobacco is addictive. Over time, tobacco use becomes woven into everyday life in physiologically, psychologically and socially reinforcing ways.

Consequently, cessation is simply not a matter of choice for majority of tobacco users, but involves a struggle to overcome an addiction.

Nicotine produces pleasurable feelings that make the smoker/chewer demand to smoke/dip more. It also acts as a neuro depressant. As the nervous system adapts to nicotine, the tobacco user develops a tolerance to the drug, which leads to an increase in habit over time. Eventually, the tobacco user reaches a certain nicotine level and then continues to maintain this level of nicotine.

When one tries to cut back or quit; the absence of nicotine leads to withdrawal symptoms. Withdrawal is both physical and psychological. Physically, the body is reacting to the absence of nicotine. Psychologically,

## ***Tobacco use is associated with 3 factors:***

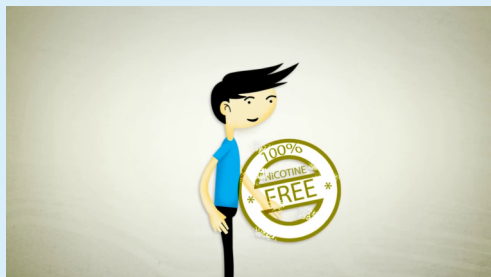
- Physical
- Psychological
- Social

All the components have to be addressed to win over tobacco disease.

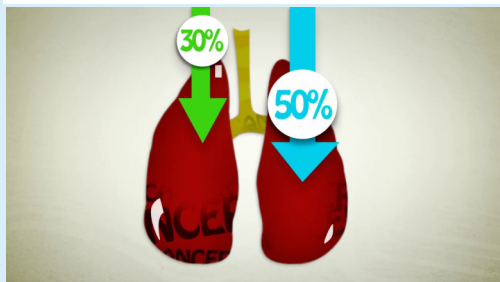
the smoker/dipper is faced with giving up a habit, which is a major change in behavior. Both must be dealt with, if quitting is to be successful.

These uncomfortable symptoms lead the smoker/dipper to restart tobacco cigarettes/dip to boost blood levels of nicotine back to a level where there are no symptoms, so they may switch from smoke to dip or from dip to smoke.

Withdrawal symptoms usually start within a few hours of the last cigarette and peak about two to three days later. They can last for a few days to several weeks.



In smokeless tobacco, nicotine contents are two times in snuff and 15 times in chewing tobacco as compared to smoking products.



Risk factor for lung cancer lowers down by 30 to 50% few months after quitting tobacco.

# Reasons for Winning Over Tobacco



**Health:** Staying fit and healthy tops the chart of reasons people give for quitting tobacco. It is a risk factor for many kinds of cancers - lung, oral cavity, larynx, pharynx and esophagus. Besides, it is a contributory factor in cancer of pancreas, bladder, kidney, stomach, colon and uterine cervix and in acute leukaemia (blood cancer). Smokeless(spit) tobacco can accelerate a litany of destructive oral changes, from local non-malignant effects (gingival recession, loss of periodontal attachments, periodontal bone and soft tissue destruction, halitosis, tooth staining, tooth abrasion) to leukoplakia (white patches) and frank oral cancer. They may account for approximately three-quarters of all oropharyngeal cancers. Smoking increases the risk of respiratory diseases such as emphysema, chronic bronchitis and chronic obstructive pulmonary disease (COPD). Smokers have twice the risk of dying due to heart attacks, than non-smokers. And smoking is a major risk factor for peripheral vascular disease. Tobacco also causes premature wrinkling of the skin, foul odour in clothes and hair, also paleness in nails turns yellow.

Women over 35 years of age who smoke are in a high risk group for heart attacks, strokes and deep vein thrombosis. They are more likely to have a miscarriage or a lower birth-weight baby.

Based on data collected from 1995 to 1999, the US Centers for Disease Control (CDC) recently estimated that adult male smokers lost an average of 13.2 years of life and female smokers lost 14.5 years of life because of smoking.

No matter what the age or how long a person has smoked, quitting will help live longer. People who stop smoking before the age of 35 avoid 90% of the health risks attributable to tobacco. Even those, who quit later in life can significantly reduce their risk of dying at a younger age.

**Cost of smoking:** Smoking is expensive. The economic cost of smoking is estimated to be about Rs. 36,500/- per smoker per year. Would a patient really want to continue burning up his money with nothing to show for it except

possible health hazards? **The total average cost due to a patient of tobacco related cancer diagnosed in 1990-91 was Rs. 1,34,449/- (discounted at 1990 level).**

**Social acceptance:** Employers prefer to hire non tobacco users. Studies show smoking employees cost businesses more because they are "out side" more frequently. Spit tobacco is a nuisance. Person needs a place to spit and when proper place is not available, spits just anywhere. This causes not only unacceptable sight and odour but is a source of infection as well, especially with vulnerable disease like tuberculosis being so rampant in India.



**Health of others:** Smoking causes passive smoking in its surrounding. It includes exhaled smoke as well as smoke from burning cigarettes. Environment smoke, passive smoking, second hand smoking also harms the health of the friends and relatives who live around the smokers. Studies have shown that environmental smoke can also cause eye irritation, headaches, nausea and dizziness. The spit is a source of infection to others.

**Setting an example:** When asked, nearly all tobacco users say they don't want their children to take tobacco. However, the children whose parents take tobacco are more likely to take this habit more. One can become a good role model for them by quitting now. You can't expect others not to do what you do yourself.





## ***My own reasons to quit tobacco:***

I want to win over my tobacco habit because:

1.

2.

3.

4.

5.

6.

3 most important reasons why I want to win over tobacco:

1.

2.

3.



*After smoke is inhaled, nicotine reaches the brain within 10 seconds and is found in every part of the body.*

# Announce:

Let everyone know about your resolution to win! Send cards to inform your spouse, children, boss, friend, doctor, or store:



My Dear Wife/Husband,

I am going to win over my tobacco habit, because I love you.

Next few days are going to be tough. But I know with your support, I can do it – **I CAN WIN.**

Always Yours,

My win date \_\_\_\_\_

My Dear Son/Daughter,

I am going to win over my tobacco habit, because I love you.

I may not be my normal self during the period but I know I can win over this disease with your encouragement and support.

Positive about Life!

