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QUIT TOBACCO RESOURCES FOR PATIENTS

Online or printed materials

- www.cancer.org
- www.americanheart.org
- www.lungusa.org
- www.michigan.gov/tobacco
- www.smokefree.gov
- www.surgeongeneral.gov/tobacco
- www.BecomeanEx.org
- http://betobaccofree.hhs.gov/
- www.ucanquit2.org
- www.smokefree.gov
- www.women.smokefree.gov
- www.nicotine-anonymous.org
- www.smokefreefamilies
Pharmaceutical Aids Programs Help for Cessation

• MyQuit: Cessation program is sponsored by the makers of nicotine medications
  www.quit.com

• Plan My Quit: Cessation program is sponsored by the makers of varenicline (Chantix/Champix)
  www.planmyquit.co

Text Messaging

• SmokefreeTXT
  24/7 encouragement, advice, and tips to help smokers stop smoking for good
  http://www.smokefree.gov

• Text2Quit
  Available through health plans, employers and public health departments

• Sign up for quit tobacco text tips
  http://www.ucanquit2.org/quittips/default.aspx

• SmokefreeMOM
• QuitNowTXT
• SmokefreeVET
• SmokefreeMIL
• Text messaging programs for youth wanting to quit e-cig/vaping and for a friend/family member wanting to help someone quit

https://truthinitiative.org/

State and National Online or Telephone Resources

• Michigan Tobacco Quitline
  1 800 784 8669/1 800 QUIT NOW

• American Lung Association
  1 800 548 8252

• National Cancer Institute
  1 877 448 7848

• American Cancer Society:
  Contact your local American Cancer Society office for additional cessation materials or resources

  1 800 227 2345
• NCI Smoking Quitline for individualized counseling, printed information, and referrals to other sources
1 877 44U QUIT (877 448 7848)

• https://smokefree.gov/
  Tools: How to Quit, Make a Quit Plan, Smartphone Apps, Text Messaging
  https://smokefree.gov/tools-tips

• Blue Cross/Blue Shield of MI
1 800 775 2583
• HAP recipients (HMO & Senior Plus only)
1 313 874 1885
• www.michigan.gov/smokefreelaw

Apps for Quitting

Get support with an app for your smartphone. These apps offer help just for you based on your smoking patterns, moods, motivation to quit, and quitting goals.

• QuitGuide
  QuitGuide is a free app that helps you understand your smoking patterns and build the skills needed to become and stay smokefree.

• quitSTART
  The quitSTART app takes the information you provide about your smoking history and gives you tailored tips, inspiration, and challenges to help you become smokefree.

• Butt Out (Quit Smoking Forever)
• Craving to Quit
• Kwit
• Livestrong MyQuit Coach
• Quit Smoking (Quit Now!)
• Smoke Free

Local Programs and Resources

Detroit Area

• Karmanos Quit Tobacco Workshop
1 313 576 8129

• DMC Harper Hospital
313 745 8516
• Macomb County Health Department
1 586 469 5373
www.macombtobaccoprevention.org

• Oakland County Health Division
1 248 858 1280

*Many insurance companies provide coverage for quit tobacco programs and medications. Check with your individual provider. Medicaid recipients call 1 888 367 6557 to check your plan coverage.

• Local Resources:

Many local hospitals and clinics offer quit-smoking programs. Ask your doctor or other health-care provider for a recommendation. Your state health department is another resource to finding support closer to home.
OTHER RESOURCES

Speak to an Expert

Talking to someone about quitting smoking can be the support you might need to see it through. Consider talking to an expert for help.

Chat

Connect with a National Cancer Institute LiveHelp information specialist. Get immediate information and answers about quitting smoking. LiveHelp is available Monday through Friday from 9:00 a.m. to 9:00 p.m. Eastern time. LiveHelp also is available in Spanish.

Phone

800-QUIT-NOW (800-784-8669)

All states have quitlines with counselors who are trained specifically to help smokers quit. Call this number to connect directly to your state’s quitline. Hours of operation and services vary from state to state.

877-44U-QUIT (877-448-7848)

The National Cancer Institute’s trained counselors provide information and support for quitting in English and Spanish. Call Monday through Friday 9:00 a.m. to 9:00 p.m. Eastern time.

E-Cigarettes/Vaping

- Surgeon General’s “Know the Risks” Website
  https://bit.ly/2h045nY
- CDC’s “Electronic Cigarettes” Website
- Surgeon General’s Report on E-Cigarette Use Among Youth and Youth Adults
  https://bit.ly/2IJ9Pm4

10 Surprising Facts About E-Cigarettes

Center on Addiction

October 2018

E-cigarettes seem to be everywhere these days, and many think of them as a useful tool for people looking to quit smoking and relatively risk-free for new users. But are they safe? Before you or someone you care about uses e-cigarettes to quit smoking or for other reasons, get the facts.

1. **E-cigarettes and other vaping devices are NOT risk-free.**

   Although it’s generally agreed that these products are less harmful than smoked cigarettes, there is no evidence that they are, in fact, safe. Rather, a *growing body of research* indicates that they may lead to negative health consequences, including:
   - Damage to the brain, heart and lungs
   - Cancerous tumor development
   - Preterm deliveries and stillbirths in pregnant women
   - Harmful effects on brain and lung development, when use occurs during fetal development or adolescence

2. **They contain nicotine, a highly addictive drug with known health risks.**

   Using nicotine, regardless of how it is delivered, increases the risk of addiction. Nicotine addiction is notoriously difficult to reverse and use of e-cigarettes frequently leads to use of other nicotine products, including smoked cigarettes, as well as alcohol and other drugs.

3. **Using e-cigarettes and other vaping products is not a proven method for quitting smoking.**

   E-cigarettes and other vaping devices would be a preferred alternative to traditional cigarettes when used exclusively as a replacement and only among smokers who have been unable to quit smoking using proven, medically approved
methods. However, there is little evidence that they reliably reduce cigarette smoking or lead to smoking cessation. In fact, the nicotine contained in e-cigarettes and other vaping products may actually perpetuate addiction, in some cases making it even harder to quit smoking.

4. **E-cigarettes and other vaping devices are not used exclusively by people trying to quit smoking.**

Rather, they are increasingly popular with young people, including those who had never smoked cigarettes previously and never intended to. Research shows that some young people begin to smoke cigarettes only after using e-cigarettes.

5. **E-cigarettes and other vaping devices are frequently used in addition to smoked cigarettes, rather than in place of them.**

Many smokers use these products alongside traditional cigarettes, often at times and in places where smoking is not allowed or is not convenient. The end result is an increase in total exposure to nicotine and its harmful effects.

6. **Nicotine can affect brain development and functioning in young people.**

Young people are particularly vulnerable to using e-cigarettes and vaping devices and to their effects. The younger a person is when he or she tries nicotine, the greater the risk of addiction. The developing brain is more vulnerable to the effects of addictive substances than a fully developed adult brain. Additionally, nicotine can disrupt brain development, interfere with long-term cognitive functioning, and increase the risk of various mental and physical health problems later in life.

7. **E-cigarettes and other vaping devices are not FDA approved.**

These products are not approved by the U.S. Food and Drug Administration (FDA) as a smoking cessation aid. Until very recently, manufacturers and distributors of e-cigarettes and other vaping devices were not bound by standards of safety set by the FDA for smoked tobacco products. Despite the new regulations, e-cigarette manufacturers are free to project a risk-free image in their marketing, and offer enticing, candy-like flavors that appeal to children, adolescents and young adults.

8. **There is little consistency across different products.**

There is limited federal oversight over e-cigarettes and other vaping devices making it difficult to assess the dangers of any specific product. Across products, there is considerable variation in the nature and concentration of the ingredients, including nicotine and other known toxins.

9. **There is no evidence that the aerosol from these products is safe.**

There is growing concern about the long-term health effects of aerosolizing nicotine and other chemicals in e-cigarettes and other vaping devices. The additives, heavy metals, ultrafine particles, and other ingredients they contain include toxins and carcinogens.

10. **The spread of e-cigarettes and other vaping devices may be re-normalizing smoking behavior.**

The increase in popularity of nicotine devices and their widespread availability is reversing the progress made over decades of intense global, national, and local efforts to reduce cigarette smoking, especially among young people.

Secondhand Smoke

Does exposure to secondhand smoke cause cancer?

Yes. The U.S. Environmental Protection Agency, the U.S. National Toxicology Program, the U.S. Surgeon General, and the International Agency for Research on Cancer have all classified secondhand smoke as a known human carcinogen (a cancer-causing agent).

Inhaling secondhand smoke causes lung cancer in nonsmoking adults. Approximately 3,000 lung cancer deaths occur each year among adult nonsmokers in the United States as a result of exposure to secondhand smoke. The U.S. Surgeon General estimates that living with a smoker increases a nonsmoker’s chances of developing lung cancer by 20 to 30 percent.

Some research also suggests that secondhand smoke may increase the risk of breast cancer, nasal sinus cavity cancer, and nasopharyngeal cancer in adults and the risk of leukemia, lymphoma, and brain tumors in children. Additional research is needed to learn whether a link exists between secondhand smoke exposure and these cancers.

What are the other health effects of exposure to secondhand smoke?

Secondhand smoke is associated with disease and premature death in nonsmoking adults and children. Exposure to secondhand smoke irritates the airways and has immediate harmful effects on a person’s heart and blood vessels. It may increase the risk of heart disease by an estimated 25 to 30 percent. In the United States, secondhand smoke is thought to cause about 46,000 heart disease deaths each year. There may also be a link between exposure to secondhand smoke and the risk of stroke and hardening of the arteries; however, additional research is needed to confirm this link.

Children exposed to secondhand smoke are at increased risk of sudden infant death syndrome, ear infections, colds, pneumonia, bronchitis, and more severe asthma. Being exposed to secondhand smoke slows the growth of children’s lungs and can cause them to cough, wheeze, and feel breathless.

**Survival Kit ("Quit Kit")**

Items to have with you in smokefree places

- Straws or coffee stir sticks
- Cinnamon or mint flavored toothpicks
- Flavored dental floss
- Assorted flavors of toothpaste
- Hand cream
- Sugarless gum/hard candy (strong mint or cinnamon)
- Flavored lip balm or gloss
- Bottled water
- Stress ball
- Modeling clay or putty
- IPod or phone/music
- Small healthy snacks
  - carrot sticks
  - celery
  - grapes
  - cherry tomatoes
  - nuts
- Ice cubes
- Rubber bands
- A journal
**Quitting Smoking for Older Adults**

National Institutes of Health released a new web resource to help older adults stop smoking. **Quitting Smoking for Older Adults**, a new topic from NIHSeniorHealth, offers videos, worksheets, interactive features, strategies, quizzes, and more for older smokers who want to or are thinking of quitting. NCI, which based the topic on its resource, **Clear Horizons: A Quit Smoking Guide for People 50 and Older**, has also included information about the challenges and advantages of quitting when you’re older, smoking’s effect on medications, and how to handle withdrawal cravings.

[http://nihseniorhealth.gov/quittingsmoking/quitwhenyoureolder/01.html](http://nihseniorhealth.gov/quittingsmoking/quitwhenyoureolder/01.html)

**Quitting Smoking for Pregnant Women**

[http://babyandmetobaccofree.org/](http://babyandmetobaccofree.org/): Provides resources for those interested in starting the following program: A unique model to assist women in remaining tobacco-free post-partum through CO monitoring.