Yours \_\_\_\_\_,

My win date \_\_\_\_\_

My Dear Doctor,

Sincere thanks to you for your guidance to quit tobacco. Next few days, are going to be tough and I am glad to have your support.

I know with your help, I can win over my tobacco disease.

Yours \_\_\_\_\_,

My win date \_\_\_\_\_

My Dear Friend,

I have decided to win over tobacco use, because I want to live stronger.

Next few days are going to be tough but I know I CAN WIN.

Thanks buddy in advance for the help and support during this period.

Positive about life!

Yours \_\_\_\_\_,

My win date \_\_\_\_\_

Dear Boss,

I have decided to win over my tobacco use, because I want to work better and earn more.

Next few days are going to be tough and I may not behave my normal self, please bear with me and support me.

I appreciate your help and support to win over my tobacco habit.

Yours \_\_\_\_\_,

My win date \_\_\_\_\_

Dear Mr.....,

I have decided not to use tobacco in any form any more. Next time when I come to your shop please provide me with chewing gums instead of tobacco (if I ever ask for it).

This way you would continue to have patronage of one of your valued customer.

Positive about life!

Yours \_\_\_\_\_

My win date \_\_\_\_\_

# Strategies to Win I: What to Expect



So you are ready to win! Be prepared to face the obstacles on the way to success. Nothing can stop you from winning!

Withdrawal symptoms are temporary, like Monkey Sound. They are strongest in the first week and slowly wither off by the end of the second week. After a month, you will feel better, more energetic than when you smoked or chewed tobacco. During this period try to keep your mind off tobacco, remember your reasons to win. Keep a firm belief in yourself. You know that you can do it. Be positive, be strong.

*This table is a time line of your strategies to win*

How you feel	Duration	% Affected	What You Can Do
Urges/craving-These are especially in the places you used to take tobacco.	>2 weeks	70%	<ul style="list-style-type: none"> <li>You have already put the Positive about life - I CAN WIN stickers at these places, if not, do it now. They are gentle reminders to your resolve.</li> <li>Remember the reasons why you want to quit</li> <li>Engage yourself in some activities. Each urge lasts only 3-5 minutes, whether you take tobacco or not.</li> <li>Speak to your buddy.</li> <li>Deep breathing exercise - helps you to feel better right away.</li> <li>Take a glass of water/chewing gum/seeds etc.</li> </ul>
Feeling irritable, restless, tense, impatient.	<4 weeks	50-60%	<ul style="list-style-type: none"> <li>Avoid the situation. Do not react by going for a puff/dip.</li> <li>Deep breathing exercise or some vigorous exercise like jogging, playing, dancing helps blow off the steam.</li> <li>Take water/juice.</li> <li>Do ask others to be co-operative.</li> </ul>
Constipation / irregularity in bowel habits (some take tobacco as laxative).	<4 weeks	50-60%	<ul style="list-style-type: none"> <li>Add fibres to your diet - fresh vegetables/ fruits, brown whole grain breads/cereals.</li> <li>Lime and honey in warm water in place of tobacco dip/puff before your routine.</li> <li>Warm glass of milk before going to bed.</li> <li>Mild laxatives like isabgol/Lactulose.</li> <li>Ayurvedic preparations like triphla can be used.</li> <li>Exercise before the daily routine may be helpful.</li> </ul>

Thirst, hunger (craving for sweets) and weight gain. Nicotine speeds up metabolism, so quitting tobacco may result in a slight weight gain.	>10 weeks	70%	<ul style="list-style-type: none"> <li>● Drink plenty of water (1 liter of water per 20 kg body weight).</li> <li>● Eat a well-balanced meal, avoid fatty food.</li> <li>● Satisfy your cravings for sweets with small pieces of fruits.</li> <li>● Take plenty of vegetables, fresh fruits.</li> <li>● Carry low calorie snacks like popcorn (without butter), sugar free chewing gums, salads (without cream).</li> <li>● 30 - 60 minutes of exercise daily.</li> <li>● Adopt a sport or brisk walking, cycling, swimming schedule.</li> </ul>
Headaches, sleeplessness	<2 weeks	10-25%	<ul style="list-style-type: none"> <li>● Take a warm bath/shower</li> <li>● Relaxation/meditation technique/reading books</li> <li>● Deep breathing exercise/ light walk</li> <li>● Avoid tea, coffee, aerated drinks after 6 pm.</li> <li>● Avoid sleeping pills.</li> </ul>
Dizziness		10-25%	<ul style="list-style-type: none"> <li>● Change positions slowly</li> <li>● Deep breathing exercise</li> </ul>
Nasal drip		10-25%	<ul style="list-style-type: none"> <li>● Drink Plenty of Fluids</li> </ul>



# Strategies to Win II: Knowing My Weakness

(How addicted are you)



## For tobacco smokers

- How soon after you wake up do you smoke your first cigarette/bidi?  
 Within 5 minutes 3  
 6 to 30 minutes 2  
 31 to 60 minutes 1  
 After 60 minutes 0
- Do you find it difficult to refrain from smoking in places where it is forbidden?  
 Yes 1  
 No 0
- Which cigarette/bidi would you hate to give up most?  
 The first one in the morning 1  
 All others 0
- How many cigarettes/ bidis do you smoke per day?  
 10 or less 0  
 11 - 20 1  
 21 - 30 2  
 31 or more 3
- Do you smoke more frequently in the first hour after waking up than during the rest of the day?  
 Yes 1  
 No 0
- Do you smoke when you are so ill that you are in bed most of the day?  
 Yes 1  
 No 0

## For tobacco chewers

- How soon after you wake up do you use your first dip/chew/gutka?
- Within 5 minutes 3  
 6 to 30 minutes 2  
 31 to 60 minutes 1  
 After 60 minutes 0
- How often do you intentionally swallow tobacco juice ?
- Always 2  
 Sometimes 1  
 Never 0
- Which tobacco chew would you hate to give up most?
- The first one in the morning 1  
 All others 0
- How many cans/ pouches of tobacco do you use per week?
- More than 3 2  
 1-3 1  
 Less than 1 0
- Do you chew tobacco more frequently in the first hours after waking up than during the rest of the day?
- Yes 1  
 No 0
- Do you chew tobacco when you are so ill that you are in bed most of the day?
- Yes 1  
 No 0

**Total score: Level of dependence:**

☐ 7-10: high

☐ 4-6: moderate

☐ Less than 3: low

Source: Ebbert JO, Patten CA, Schroeder DR. The Fagerström Test for Nicotine Dependence -Smokeless Tobacco (FTND-ST). Addictive Behaviors 31(9), 2006, 1716-1721.