[https://www.smokingcessationandpregnancy.org/](https://www.smokingcessationandpregnancy.org/): “Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic” is an updated online training, based on the “Virtual Practicum” model. The training is intended for health care professionals who will be assisting their female patients in quitting smoking, in particular, patients who are pregnant or in their child-bearing years."
**Teen Quitting Resources**

American Academy of Pediatrics Talking to Teens about Tobacco Cessation


American Academy of Pediatrics Solving the Puzzle A Guide to Pediatric Tobacco Control


- Smokefree Teen
  
  [https://teen.smokefree.gov](https://teen.smokefree.gov)

  This site is a great resource for teens who currently smoke, who are pressured to smoke, or can't make up their mind about quitting. Note that this site does not discuss nicotine replacement therapy (NRT); if you're interested in finding out more about NRT, talk to your doctor.

- Smokefree Teen on Facebook: [https://www.facebook.com/SmokefreeTeen](https://www.facebook.com/SmokefreeTeen)

- Become an Ex
  

  This site helps prepare a customized quitting plan for each person, and uses blogs and message boards to help users interact and support each other. Must be 13 or older.

- US Food and Drug Administration: The Real Cost
  
  [http://therealcost.betobaccofree.hhs.gov/](http://therealcost.betobaccofree.hhs.gov/)

  A new media campaign from the U.S. Food and Drug Administration details what smoking can really cost, and offers information on different ways teens can quit smoking.

- My Last Dip
  

  My Last Dip is a website that deals with chewing tobacco users. The site offers participants monetary rewards for participating in online surveys.

- SmokefreeTXT
  
  [http://teen.smokefree.gov/smokefreeTXT.aspx](http://teen.smokefree.gov/smokefreeTXT.aspx)

  For the teens who would rather get their quit info via text message, SmokefreeTXT sends six weeks of teen-friendly quit texts to their cell phones.
• This webpage offers specific tips and strategies for identifying stress triggers and trying out new ways to manage your time to keep you from feeling overwhelmed by problems or issues. An extensive list of specific stress situations provides further links that can help you with individual issues.

Spit/Smokeless Tobacco Resources

- National Institutes of Health: Smokeless Tobacco: A Guide for Quitting
  This booklet includes reasons to quit, addresses myths about smokeless tobacco, and helps you develop a plan for quitting.
- American Cancer Society: Guide to Quitting Smokeless Tobacco
  This site provides information about smokeless tobacco, reasons for quitting, and information to help you quit.
- American Academy of Family Physicians: Smokeless Tobacco: Tips on How to Stop
  This site provides brief tips to help you quit smokeless tobacco.

Others:

- http://www.chewfree.com
  A research project, funded in part by the National Institutes of Health, to help people quit using chewing tobacco.
- https://mylastdip.com/
  MyLastDip is a Web-based research project website funded by a grant from the National Cancer Institute to evaluate ways to help people quit using smokeless tobacco.
- http://www.quitsmokeless.org
  This site offers help from your fellow quitters, cancer gallery, Hall of Fame, and tracking facts.
- https://quitnet.meyouhealth.com/#/
  Free education, calculators, expert advice, and chat rooms of people who can help you quit
- http://www.killthecan.org/
  This site is dedicated to helping people QUIT dip, smokeless & chewing tobacco.
# Quitting Books

- **1440 REASONS TO QUIT SMOKING BY BILL DODDS**
- The Last Puff by Gene A. Spiller
- If Only I Could Quit by Karen Casey
- How Women Can Finally Stop Smoking by Robert C. Klesges, Margaret Debon
- Complete Idiot’s Guide to Quitting Smoking by Lowell Kleinman MD, et al
- American Lung Association 7 Steps to a Smoke-Free Life by American Lung Association, et al
- Recovery from Smoking by Elizabeth Hanson-Hoffman, et al
- The Stop Smoking Workbook by Lori Stevic-Rust, PhD and Anita Maximin
- Nic-the Habit by Joe Weaver
- Dr. Larry’s Quit Smoking by Larry Deutsch
- You Can Stop Smoking by Jacquelyn Rogers, Julie Rubenstein
- American Cancer Society’s Freshstart by Dee Burton, Ph.D
- How to Raise Non-Smoking Kids by Neil Izenberg, MD
- Butt Out by David O. Antonuccio, PhD
- Quittin’ Time by Jenny N. Duffey
- Inhale/Exhale by Pat A. Wills
- The No-Nag, No-Guilt, Do-It-Your-Own-Way Guide to Quitting Smoking by Tom Ferguson, MD
- The Easy Way to Stop Smoking by Allen Carr
- The Smoke Stops Here! by Jim Lacey
- "Cassius Cheong’s Positively Quit Manual: The Thinking Person’s Guide to Stop Smoking" by Cassius Cheong
- Quit Smoking Today Without Gaining Weight by Paul McKenna
QUIT TOBACCO RESOURCES FOR PROVIDERS

- **Agency for Healthcare Research and Quality Guideline for Treating Tobacco Use and Dependence**

This Quick Reference Guide for Clinicians presents summary points from the Clinical Practice Guideline. The guideline provides a description of the development process, thorough analysis and discussion of the available research, critical evaluation of the assumptions and knowledge of the field, and more complete information for health care decision making. Decisions to adopt particular recommendations from either publication must be made by practitioners in light of available resources and circumstances presented by the individual patient.

[http://www.ahrq.gov/path/tobacco.htm#clinicians](http://www.ahrq.gov/path/tobacco.htm#clinicians)

- **American Academy of Family Physicians**

Ask and Act Program

New tobacco cessation campaign encourages 100 percent of family physicians to ASK about the tobacco use habits of all their patients and ACT on that information.