# Guidelines to scoring interpretation



<i>Score</i>	<i>0-3</i>	<i>4-6</i>	<i>7-10</i>
Nicotine Dependence	Low	Medium	High
Physical Dependence	Mild	Moderate	Strong
Professional Counselling	Will benefit	Required	Require interventions both behavioural and medical
Withdrawal Symptoms	Can be controlled by behavioral therapy	Most can be controlled by behavioural therapy	Strongly recommend both behavioural & medical therapy
Pharmacotherapy (drugs, medical intervention)	If withdrawal symptoms are not controlled initially	May require	Strongly recommended
Maintenance clubs.	Relapse is usually Psychological	Require long term follow-up. Benefit by joining quit tobacco  Psychologically labile.	
Medical Check-up	May be	Required for associated medical/ surgical diseases.	
<i><b>Will power and support from family and friends are most important elements for all levels of nicotine dependence</b></i>			

## Self Assessment:

My addiction score.....

My addiction is ☐ Low ☐ Moderate ☐ High

## I would win:

☐ Cold Turkey (abruptly) ☐ Gradual withdrawal ☐ With Assistance

# Strategies to Win III: Arms and Ammunition



## **The most common smoking cessation methods are:**

- Cold Turkey
- Gradual
- Nicotine Replacement Therapy
- Anti Depressant Therapy
- Nicotine Receptor Blockade

**Cold Turkey:** Most tobacco users prefer to quit 'Cold Turkey' that is abruptly and totally. They smoke/chew until their quit day and then stop it all at once.

**Gradual:** This intends to gradually reduce the level of nicotine in the body. This is done by cutting down the quantity of tobacco per day for a week or two before the Quit day. While it sounds logical to cut down in order to quit gradually, in practice this method is usually ineffective.

**Nicotine replacement therapy (NRT):** Nicotine substitutes can help reduce withdrawal, but they are most effective when used as a part of stop tobacco plan that addresses all the physical, psychological and social component of quitting tobacco.

Nicotine replacement therapy works by maintaining a steady dose of nicotine into the body after the person has stopped tobacco. This can be an effective method of reducing withdrawal symptoms and the cravings to smoke/ chew. The most common method is the nicotine transversal patch. The patch is placed on the arm next to the skin and replaced after a time. Some manufacturers recommend that patches of progressively lower doses of nicotine are applied over time. With this type of treatment, we expect about 10% of people stopping for more than 1 year.

There are two other types of nicotine therapy available – nicotine gum, and the nicotine inhaler. Some recent studies have looked at combination treatment, which combines patches and gum and these seem to be even more effective than patches

alone. Other work shows that combining NRT with some intensive support and counseling works even better at helping people quit for good. It's important to note that some people can suffer skin reactions to the patches (where gum may be an alternative) and pregnant women need to consult their doctor first before using any type of NRT.

## **NICOTINE GUMS:**

### **How to use:**

- Used orally and not to be swallowed
- Strengths available - 2 gm. and 4 gm.
- Start with 2 gms. (4 gms. only for heavy smokers/chewers). Chew one piece of gum every 1-2 hours or when there is an urge/craving.
- Keep it in between your teeth and chew slowly till the taste of nicotine or slight tingling is felt in the mouth.
- Stop chewing and place the gum between cheek and gum.
- The nicotine will be absorbed through the buccal mucosa (cheek).
- Avoid swallowing nicotine saliva this will cause nausea and vomiting.
- Once the tingling sensation is gone, start chewing again and repeat the procedure for half an hour.

## **Precaution**

- Don't chew nicotine gum too fast
- Don't chew more than one piece of gum at a time.
- Maintain a gap of atleast 1- 2 hours between two gums.
- Avoid eating and drinking (especially acidic beverages such as coffee or soft drinks) for 15 minutes before or during chewing of nicotine gums to prevent reduced absorption of nicotine.



## Weaning off Nicotine Gum

- Start decreasing the total number of nicotine gum pieces being used per day by about one piece in every 4-7 days.
- Decreasing the chewing time from 30 minutes to 10-15 minutes for 4-7 days.
- Gradually decrease the total number of pieces used per day.
- Increase the duration between uses of nicotine gum pieces.
- If using 4 mg gum, replace it by 2 mg.
- Stop nicotine gums once the craving for nicotine is satisfied by chewing 1 or 2 gums.
- Avoid using nicotine gums beyond 12 weeks.

## Nicotine gums available in India

- Nicorette Nicogum
- Dosages of nicotine gum:
  - 2 mg for people who smoke less than 25 cigarettes a day.
  - 4 mg is for people who smoke 25 or more cigarettes per day.

Week 1-6	1 gum every 1 to 2 hours
Week 7-9	1 gum every 2 to 4 hours
Week 10-12	1 gum every 4 to 8 hours
After 12 weeks	No gums



# Non Nicotine Replacement Therapy (DRUGS)

## Anti Depressant- Bupropion

Bupropion is a medication that is not based on nicotine and may be preferred by some people who would rather not use a patch or who get a skin reaction from wearing one. Bupropion is an antidepressant that helps to reduce withdrawals and deal with craving. The results from some evaluation studies look rather encouraging: quit rates of around 30% have been reported. Treatment using this medication may be combined with nicotine gums.

Insomnia and dry mouth are the most common side effects. Contraindications include seizures, eating disorder and current use of other drugs like antidepressant. Treatment with Bupropion begins one week before quit date and continues for 7-12 weeks, can be given upto an year depending upon the risk and benefit for each individual.

## Nicotine Receptor Blockade - Varenicline

This is a partial agonist that selectively binds to the alpha 4 and beta 2 nicotine acetylcholine receptors in the brain. It lessens the physical pleasure from taking in nicotine and helps lessen the symptoms of nicotine craving. Tobacco use may be stopped one week after initiating treatment with Varenicline.



## Dosage and Use of Varenicline

Days 1 - 3	0.5 mg once a day	<ul style="list-style-type: none"> <li>Quit date to be on the 7th day from the start of treatment.</li> <li>Intolerance to Varenicline would require lowering the dose.</li> <li>Tablet to be swallowed with water, with or without food.</li> </ul>
Days 4 - 7	0.5 mg twice a day	
Day 8 - to end of Treatment	1 mg twice a day	

- Patients should be treated with Varenicline for 12 weeks. Those who successfully quit, an additional course of 12 weeks treatment with Varenicline 1mg twice daily as maintenance would be required.
- Not to be used below 18 years of age.
- For elderly patients dose schedule is the same.