- **American Academy of Pediatrics (AAP)**

[www.aap.org](http://www.aap.org)

The AAP is a 60,000-member organization dedicated to the health and well-being of infants, children, adolescents and young adults.

**AAP Julius B. Richmond Center**
[www.aap.org/richmondcenter/](http://www.aap.org/richmondcenter/)

- **American College of Chest Physicians**

Easily access materials and instruments for assessment and treatment.


- **American Society of Clinical Oncology**

ASCO is committed to providing oncologists the tools and resources needed to help their patients definitively quit tobacco.


- **CDC Office on Smoking and Health**

The Centers for Disease Control and Prevention (CDC), through its Office on Smoking and Health (OSH), is the lead federal agency for comprehensive tobacco prevention and control. OSH is a division within the National Center for Chronic Disease Prevention and Health Promotion, which is located within CDC’s Coordinating Center for Health Promotion.

Originally established in 1965 as the National Clearinghouse for Smoking and Health, OSH is dedicated to reducing the death and disease caused by tobacco use and exposure to secondhand smoke.

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

- **CEASE: Clinical Effort Against Secondhand Smoke Exposure**
The CEASE program was developed by child healthcare clinicians to help other child healthcare clinicians adjust their office setting to address parental tobacco use in a routine and effective manner.

www.ceasetobacco.org

- Dayna Institute: Behavioral Health Videos
The Danya Institute provides evidence-based training, leadership and organizational development to behavioral healthcare providers and consumers

http://www.danyainstitute.org/video

- IRETA
Institute for Research, Education, and Training

http://treatmentandrecoversystems.com/

- Mayo Clinic Nicotine Dependence Center
The Nicotine Dependence Center offers educational activities to healthcare professionals who are interested in incorporating nicotine dependence treatment into their practice and/or developing a service to meet the needs of tobacco dependent patients

www.mayoclinic.org/ndc/

- Michigan Oncology Quality Consortium Tobacco Cessation Collaborative
Modeled after the Institute of Healthcare Improvement (IHI) improvement efforts, MOQC in partnership with Michigan Cancer Consortium is sponsoring a learning collaborative to change clinical culture and practice patterns to ensure that every patient being treated for cancer who uses tobacco is identified, advised to quit, and offered scientifically sound treatments.

http://www.moqc.org/TobaccoCessation

- Motivational Interviewing

Motivational Interviewing – for patients who do not want to quit (NAQC)


This web site is intended to provide resources for those seeking information on Motivational Interviewing. It includes general information about the approach, as well as links, training resources, and information on reprints and recent research.

In addition to the contributions of Drs. Miller and Rollnick, the site has benefited from the input of several members of the Motivational Interviewing Network of Trainers (MINT), and hosts information about the MINT organization. In addition to providing information on Motivational Interviewing, the site serves as a resource for agencies or organizations who wish to find a skilled and knowledgeable trainer to assist them in implementing or supplementing current motivational services.

http://www.motivationalinterview.org

- National Behavioral Health Network for Tobacco & Cancer Control

• **Prevent Tobacco Use: A CADCA Toolkit**

CADCA’s Tobacco Use Prevention Toolkit is designed to provide coalitions and drug prevention practitioners with strategies and ideas they can implement to prevent and reduce tobacco use in their communities. Most of the toolkit’s content is based on an environmental approach, with strategies aimed at changing or influencing community conditions, standards, institutions, structures, systems and policies.

[http://www.preventtobaccouse.org](http://www.preventtobaccouse.org)

• **Rx For Change**

A comprehensive, turn-key tobacco cessation training program that equips health professional students and licensed clinicians with knowledge and skills for assisting patients with quitting.

[http://rxforchange.ucsf.edu](http://rxforchange.ucsf.edu)

• **Smoking Cessation Leadership Center**

The Smoking Cessation Leadership Center (SCLC) is a national program office of the Robert Wood Johnson Foundation. Significant support is also provided by the American Legacy Foundation. SCLC aims to increase smoking cessation rates and increase the number of health professionals who help smokers quit. The Center creates partnerships for results with a variety of groups and institutions to develop and implement action plans around smoking cessation. Partnerships with dental hygienists, nurses, pharmacists, emergency physicians, hospitals, labor unions, family physicians, the Veterans Health Administration, and myriad other groups all lead toward the same goal: saving lives by increasing cessation rates and cessation interventions.

[http://smokingcessationleadership.ucsf.edu/Resources.htm#materials](http://smokingcessationleadership.ucsf.edu/Resources.htm#materials)

• **Surgeon General’s Report**

The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014


• **Treatobacco.net**

Treatobacco.net is for those working on the treatment of tobacco dependence throughout the world. It presents authoritative (see contributors) evidence-based information about the treatment of tobacco dependence, under five headings: Demographics and Health Effects, Efficacy, Health Economics, Policy, Safety. Key findings, commentaries and supporting references have been collated and reviewed by around 50 international experts and the evidence is periodically updated to incorporate new research. Referenced slide kits and other resources can also be downloaded from the site.

[http://www.treatobacco.net/](http://www.treatobacco.net/)

• **The University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI)**

UW-CTRI holds a unique place in tobacco control. The Center combines ground-breaking tobacco research with practical application. This has resulted in the UW-CTRI achieving a national reputation for expertise in the study of tobacco treatment and dependence.