## Pharmacotherapy for Tobacco Cessation

<i>Nicotine Replacement Therapy (NRT)</i>	<i>Dosage</i>	<i>Side effects</i>	<i>Contraindication</i>
a. Nicotine gum	For 1-24 cigarettes / bidis 2 gm gum up to 24 pieces/day for 12 weeks. For > 25 cigarettes/bidis 4 gm up to 24 pieces/day for 12 weeks Chewers need about half or quarter of the dose as prescribed for smokers.	Mouth soreness, burning in the mouth, throat irritation, dyspepsia, nausea, vomiting, hiccups and excess salivation.	Gastric ulcers, myocardial infarction or stroke in the past two weeks or poorly controlled cardiovascular disease. If a patient has any serious medical condition, refer to an appropriate specialist.
b. Nicotine patch	21 mg/24 hours for 4 weeks then 15 mg/24 hours for 2 weeks then 7 mg/24 hours for 2 weeks.	Local skin reaction. insomnia	Myocardial infarction or stroke in the past two weeks or poorly controlled cardiovascular disease. If a patient has any serious medical condition, refer to an appropriate specialist.
c. Nicotine inhaler	6-16 cartridges/day for 6 months	Local irritation of mouth and throat	-As above-
d. Nicotine nasal spray	1-2 doses/hours for 2 to 6 months	Nasal irritation, irritation of throat, coughing and watering of eyes.	-As above-

Non-Nicotine Replacement Therapy (Non-NRT)	Dosage and duration	Side effects	Contraindications
a. Bupropion	150mg once a day for 3 days followed by 150mg twice a day for 7 to 12 weeks.	Agitation, restlessness, i n s o m n i a , gastrointestinal upset, anorexia, weight loss, headache and lowering of seizure threshold (at doses above 600mg/day). Rarely allergic reactions can occur, including skin rashes, fever, muscle and joint pain.	History of allergy, tumors of central nervous system, severe liver diseases, undergoes u n s u p e r v i s e d withdrawal of alcohol or benzodiazepines, uncontrolled seizures, pregnant and lactating women (those below 18 years) and persons on monoamine oxides inhibitors.
b. Varenicline	Initially 0.5 mg once daily for the first three days, increased to 0.5 mg twice daily for the next four days, and then increased to 1mg twice daily for 12 weeks. The person can quit tobacco one week after initiating Varenicline.	Agitation, depression, restlessness, insomnia, b a d d r e a m s , suicidal ideations, gastrointestinal upset and headaches. Allergic reactions may occur rarely.	Pregnant women, children of people with mental illness. Stop treatment if changes in mood & behavior, agitation and suicidal ideations occur.



# My Winning Plan



*Meditation - a state when thoughts come and go but you do not make any opinion.*



**Deep Breathing Exercise:** Sit /stand straight (spine straight). Take a deep and full breath in. Hold for 2 seconds, breathe out slowly but completely. Hold. Breathe in again and continue the cycle 5-10 times. This increases the oxygen level in your blood and reduces craving. You feel strong.

Frequency - 5-10 times every hour and 10 times when there is craving for tobacco.

## My primary plan to Win Over Tobacco

- Cold Turkey
- Cold Turkey with Nicotine Replacement Therapy
- Cold Turkey and Bupropion
- Gradual withdrawal from ..... and complete stoppage on .....
- Nicotine Replacement therapy-Nicotine Gums
- Bupropion start date ..... Quit Date .....
- Varenicline (Champix) start date..... and Quit Date .....

## My Support Plan

- Exercise - walk, cycling, swimming
- Deep Breathing Exercises
- Meditation with dance, music, laughing
- Sugar free chewing gum/anise seeds (saunf)
- Reading books
- Going to movie
- Sports activity
- Laughter
- Any other


## Quit Date

There is no ideal time to quit, but low stress times are the best. Having a quit date in mind is important. The quit date must be close within next 2 weeks. Do not put your quit date off too long. The quit date can be:

- Marriage anniversary
- Birthday
- Your child/spouse birthday
- Festival time
- Just any date of your choice

**Pick a date that suits you and write it down**

# Preparing to Win – Checklist

- ❖ My win date .....
  - ❖ Informed my relatives, friends, co-workers, others about my quit plan.
  - ❖ My buddy .....
  - ❖ My reasons for winning noted, copies made and placed.
  - ❖ I have put up stickers at common places -- places where I used to smoke or chew tobacco.
  - ❖ I have removed all tobacco related products from my house and office.
  - ❖ Get myself checked by:
    - a. Dentist
    - b. Physician/General Practitioner
    - c. Tobacco cessation specialist
    - d. Additional health experts like Cancer Specialist, Cardiologist, Endocrinologist, Dietician.
  - ❖ Exercise and meditation as support program schedule made.
  - ❖ Diet modification planned.
  - ❖ Provisions for lot of fluid intake made.
  - ❖ No alcohol schedule planned.
  - ❖ Alternates:
    - a. Cinnamon
    - b. Anise seeds (saunf)
    - c. Chewing gums
    - d. Anything else I think will be helpful
- 
- ❖ .....      ■ .....      ■ .....
  - ❖ Nicotine replacements, if required
  - ❖ Medications, if required - Bupropion/Varenicline
  - ❖ Others
    - .....      ■ .....      ■ .....



# Primary Health Check-up



Name of the Doctor: .....Date: .....

<i>Tests</i>	<i>Findings</i>	<i>Remarks</i>
My Pulse Rate		
My Blood Pressure		
My Respiratory Rate		
My Breath Hold Time		
My Sleeping Hours/day		
My Blood Sugar		
My Lipid Profile		
My Liver Function Tests		
Oral Examination		
ECG		
Chest X-Ray		
Abdomen Ultrasound		
My Doctor said:		

## My feelings after visit to the Doctor:

I feel	<input type="checkbox"/> Scared <input type="checkbox"/> Concerned <input type="checkbox"/> Lucky <input type="checkbox"/> Happy
Reasons for my feeling	



# Dental and Oral Check-up



Name of Dentist:.....Date:.....