[http://www.ctri.wisc.edu/](http://www.ctri.wisc.edu/)

[http://www.ctri.wisc.edu/HC.Providers/healthcare_education.htm](http://www.ctri.wisc.edu/HC.Providers/healthcare_education.htm)
● 2008 Clinical Practice Guideline: Treating Tobacco Use and Dependence
This U.S. Public Health Service's 2008 update of the Clinical Practice Guideline: Treating Tobacco Use and Dependence includes new, effective clinical treatments for tobacco dependence and the latest information to help people quit smoking.
  o Quick Reference Guide for Clinicians: Treating Tobacco Use and Dependence (PDF)
    This is a quick how-to guide to assist clinicians in implementing the clinical practice guidelines.
  o Helping Smokers Quit: A Guide for Clinicians
    http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.pdf (PDF)
    This pocket guide gives clinicians easy access to information to help their patients quit smoking. The tool is based on the "5 A's" approach to cessation intervention: Ask, Advise, Assess, Assist and Arrange, and offers other helpful resources.

● 1-800-QUIT-NOW
http://1800quitnow.cancer.gov
1-800-QUIT-NOW is the toll-free National telephone counseling service to help people stop smoking or quit other forms of tobacco use.
Treatment and Research Organizations

- ATTUD Association for the Treatment of Tobacco Use and Dependency
  ATTUD is an organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user.
  

- Society for Research on Nicotine and Tobacco
  The Society for Research on Nicotine and Tobacco (SRNT) is the leading association focused on this special area of research. SRNT was founded in 1994 to coordinate and advance research on a broad array of topics ranging from the pharmacology of nicotine to the societal influences on use of tobacco. The Society has flourished in the years since its inception and now has over 1100 members, in more than 40 countries around the world.
  
Disparities, Special Needs

- American Academy of Pediatrics Working with Special Populations

- CDC CONSORTIUM of National Networks
  https://www.naquitline.org/page/NationalNetworks?

The following CDC-funded networks are working with specific populations experiencing tobacco and cancer-related health disparities

  o Asian Pacific Partners for Empowerment, Advocacy and Leadership
    http://www.appealforcommunities.org/

  o Community Anti-Drug Coalitions of America
    http://www.cadca.org/

  o Inter-Tribal Council of Michigan
    http://www.itcmi.org/

  o National African American Tobacco Prevention Network
    http://www.naatpn.org/

  o National Alliance for Hispanic Health
    http://www.hispanichealth.org/

  o Network for LGBT Health Equity at Centerlink
    http://blog.lgbthealthequity.org/about/

HIV Positive

- Positively Smoke Free
- Intellectual Disabilities

- 'I Can Quit' Facilitator's Manual

Mental Health

- A Hidden Epidemic: Tobacco Use and Mental Illness
- Smoking Cessation Leadership Center: Behavioral Health Resources
- Oregon Addiction and Mental Health Services
- Smoking Cessation for Persons with Mental Illnesses: A Toolkit for Mental Health Providers
Military families

- That's It- Time to Quit
- TRICARE smoking cessation program fact sheet
- Quit Tobacco, Make Everyone Proud.

Oncology Patients

- American Society of Clinical Oncology: Tobacco Cessation and Control Resources

Rural Communities

- Tobacco Use in Rural Communities

Women

- National Partnership for Smoke-free Families: Clinical Practice Tools
- Pregnets
- SmokefreeWomen
- Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic
- text4baby
OTHER RESOURCES:

- Tobacco Atlas:
  http://www.tobaccoresearch.net/atlas.html

- Tobacco Timeline:
  http://www.tobacco.org/History/Tobacco_History.html

- History of Tobacco:
  http://www.historian.org/bysubject/tobacco1.htm

- Tobacco History Links
  http://www.ocf.berkeley.edu/~vpeters/tobac.htm

- Legacy Documents Library:
  http://legacy.library.ucsf.edu/

- DOJ Case Site:
  http://www.usdoj.gov/civil/cases/tobacco2/

- Tobacco Litigation Documents:
  http://www.library.ucsf.edu/tobacco/litigation/

- Campaign for Tobacco Free Kids:
  http://www.tobaccofreekids.org/

- CDC’s Best Practices:
  http://www.cdc.gov/tobacco/bestprac.htm

- WHO’s Tobacco Control Handbook:
  http://www.who.int/tobacco/resources/publications/tobaccocontrol_handbook/en/

- Americans for Non-Smokers Rights:
  http://www.no-smoke.org/

- Framework Convention Alliance:
  http://www.fctc.org/

- Tobacco Dependence Treatment:
  http://tobaccoquitter.com/tobacco-cessation-counseling/training-cme

- General Resources
  http://wellnessproposals.com/wellness-library/tobacco-cessation/
• Recovery SI

   See: For Treatment Professionals, counseling skills videos

   http://treatmentandrecoverysystems.com/

• Environmental Protection Agency

   This site offers a wealth of information on the health effects of secondhand smoke on children and helps families establish a smoke-free home.

   www.epa.gov/smokefree
GUIDANCE FOR MAKING CHANGES TO QUIT TOBACCO/SMOKING AND VAPING SUCCESSFULLY

COMMON CONCERNS ABOUT QUITTING
Place a ☑ next to what you consider your “triggers” to smoke/vape.
Identify possible solutions instead of smoking.

<table>
<thead>
<tr>
<th>Trigger:</th>
<th>Instead I will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The first 24 hours</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Relaxing</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Restlessness</td>
<td>1.</td>
</tr>
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<td></td>
<td>2.</td>
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<tr>
<td>Occupying your hands and mouth</td>
<td>1. Make a “Quit Kit”: sugarless gum &amp; candy, straws, rubber band, chapstick, doodle pad &amp; pen, healthy snacks (sunflower seeds, nuts)</td>
</tr>
<tr>
<td></td>
<td>2.</td>
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<tr>
<td>Watching TV</td>
<td>1.</td>
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<td>2.</td>
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<tr>
<td>Weight gain</td>
<td>1. Low fat/low calorie, 6 small meals, exercise, portion control, drink lots of water</td>
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<td>2.</td>
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<tr>
<td>Talking on the phone</td>
<td>1.</td>
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<td></td>
<td>2.</td>
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<tr>
<td>Insomnia</td>
<td>1.</td>
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<td>2.</td>
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<tr>
<td>Alcohol without smoking</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Handling stress</td>
<td>1.</td>
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<td>☐ 2.</td>
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<tr>
<td>Facing the morning</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Facing boredom</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Cravings</td>
<td>1. 5 D’s: delay, deep breathing, drink water, do something else, discuss</td>
</tr>
<tr>
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<tr>
<td>Concentration</td>
<td>1.</td>
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<tr>
<td></td>
<td>2.</td>
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<tr>
<td>Anxiety</td>
<td>1.</td>
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<tr>
<td></td>
<td>2.</td>
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<tr>
<td>Car rides</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Irritability and frustration</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Coffee and tea without smoking</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Good times</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Other smokers</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Enjoying meals</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Depression</td>
<td>1.</td>
</tr>
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</tbody>
</table>

Manage Stress: Instead of Smoking....

- Imagery
- Meditation
- Music
- Yoga
- Diet
- Get a pet
- Take a walk
- Burn candles
- Read
- Pray
- Warm bath/shower
- Deep breathing
- Spiritual faith
- Journal
- Special place
- Seek support
- Take a break
- Call someone
- Nap
- Set limits
- Watch a comedy
- Learn a skill
- Daydream
- Stretching
- Say "No"
- Martial Arts
- Decrease caffeine
- Sports
- Games
- Talking
- Muscle relaxation
- Volunteer work
- Organize
- Hobby
- Exercise
- Decrease sugar
- Drink water
- Positive self-talk
- Laughter
- Family time
- Stop complaining
- Don’t be hard on yourself
- Therapy
- Cleaning
Medications for Help in Quitting Tobacco
https://www.mayoclinic.org/healthy-lifestyle/quit-smoking/in-depth/quit-smoking-products/art-20045599

Because nicotine is addictive, it is normal to have withdrawal symptoms when you quit. The good news is these symptoms are temporary and there are safe medications that can help. The U.S. Food and Drug Administration (FDA) has approved the following medicines to help you quit tobacco.

There are several medications that may help you stop smoking; in the United States, some of these are available without a prescription while others require a prescription. Effective medications include varenicline (brand name: Chantix), a prescription medication; nicotine gum, patch, or lozenge (available over the counter); and bupropion (brand names: Zyban, Wellbutrin), a prescription medication. Any of these medications can have side effects.

Nicotine replacement therapy — Without nicotine, most people develop withdrawal symptoms. These include depression, difficulty falling or staying asleep, irritability, frustration, anger, anxiety, difficulty concentrating, restlessness, and nicotine craving.

Nicotine replacement therapy is designed to reduce the intensity of these symptoms and make the smoker more comfortable when quitting, but it will not prevent symptoms completely.

Nicotine is available in several forms: as a gum or lozenge, patch, nasal spray, or inhaler. All appear similarly effective. However, individual smokers may find one form particularly helpful. Combinations of these therapies (usually a patch plus gum, lozenges, nasal spray, or inhaler) are more effective than use of one form alone.

Examples of combination treatments include a nicotine patch, which may be worn to provide a constant low level of nicotine, and nicotine gum, which may be used as needed for cigarette cravings.

Nicotine replacement therapy is safe, even in people with known heart disease.

Skin patches — Nicotine patches deliver nicotine to the blood through a skin patch. Several doses are available. The highest dose patch (21 mg/patch) is usually appropriate for people smoking 10 cigarettes (half a pack) or more daily. Lighter smokers might choose the 14 mg/patch. Patches reduce withdrawal symptoms but do not eliminate them.

The combination of an intensive behavioral program and nicotine patches can double your chances of quitting.

Treatment with nicotine patches is generally recommended at "full dose" for four to six weeks. Some brands of patches include a tapering period of several additional weeks. Longer use of nicotine patches does not generally improve the chance of quitting.

Use of nicotine at night may interfere with sleep, causing vivid dreams. On the other hand, use of nicotine patches at night increases morning blood nicotine levels, which may help prevent difficult early morning withdrawal symptoms. There is a low risk of addiction with nicotine patches.

Gum — Nicotine gum contains nicotine that is slowly released with chewing. Gum is available in 2 and 4 mg pieces.

People who smoke 25 cigarettes per day or less can use 2 mg of nicotine gum when needed. Smokers who smoke more than 25 cigarettes per day can use the 4 mg dose; this produces blood levels of nicotine 40 percent lower than smoking. Smokers may use up to 24 pieces of gum per day. Withdrawal symptoms are not prevented by gum use, but the intensity of the symptoms may be reduced. A very small percentage of former smokers become chronic gum users but using gum long-term is far less risky than smoking.

When used with an intensive behavioral program, nicotine gum can double your chances of quitting. Without a behavioral program, quit rates with gum are usually lower. Gum use is generally recommended for three to six months.
The gum is meant to be chewed differently than regular chewing gum. To be effective, the nicotine must be absorbed through the cheek or gums. If chewed too quickly, the nicotine is instead swallowed, which can cause stomach upset and is not very effective for treating nicotine withdrawal. To be absorbed well, the user chews it just enough to feel the tingling of nicotine being released, then "parks" the gum in the cheek until the tingling goes away. At that point, the user chews it again until the tingling is felt, then parks it in the cheek. This cycle is repeated for 30 minutes, and then the gum is discarded. Gum users should avoid drinking coffee, sodas, or orange juice while chewing the gum or for 15 minutes beforehand, because these fluids make saliva acidic, which limits nicotine absorption.