Findings	Location	Remarks/Advice
<ul style="list-style-type: none"> <li>• White patches</li> <li>• Red patches</li> <li>• Trismus (decreased mouth opening)</li> <li>• Ankyloglossia (decreased mobility of tongue)</li> <li>• Cheek bites</li> <li>• Ulcer</li> <li>• Tobacco spots (nicotina stomatitis)</li> <li>• Tooth decay</li> <li>• Sharp Teeth</li> <li>• Glossitis</li> <li>• Cheilitis</li> <li>• Loose teeth</li> <li>• Candidiasis (fungal infection)</li> <li>• Neck nodes</li> <li>• Any other findings</li> </ul>		
<b>Procedure Done:</b> <ul style="list-style-type: none"> <li>• Scaling</li> <li>• Root treatment</li> <li>• Grinding of sharp teeth</li> <li>• Extraction of teeth</li> <li>• Biopsy/FNAC</li> <li>• Referred to a specialist</li> <li>• Medications</li> <li>• Any other</li> </ul>		
My Doctor said:		

## My feelings after visit to the Dentist

I feel	<input type="checkbox"/> Scared <input type="checkbox"/> Concerned <input type="checkbox"/> Lucky <input type="checkbox"/> Happy
Reasons for my feeling	



# Visit to a Specialist :



*What did they have to say?*

<i>Specialist</i>	<i>Date</i>	<i>Suggestions</i>
Cardiologist		
Cancer Specialist		
Pulmonologist		
Psychologist		
Dietician		
Others		

*My feeling after visit to Specialist:*

I feel	<input type="checkbox"/> Scared <input type="checkbox"/> Concerned <input type="checkbox"/> Lucky <input type="checkbox"/> Happy
Reasons for my feeling	





# My Buddy

Name: .....

*His/her comments and commitments:*

.....

.....

.....

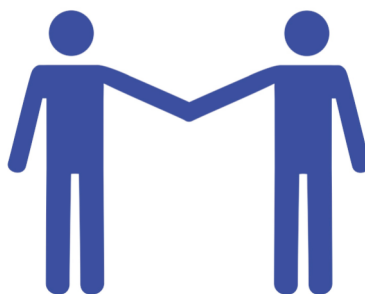
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**BUDDY** - A close friend / companion. Preferably, a friend who has quit tobacco or ready to quit tobacco along with you. You are in constant touch with him throughout the quit cycle. They encourage you, hold your hand when you are feeling low and are always committed towards you.

**Dear Spouse** - You have always wanted him/her to quit. He/she needs your support during the period. Listen, feel, bear with your partner and encourage him/her to be positive. With your support he/she would win over the tobacco addiction. Please for heaven sake do not nag - he/she loves you a lot and always wanted to quit tobacco but till now did not have the right method. Now the plan is ready to win and win only! Positive about Life!!

## I'm a buddy!



# Temptations



There will be times when you feel low and are tempted to smoke or take a dip. It is important that you anticipate and avoid these temptations. Total abstinence is essential ***"Not even a single puff/dip after the quit date"***.

## ***Some common causes of relapse:***

1. When there is another ***tobacco user*** at home, it may be difficult to quit. It is good if your relative or friend can become your "buddy".
2. ***Alcohol*** - can cause relapse. You should abstain from or at least limit alcohol while quitting.
3. ***Office*** - Tell your office smoking/dip partner about your resolution quit. Encourage her/him to be your buddy while quitting, gift her/him a copy of this book. Pin your reasons to quit frame to your office table, wear your I CAN WIN badge, put stickers at places where you frequent for a puff/dip.
4. ***Parties/Public Places*** - "No active smoking, no passive smoking either". Avoid the company/environment of smokers/tobacco users. Put Stickers "Thanks for not Smoking". Please remember smoking in public places is banned. Please gently remind the person "No smoking please". Carry your I CAN WIN badge on you as a gentle reminder of your resolve.
5. ***Loneliness*** - You may be tempted when you are alone or feeling low.
6. ***The Store*** - It is the shop from where you purchased your tobacco. Avoid this store for some time, otherwise tell the nice shop keeper about your quit tobacco resolve and ask for chewing gums in place of tobacco.
7. ***Stress*** - You are stressed, you feel tempted for a puff/dip. Please remember any form of tobacco is not a stress buster. Deep breathing exercise, music, cooking, jogging, dance, reading books may be of help.

No matter what, don't think, "Just one won't hurt". It will hurt. It will undo your work so far. Do not take even one smoke/spit tobacco.



# My Win Day!

Today is your big day. You are prepared, you have a plan. Know your triggers and know how you will deal with them. Just say, "I CAN WIN" and go ahead!



Day	Date	My feelings and my response
1.		
2.		

## My Craving Record:

The first 48 hours of quitting are the toughest and you are glad you did not react by taking a smoke/gutka. You know that you can win.

If you have done it for 48 hours, you can do it further. Keep a watch for your triggers. You have already started feeling better. Cravings and urges would still come but less often and go away sooner. Continue with your will power and your plan. Know your feelings, events or place that may tempt you and be prepared for them.

Level of Craving: 1= Just a little; 2=some; 3=a lot



Date	Day	Time	Place	Level of Craving	What were you doing	Who was with you	Your feelings

## Further Ahead (2 Weeks & More)



### **Congratulations! Feel the change!!**

You have been free from tobacco for two weeks, you know you can win. It will get easier. Keep a watch on your triggers and plan ahead for situation that tempt you. You are no more physically dependent on nicotine.

If you are on any medications for co-morbid conditions, see your doctor for modification of dose. Continue with your exercise regime, music, dance, yoga, meditation or any other help you have started.

Your concentration, your work output, your sleep has improved.



**Feel the change**

**Name of Doctor:** ..... **Date:** .....

Tests	Findings	Remarks
My Pulse Rate		
My Blood Pressure		
My Respiratory Rate		
My Breath Hold Time		
My Sleeping Hours/day		
My Blood Sugar		
My Lipid Profile		
My Liver Function Tests		
Oral Examination		
Dental Examination		
Any Other		
My Doctor said :		

### **My feelings after visit to the doctor**

I feel	<input type="checkbox"/> Wow <input type="checkbox"/> Happy <input type="checkbox"/> Concerned <input type="checkbox"/> Scared
Reasons for my feeling	







# Way Ahead – 6 Months & More

***Talk to your doctor about your concerns and apprehensions***

6 months and tobacco free!