**Lozenges** — Nicotine lozenges slowly release nicotine into the saliva in the mouth. The nicotine works similarly to the gum, as it must be absorbed in the mouth and not swallowed. Because the lozenges do not require chewing, they may be easier for some people to use. They come in 2 and 4 mg doses.

**Inhaler** — The nicotine inhaler is made up of a mouthpiece and a plastic cartridge that contains nicotine. Nicotine is released when you inhale through the device. Most of the nicotine is deposited in the mouth and throat. It does not actually reach the lungs. Therefore, nicotine is absorbed more slowly than it is when inhaling on a cigarette.

Irritation of the mouth or throat is common, particularly in the beginning. People with asthma or chronic cough may not be able to use the inhaler due to throat irritation.

Nicotine inhalers are available only by prescription in the United States, though they are not more risky than the nicotine patch, lozenge, or gum.

**Nasal spray** — Nicotine nasal spray delivers a liquid solution of nicotine to the nose. Compared with the patch and gum, the nasal spray produces a relatively rapid rise in nicotine levels in the blood, more similar to what happens when you smoke. However, nasal irritation is common. Nasal sprays are safe. They are available only by prescription in the United States.

**Varenicline** — Varenicline (brand name: Chantix) is a prescription medication that works in the brain to reduce nicotine withdrawal symptoms and cigarette cravings. In several studies, it was more effective than both bupropion and placebo (a lookalike substitute that contains no medication).

It should be taken after eating with a full glass of water as follows:

- One 0.5 mg tablet daily for three days
- One 0.5 mg tablet twice daily for the next four days
- One 1.0 mg tablet twice daily starting at day 7

You should plan to quit smoking between one and four weeks after starting varenicline. You should continue it for 12 weeks before concluding if it is working; if you successfully quit at 12 weeks, you may continue taking it for an additional 12 weeks. If you have not quit after taking varenicline for 12 weeks, talk to your health care provider about the next step. Options include working harder to make behavioral changes and continuing varenicline or switching to another treatment.

Common side effects of varenicline include nausea and abnormal dreams.

In 2011, the US Food and Drug Administration (FDA) issued an advisory that, in people who already have heart or blood vessel disease, varenicline may increase the risk of acute heart problems. If there is such a risk, it appears to be small, and is likely outweighed by the benefits of quitting smoking.

**Bupropion** — Bupropion (brand names: Zyban, Wellbutrin) is an antidepressant that can be used to help you stop smoking. It is usually taken once daily for three days, then increased to twice daily starting two weeks before the quit date; it is typically continued for 7 to 12 weeks.
Bupropion is generally well-tolerated, but it may cause dry mouth and difficulty sleeping. The drug should not be used by people who have a seizure disorder or bipolar (manic-depressive) disorder, and it is not recommended for those who have head trauma, anorexia nervosa, or bulimia, or for those who drink alcohol excessively.

https://www.uptodate.com/contents/quit-smoking-beyond-the-basics
3 SIMPLE STEPS TO FINDING THE THERAPEUTIC NICOTINE THAT IS RIGHT FOR YOU

STEP 1: Decide which type of quitter you are

PROTECTIVE quitter
- Want to treat cravings before they happen
- Prefer continuous medicine

RESPONSIVE quitter
- Like responding to cravings when they occur
- Want active craving relief

STEP 2: Answer the questions by checking the boxes below.

I smoke more at certain times of day
[ ] AGREE
[ ] DISAGREE

I prefer once-a-day convenience
[ ] AGREE
[ ] DISAGREE

I want to control my nicotine dose
[ ] AGREE
[ ] DISAGREE

I want to be discreet
[ ] AGREE
[ ] DISAGREE

I like the oral gratification of smoking
[ ] AGREE
[ ] DISAGREE

I dislike chewing gum
[ ] AGREE
[ ] DISAGREE

STEP 3: Choose the treatment with the most checks.

COMMIT
- For controlling how much nicotine you use and when you use it. Great way to help you quit.

NICOLORETT
- For controlling how much nicotine you use and when you use it.

NICODERM CO
- For once-a-day convenience

What are the benefits?
- Control over how much nicotine you use
- Convenience Pop Pac™ for use anywhere, anytime
- Oral gratification
- Commit 4 mg lozenges can help you reduce weight gain while you use it
- Nicorette for controlling how much nicotine you use and when you use it
- Nicoderm CQ
- Smart Control™ technology for steady nicotine delivery
- Once-a-day convenience
- Step-down dosage for gradual nicotine reduction
- Familiar clear patch for continuous nicotine

What strength is right for you?
- 4 mg Commit: If you smoke your first cigarette of the day within 30 minutes of waking up
- 2 mg Commit: If you smoke your first cigarette of the day more than 30 minutes after waking up
- 4 mg Nicorette: If you smoke 2 or more cigarettes a day
- 2 mg Nicorette: If you smoke fewer than 25 cigarettes a day
- Start with 21 mg Nicoderm CQ if you smoke more than 10 cigarettes a day
- Start with 14 mg Nicoderm CQ if you smoke 10 or fewer cigarettes a day

www.CommitLozenge.com
www.Nicorette.com
www.NicodermCQ.com

WAY2QUIT FOR PERSONALIZED 24-HOUR A-DAY SUPPORT TO HELP YOU QUIT, VISIT:
www.WAY2QUIT.com

$7.00 OFF any Commit® or Nicorette® products, or Nicoderm® CQ® package or larger product.
34 Ways to Keep Fit

Are you looking for ideas to get you on your feet? Have we got a list for you!

At 81, Efrain Chacurian plays soccer with the 13-year-olds on his youth development team. At 90, Ted Harten set Senior Olympic records in the high jump, long jump and shot put. And at 102, ballroom dancer Lenore Schaeffer whirled Tonight Show host Jay Leno across the stage.

Did they find the Fountain of Youth? No, their magic potion is a healthy lifestyle centered on physical activity. “That’s critical after age 50 because many so-called diseases of aging are really diseases of inactivity that can be modified by exercise, no matter what your age,” says Jack Higgins, MD, vice president of Fifty-Plus Lifelong Fitness, which promotes senior health.

Regular exercise for 30 minutes a day, five days a week, can cut your risk for coronary artery disease, high blood pressure and diabetes. Weight-bearing activities such as walking and dancing can help ward off osteoporosis. And because exercise improves strength and balance, it can help prevent falls that break bones.

Tips for Exercising

If your doctor clears you to exercise and you’re 50 or older, the American Academy of Orthopaedic Surgeons has some tips:

- Always wear appropriate gear, such as the right shoes.
- Warm up before exercising. Walk while moving your arms, for instance.
- Exercise at least 30 minutes a day. You can split this into short segments.
- Drink enough water, even if you don’t feel thirsty.
- Never increase your program more than 10 percent a week (walking distance or weight lifted, for instance).
- Consider varying your routine to keep exercise interesting.
- When using exercise equipment, read instructions carefully and, if needed, seek help.
- Stop exercising if you have severe pain or swelling. Always have persistent discomfort evaluated.

Having trouble coming up with a routine? Here’s a list of ideas.

- Badminton
- Balance exercises
- Bicycling
- Bowling
- Canoeing
- Cleaning
- Croquet
- Dancing
- Frisbee throwing
- Gardening
- Golf
- Hiking
- Horseshoes
- Kayaking
- Lawn bowling
- Martial arts
- Pilates
- Rock climbing (indoor, with safeguards)
- Sailing
- Skating
- Skiing
- Sledding
- Softball
- Stationary cycling
- Step machines
- Swimming
- Table tennis
- Tai chi
- Tennis
- Treadmill
- Volleyball
- Walking
- Water exercises
- Weight-lifting
Helping a Smoker Quit: Do’s and Don’ts

General hints for friends and family

Do respect that the quitter is in charge. This is their lifestyle change and their challenge, not yours.

Do ask the person whether they want you to ask regularly how they’re doing. Ask how they’re feeling – not just whether they’ve stayed quit.

Do let the person know that it’s OK to talk to you whenever they need to hear encouraging words.

Do help the quitter get what they need, such as hard candy to suck on, straws to chew on, and fresh veggies cut up and kept in the refrigerator.

Do spend time doing things with the quitter to keep their mind off smoking – go to the movies, take a walk to get past a craving (what many call a “nicotine fit”), or take a bike ride together.

Do try to see it from the smoker’s point of view – a smoker’s habit may feel like an old friend that’s always been there when times were tough. It’s hard to give that up.

Do make your home smoke free, meaning that no one can smoke in any part of the house.

Do remove all lighters and ash trays from your home. Remove anything that reminds them of smoking.

Do wash clothes that smell like smoke. Clean carpets and drapes. Use air fresheners to help get rid of the tobacco smells – and don’t forget the car, too.

Do help the quitter with a few chores, some child care, cooking – whatever will help lighten the stress of quitting.

Do celebrate along the way. Quitting smoking is a BIG DEAL!

Don’t doubt the smoker’s ability to quit. Your faith in them reminds them they can do it.

Don’t judge, nag, preach, tease, or scold. This may make the smoker feel worse about him or herself. You don’t want your loved one to turn to a cigarette to soothe hurt feelings.

Don’t take the quitter’s grumpiness personally during their nicotine withdrawal. Tell them that you understand the symptoms are real and remind them that they won’t last forever. The symptoms usually get better in about 2 weeks.

Don’t offer advice. Just ask how you can help with the plan or program they are using.

If your ex-smoker “slips”

Don’t assume that they will start back smoking like before. A “slip” (taking a puff or smoking a cigarette or 2) is pretty common when a person is quitting.

Do remind the quitter how long they went without a cigarette before the slip.

Do help the quitter remember all the reasons they wanted to quit and help them forget about the slip as soon as possible.

Do continue to offer support and encouragement. Remind them they’re still a “quitter” – NOT a smoker.

Don’t scold, tease, nag, blame, or make the quitter feel guilty. Be sure the quitter knows that you care about them whether or not they smoke.
If your quitter relapses

Research shows that most people try to quit smoking several times before they succeed. (It’s called a relapse when smokers go back to smoking like they were before they tried to quit.) If a relapse happens, think of it as practice for the next time. Don’t give up your efforts to encourage and support your loved one. If the person you care about fails to quit or starts smoking again:

Do praise them for trying to quit, and for whatever length of time (days, weeks, or months) of not smoking.

Do remind your loved one that they didn’t fail – they are learning how to quit – and you’re going to be there for them the next time and as many times as it takes.

Do encourage them to try again. Don’t say, “If you try again...” Say, “When you try again...” Studies show that most people who don’t succeed in quitting are ready to try again in the near future.

Do encourage them to learn from the attempt. Things a person learns from a failed attempt to quit may help them quit for good next time. It takes time and skills to learn to be a non-smoker.

Do say, “It’s normal to not succeed the first few times you try to quit. Most people understand this and know that they have to try to quit again. You didn’t smoke for (length of time) this time. Now you know you can do that much. You can get even further next time.”

If you are a smoker

Do smoke outside and always away from the quitter.

Do keep your cigarettes, lighters, and matches out of sight. They might be triggers for your loved one to smoke.

Don’t ever offer the quitter a smoke or any other form of tobacco, even as a joke!

Do join your loved one in their effort to quit. It’s better for your health and might be easier to do with someone else who is trying to quit, too.

Call the American Cancer Society at 1-800-227-2345 to find out what resources might be available to help someone quit and stay quit.