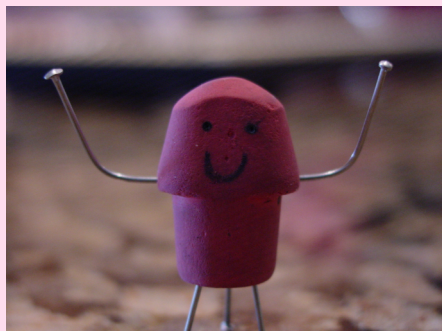
You are now free from the clutches of a deadly habit/disease.

Do check with your doctor regularly as the chronic effects of tobacco could still persist.

Now it is your turn to help others in quitting tobacco!

## ***Health Record :***

<i>Specialist</i>	<i>Date</i>	<i>Suggestions</i>



# Time to Celebrate



## Economy of tobacco:

### 1. Direct gain

Days of Quitting (D)	Cost of Tobacco per day (C)	Money saved $D \times C$
10		
30		
180		
365 ( 1 year)		
5 years		
10 years		

### Indirect gain-

- Improved efficiency → better output → better pay
- Improved health → saving on hospital bills
- Improved work → less hours of absence from work → better pay

The smile on the face of your loved ones and improvement in your health is invaluable. Buy a gift for your buddy and your loved ones, from the money you have saved.

*Celebrate the New You!!!!!!*



## Cost of Tobacco Use in India:

Direct medical costs of treating tobacco related diseases in India amount to 907 million dollars for smoked tobacco annually and 285 million dollars for smokeless tobacco.

With indirect morbidity costs which include the cost of caregivers and value of work loss due to illness, the total economic cost of tobacco use would increase far beyond all the estimates.



# *If You Slip*

## ***No, not a single puff/chew!***

Oh! It has happened with you. Yes, it has happened with many. But now you are smarter. You know your triggers. Maybe you need a modified plan. Consider medication with behavioral intervention.

Let us do it again, but this time you are not at the bottom of the ladder, you have climbed many steps already.

This time you are wiser and better equipped. Go through the record see the positive aspects and also your triggers. Analyse.

Let's say "Yes I can do it and I Can Win" and START

S= SET a quit date

T= TELL family, friends, boss and co-workers that you plan to quit

A= ANTICIPATE and plan for the challenges you'll face while quitting

R= REMOVE cigarettes and other tobacco products from your home, car, and work place.

T= TALK to your doctor about getting help to quit.

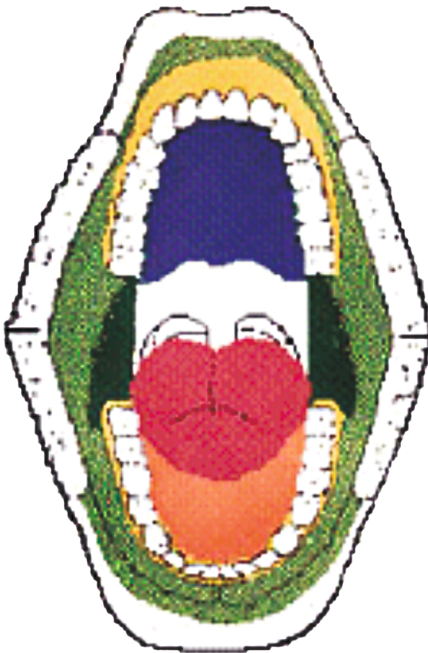


# Recognizing Oral Cancer



## Oral Cavity (Mouth)

The oral cavity is made up of the following parts of the mouth: the lips, the lining of the lips and cheeks, the teeth, the floor of the mouth under the tongue, the front two-thirds of the tongue, the glands that secrete saliva, the bony top of the mouth, the gums, and the small area behind the wisdom teeth. Oral cancer can affect any or all of these areas.



-  Lip
-  Tongue
-  Floor of Mouth
-  Gingiva
-  Buccal Mucosa
-  Retromolar Trigone
-  Hard Palate



# Oral Cancer Prevention

Oral cancer is sometimes associated with known risk factors for the disease. Many risk factors are modifiable though not all can be avoided.

**Tobacco and Alcohol Use:** Tobacco use (cigarettes, pipes, cigars, and smokeless tobacco) is responsible for most cases of oral cancer. Alcohol, particularly beer and hard liquor, are associated with an increased risk of developing oral cancer. Avoiding or stopping the use of tobacco and/or alcohol will decrease the risk of oral cancer.

**Other Factors:** Some studies suggest that Human Papilloma Virus (description of HPV) may increase the risk of oral cancer.

**Sun Exposure:** Sun avoidance or the use of sun screen may decrease the risk of cancer of the lower lip.

**Age:** The risk of developing oral cancer increases after 45 years of age.

**Diet:** A diet rich in fruits, vegetables, and fiber may decrease the risk of oral cancer.



## Symptoms of Oral Cancer

- Sore in the mouth that do not heal (most common symptom).
- Non healing ulcer or growth anywhere in the mouth, which bleeds on touch and is relatively painless
- White or reddish-white patches (leukoplakia or erythroplakia) in the oral cavity
- Lump or thickening in the cheek
- Tingling or numb feeling anywhere in the mouth, neck or facial regions
- Pain in swallowing









## Who are at risk of Oral Cancer

- Tobacco smokers/chewers
- Drinkers of excessive alcohol
- Those who feel difficulty in swallowing or chewing food
- Those with oral habits such as cheek or lip biting
- Those who wear dentures that are old or ill fitting
- Those who notice any swelling, lumps or bumps anywhere in the mouth
- Those who notice white, red or dark lesions anywhere in the mouth
- Those with repeated bleeding anywhere in the mouth



# Steps of Oral Self Examination



Step	Picture	Remarks
<b>Neck (head upright):</b> With your head upright, try to feel both sides of your neck and under your jaw.		
<b>Neck (head back):</b> With your head tilted back, look for masses or lumps.		
<b>Cheeks:</b> Use your thumb and forefinger to pull your cheeks away from your teeth.		
<b>Lips:</b> Feel inside and outside of your lip, using your thumb and fore finger. Also look carefully as you do this.		
<b>Gums:</b> With your lips pulled away, examine all the gums.		
<b>Tongue:</b> Grab the end of your tongue with a tissue or gauze. Pull your tongue out, right, and left, and examine each surface.		
<b>Tongue (upward) :</b> Raise the tip of your tongue to the roof of your mouth. Check the floor of your mouth and under your tongue.		
<b>Palate:</b> Open wide to see the back and roof of your mouth.		

## Why Self Oral Check?

- Early detection to win over cancer.
- The opportunity to identify and treat pre-cancerous conditions



# ALCOHOL - 15 Ways to Reduce or Stop Drinking



If you are dependent on alcohol or have other medical or mental health problems you should stop drinking completely. Reduction of heavy drinking may be a more acceptable goal for some patients who lack readiness to quit drinking.

The frequency of heavy drinking (more than 5 drinks per day for men and 4 for women) has the highest correlation with negative life consequences such as impaired driving, interpersonal problems and injuries.

You need to cut down if in the past one year you have taken one or more times, more than 5 drinks in a day (4 drinks for women).

This positive response to a single question "How many times in the past year have you had X or more drinks in a day?", where X is 5 for men and 4 for women, is recommended for use by the National Institute on Alcohol Abuse and Alcoholism. The sensitivity and specificity of this question is 81.8 and 79.3 percent, respectively.

One can also know the dependence of alcohol by using the **CAGE** questionnaire.

1. Have you ever felt the need to **Cut down** on drinking?
2. Have you ever felt **Annoyed** by criticism of your drinking?
3. Have you ever had **Guilty** feelings about your drinking?
4. Do you ever take a morning **Eye opener** (a drink in the first thing in the morning to steady your nerves or get rid of a hangover)?

One positive response to any question suggests the need for closer assessment; two positive responses are seen in the majority of patients with alcoholism.

Two positive responses have a sensitivity of 77 percent and specificity of 80 percent in patients with alcohol dependence. Over 80 percent of non-alcoholic patients have a negative response to all four questions and virtually none has a positive response to more than two questions.

National Institute on Alcohol Abuse and Alcoholism suggests the following for stopping/ reducing alcohol:

1. **Put in writing why you want to reduce or stop:** Write what you want to achieve, for example, will feel healthier; will sleep better, will improve my relationships.
2. **Write confessions:** Learn and practice various confession exercises. This will help you take care of inner guilt which may be the precipitating factor.
3. **Set a drinking limit:** Those who are cutting back should set a limit as per their health. Most healthy people should limit to less than 40 ml in one hour, 80 ml in one day and less than 240 ml in a week. Women should take less than half of this amount.
4. **Reward your drink intakes:** For initial 3-4 weeks, keep track of every drink. Note the situations you are most likely to drink. Give each situation a rating out of ten. Try avoiding those situations for the next few weeks.



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*Adopted from:-*

*[www.emedinews.org](http://www.emedinews.org) 16th March 2013*





# Self-Health Record

Date	Pulse Rate	Blood Pressure	Respiratory Rate	Breath Holding Time	Blood Sugar	Dental Examination	Oral cavity	Remarks

# Signs & Symptoms of Cancer

*Be careful, not fearful*

## Changes in stool and urine habits

- Long term constipation or diarrhea
- More often or infrequent stool or urine
- Pain while passing urine



## A sore or a white patch that does not heal

- A sore that takes >3 weeks to heal
- A white patch in mouth or in private parts
- White spots on the tongue



## Unusual discharge and bleeding

- Blood in the stool, urine or sputum
- Unusual bleeding from the vagina

## Thickness or lump in the breast or elsewhere

- Lump in breasts or almost anywhere in the body
- Thickening of testicles or lymph node



## Indigestion and difficulty in swallowing

- Though mostly caused by other reasons, persistent indigestion or swallowing problems may be related to cancer of the food pipe.



## Obvious changes in moles and warts

- Change in colour, size, or shape
- Loss of definite border



**"WIN OVER CANCER" with early diagnosis, prompt treatment and quick rehabilitation**

## Nagging cough or hoarseness

- Cough that does not go away
- Persistent hoarseness of voice



Illustration by : Dr. Natasha Das



# Free from Slavery Photo Frame

## 3 Reasons why I want to Quit Tobacco

*Photo of my  
most  
loved one*

I WILL NOT BE A SLAVE TO TOBACCO ANYMORE!!!

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

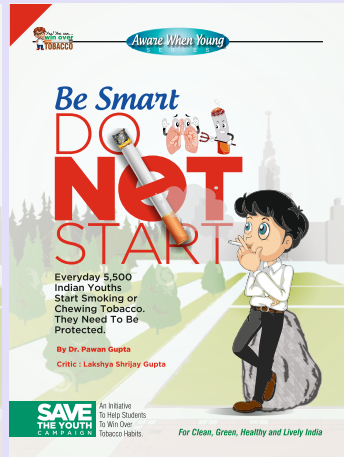
My Slavery Date ends on .....

### ***Tear this and make multiple copies:***

1. Keep under your pillow/bed room
2. Pin it on/near your working table
3. Pin one copy in your bathroom

Put these stickers at places, where you frequent, as a gentle reminder to your resolve.  
A 'Positive about life - I CAN WIN' badge is provided for you to wear everyday

Caps, Mugs and T-shirts are also available for you.



Available on [www.icancare.org](http://www.icancare.org)

# For Clean, Green, Healthy and Lively India



**Reach 3  
Teach 3  
Make India  
Tobacco  
FREE**

Pledge not to take tobacco in any form



Win Over Tobacco  
Online Quiz cum Pledge

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SAVE the Youth

**Join as  
VOLUNTEER  
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# References:

1. The Indian Practitioner - "Tobacco - How to Quit". Gupta P, Jyostna V P. The Ind. Pract.2006;59 (7):445-453
2. Manual for Tobacco Cessation. Directorate General of Health Services, Ministry of Health and Family Welfare. November 2005.
3. WHO. Tobacco or health: a global status report. Geneva: World Health Organization, 1997.
4. M Rani, S Bonu, P Jha, S N Nguyen, and L Jamjoum. Tobacco use in India: prevalence and predictors of smoking and chewing in a national cross sectional household survey. Tob. Control, December 1, 2003; 12(4): e4. (<http://www.tobaccocontrol.com/cgi/content/full/12/4/e4>)
5. Jennifer L Malson, Kristi Sims, Ram Murty, Wallace B Pickworth. Comparison of the nicotine content of tobacco used in bidis and conventional cigarettes Tob Control 2001; 10:181-183 (Summer).
6. P. Jha and F J Chaloupka The economics of global tobacco control BMJ, August 5, 2000; 321(7257): 358 - 361.
7. Dr John Marsden, Ph.D, C.Psychol. Nicotine Treatments. The Addiction Guide - Treatment available online:[http://www.bbc.co.uk/health/profiles/john\\_marsden.shtml](http://www.bbc.co.uk/health/profiles/john_marsden.shtml)
8. Government of India. Report of Expert Committee on economics of tobacco use in India. Ministry of Health and Family and Welfare. Government of India, February 2001.
9. Ezzati M, Lopez AD. Estimates of global mortality attributable to smoking in 2000. Lancet 2003 Sep 13; 362(9387):847-52.
10. Cancer Research in ICMR Achievements in nineties. Indian Council of Medical Research, New Delhi, India. Page 13-14.
11. Prochaska JO, DiClemente CC, and Norcross JC. In Search of How People Change: Applications to Addictive Behaviors. American Psychologist, Vol. 47, No. 9, September 1992, p. 1108.
12. Agency for Health Care Policy and Research, Smoking Cessation Clinical Practice Guideline Panel and Staff. Smoking Cessation Clinical Practice Guideline. JAMA 1996; 275:1270.
13. Ockene JK, Zapka JG. Physician-based smoking intervention: a rededication to a five-step strategy to smoking research. Addict Behav. 1997 Nov-Dec; 22(6):835-48.
14. Mira B. Aghi, P.C. Gupta, F.S. Mehta, and J.J. Pindborg An Intervention Study of Tobacco Habits Among Rural Indian Villagers. Smoking and Tobacco Control Monograph No. 2. In: NCI Cancer Control and Population Sciences. Tobacco Control Research. Page 307-312.
15. Smokeless (spit) tobacco: a review of the state of the science. Proceedings of a symposium during the seventy-fourth general session at the International Association for Dental Research; San Francisco, CA, March 13, 1996. Adv Dent Res 1997; 11:305.
16. Mayo report. Addressing the worldwide Tobacco Epidemic through Effective, Evidence-Based Treatment. Available online [http://www.who.int/tobacco/health\\_impact/mayo/en](http://www.who.int/tobacco/health_impact/mayo/en). Assessed on 9th February 2004.
17. Blum A. Cancer prevention: preventing tobacco related cancers. In DeVita C, Hellman S, Rosenberg S, eds. Cancer principles and practice of oncology, 5th ed. Philadelphia: Lippincott -Raven Publishers, 1997.
18. International Agency for Research on Cancer. ARC Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Humans: Tobacco Habits Other Than Smoking; Betel-Quid and Areca-Nut Chewing; and Some Related Nitrosamines (volume 37). Lyon: IARC, 1984.
19. P.R. Murti, P.C. Gupta, R.B. Bhonsle, D.K. Daftary, F.S. Mehta and J.J. Pindborg Smokeless Tobacco Use in India: Effects on Oral Mucosa. In: Smoking and Tobacco Control Monograph No. 2 NCI Cancer Control and Population Sciences. Tobacco Control Research. Page 51-64.



20. Krishnamurthy S. Tobacco use in pregnancy and reproductive outcome. In: Tobacco and Health: The Indian Scene, L.D. Sanghvi and P.N. Notani (Editors). Bombay: UICC-Tata Memorial Centre, 1989.
21. Richard Peto, Sarah Darby, Harz Deo, Paul Silcocks, Elise Whitley, Richard Doll Smoking, smoking cessation, and lung cancer in the UK since 1950: combination of national statistics with two case-control studies. BMJ. 2000; 321(7257):323-29.
22. G.K.Rath and Kishore Chaudhry. Estimation of Cost of Tobacco Related Cancers. Report of an ICMR Task Force Study (1990-1996). Indian Council of Medical Research. 1999.
23. P.C. Gupta. Smokeless Tobacco Use in India. In: Smoking and Tobacco Control Monograph No. 2. NCI Cancer Control and Population Sciences. Tobacco Control Research. Page 19-25.
24. Second hand smoke. Available online [http://www.who.int/tobacco/health\\_impact/secondhand\\_smoke/en](http://www.who.int/tobacco/health_impact/secondhand_smoke/en). Assessed on 1/9/2004.
25. A Clinical Practice Guideline for Treating Tobacco Use and Dependence. A US Public Health Service Report. The Tobacco Use and Dependence Clinical Practice Guideline Panel, Staff, and Consortium Representatives. JAMA. 2000; 283:3244-3254.
26. Treating Tobacco use and dependence: A Clinical Practice Guideline. Clearing house Publications, P.O. Box 8547, Silver Spring, MD20907-8547. Also available online <http://www.surgeongeneral.gov/tobacco/default.htm>. Assessed on January 2004.
27. Schmitz J., Henningfield J, Jarvik M. Pharmacologic Therapies for Nicotine Dependence. In: Principles for Addiction Medicine, 2nd ed., 1998
28. D. Gonzales, W. Bjornson, M.J. Durcan, et al. Effects of gender on relapse prevention in smokers treated with Bupropion SR, American Journal of Preventive Medicine 22 (4) (2002): 234-239.
29. Prevention and cessation of Tobacco use. A manual for clinic and community based interventions. World Health Organization 2003.
30. [www.emedinews.org](http://www.emedinews.org) 16th March 2013.





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you don't  
have cancer.  
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"Win over Cancer"*



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## 'I CAN WIN FOUNDATION'

(Regd No. 4/3190, Date : 17.03.2008)

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# Win Over Tobacco Made Easy

So many times, I have gone back home with a heavy heart...probably, an emotion that many of my colleagues in oncology would have experienced. The pain and the agony that so many young patients suffering from tobacco related incurable cancers go through is inexplicable; Cancer that could have been prevented if help was available on time.

Most of these patients are very young (between the age of 30-40) - the age when they had the maximum responsibilities of family and work. Sadly, most of the time, they were the sole earners for their families.

During my interactions with these sufferers, I realized that most of them took to smoking during school or colleges. Majority of them wanted to quit and tried various methods, but could not succeed. Studies have shown that almost 70% of tobacco users have tried quitting at least once in their lifetime.

**What could be the solution?  
Banning tobacco by the government will  
only lead to black marketing**

This book "Win Over Tobacco-Made Easy" gives evidence-based strategies to help those who want to free themselves from the slavery of tobacco. The book will ease your journey of quitting tobacco effectively.



***"Freedom from slavery,  
Tobacco quitting now achievable"!***



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