



# *Preparing to Quit Tobacco Toolkit*



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# *Preparing to* **Quit Tobacco** *Toolkit*

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This toolkit contains resources to help you achieve success in becoming tobacco-free.

# Tobacco Cessation Balance Tool

Are your reasons for using tobacco more or less important than your reasons to quit? Fill out each section as truthfully and completely as possible. This tool is designed to help you determine your readiness to quit.

<p><b>List the positives of using tobacco</b></p>	<p><b>List the negatives of using tobacco</b></p>
<p><b>List the negatives of quitting tobacco</b></p>	<p><b>List the positives of quitting tobacco</b></p>



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# Medications for Tobacco Cessation

These medications have been approved by the Federal Drug Administration to treat nicotine addiction. Optimum therapy may involve the use of a combination of medications (prescription pills) and nicotine replacement therapy (NRT). Prolonged use gives better results.

The Department of Health and Human Services recommends these combinations:

1. patch + Buproprian
2. patch + gum
3. patch + lozenge + inhaler

**Work with your doctor to determine the medication or combination of medications that will work best for you.**

Medication	How it Works	How to Use	Dosage
Nicotine patch (Nicoderm CQ) Over-the-counter	Supplies a steady amount of nicotine into the body. Cannot relieve acute breakthrough nicotine withdrawal symptoms. <i>May be used with other medications.</i>	It takes six to eight hours for the patch to reach maximum effectiveness. Put it on at bedtime to feel the effect when you first awake. If it keeps you awake at night, then apply it in the morning instead.  Increased benefit with longer use – up to six months.	3 doses: 7 mg, 14 mg or 21 mg. If you smoke more than 2 packs/day, ask your doctor about wearing more than one patch.
Nicotine gum (Nicorette) Over-the-counter	When chewed, slowly releases nicotine into the bloodstream through the mouth. Delivers less nicotine than a cigarette and at a slower rate. <i>May be used with the patch.</i>	Once chewed, the gum should be placed between the cheek and gum. Can be chewed as needed or on a fixed schedule.	2 doses 2 mg or 4 mg. Chew one piece every one to two hours. Maximum: 24 pieces a day.
Nicotine lozenge (Commit) Over-the-counter	Slowly releases nicotine into the bloodstream through the mouth. Delivers less nicotine than a cigarette and at a slower rate, but nicotine enters the brain within minutes. <i>May be used with the patch.</i>	Taper the dose over time. Delay use until at least 15 minutes after eating or drinking. Do not eat or drink while using the lozenge.	2 doses 2 or 4 mg. Limit to 20 lozenges in 24 hours.
Nicotine inhaler (Nicotrol inhaler) Prescription only	Inhaled through the mouth delivering a metered dose to the mouth and throat where it is quickly absorbed into the bloodstream. It is 16 times faster than the patch. <i>May be used with the patch.</i>	Use to relieve breakthrough nicotine withdrawal symptoms. Light smokers may use as sole NRT; moderate to heavy smokers, use in combination with another med, like the patch.	As directed.
Nicotine nasal spray (Nicotrol NS) Prescription only	Inhaled through the nose. It quickly passes into the mucous membranes through the nose and sinuses. The hit you get with the nasal spray feels more like smoking a cigarette. <i>May be used with the patch.</i>	For immediate/crisis withdrawal symptom relief.	As directed.
Bupropion (Zyban/Wellbutrin) Prescription only	Antidepressant medication that decreases nicotine withdrawal symptoms and the urge to smoke. <i>May be used with the patch.</i>	Is safe to use with NRT. Begin one to two weeks before quit date. <i>Read black box warning about suicide.</i>	As directed for 7-12 weeks or up to six months.
Varenicline (Chantix) Prescription only	Blocks nicotine action in the brain, taking away the urge to smoke. <i>Use alone. Do not combine with NRT.</i>	Start one week before quit date. <i>Read black box warning about suicide.</i>	As directed for three to six months.

Check with your doctor before starting a nicotine replacement program, especially if you have a heart condition.

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*Adapted from DHHS, Agency for Healthcare Research and Quality, Public Health Service, Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update, Pages 45-54. May 2008. Located at: [http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating\\_tobacco\\_use08.pdf](http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf)*

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# Tobacco Cessation Quitlines *and* Resources

Many states in the TRICARE® West Region have support and resources available to help you stop using tobacco. Call or go online for information and support to help you quit using tobacco.

Organization	Telephone Number and Website
United States Department of Defense	YouCanQuit2 Tobacco Cessation Program <a href="http://www.ycq2.org">www.ycq2.org</a>
American Lung Association	1-800-LUNGUSA (1-800-586-4872) <a href="http://www.lung.org/stop-smoking">www.lung.org/stop-smoking</a>
American Cancer Society	1-800-ACS-2345 (1-800-227-2345) <a href="http://www.cancer.org/Healthy/StayAwayfromTobacco/GuidetoQuittingSmoking/index">www.cancer.org/Healthy/StayAwayfromTobacco/GuidetoQuittingSmoking/index</a>
National Cancer Institute	1-877-44U-QUIT (1-877-448-7848) <a href="http://smokefree.gov">smokefree.gov</a>
Legacy Foundation, in partnership with Mayo Clinic	Ex Tobacco Cessation Program <a href="http://www.becomeanex.org">www.becomeanex.org</a>
National Smoke Free Organizations	1-800-QUIT-NOW (1-800-784-8669)

## Health Net Federal Services' Tobacco Cessation Resources

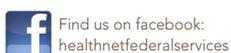
### Time to Quit

This online program will help you create your personal plan of action for quitting. It includes information, tools, activities, and resources that can help you identify patterns or reasons for using tobacco, deal with withdrawal symptoms, determine your method for quitting, and stay motivated. Go to [www.tricare-west.com/go/tobacco](http://www.tricare-west.com/go/tobacco) to access this program and other tobacco cessation resources.

### Preparing to Quit Tobacco

This instructor-lead, telephone-based class focuses on the key challenges of smoking, helps you identify motivation, provides skills and strategies for quitting, and connects you to online tools and resources. Go to [www.tricare-west.com/go/teleclass](http://www.tricare-west.com/go/teleclass) to view a schedule and register online. To register by telephone, please call (916) 985-1694.

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# Tobacco Triggers

<input type="checkbox"/>	<b>Stress</b>	<input type="checkbox"/> Breathe in and out slowly and deeply 10 times; imagine a peaceful scene. <input type="checkbox"/> Relax the muscles around your mouth, jaw, neck, shoulders, and hands.
<input type="checkbox"/>	<b>Drinking coffee</b>	<input type="checkbox"/> Change your location and use a different cup. Try changing from coffee to tea until tobacco free.
<input type="checkbox"/>	<b>Boredom</b>	<input type="checkbox"/> Start exercising by going for walks or going to the gym. <input type="checkbox"/> Stay busy with hobbies, games, puzzles, or reading.
<input type="checkbox"/>	<b>On a drive</b>	<input type="checkbox"/> Clean out the car, including the ashtray. <input type="checkbox"/> Keep healthy snacks handy, like carrots or celery.
<input type="checkbox"/>	<b>On the phone</b>	<input type="checkbox"/> Try using a different phone or change your location. <input type="checkbox"/> Keep straws or rubber bands available to play with.
<input type="checkbox"/>	<b>After meals</b>	<input type="checkbox"/> Don't linger at the table. <input type="checkbox"/> Go somewhere smoking is not allowed, for example, the mall or movie theater.
<input type="checkbox"/>	<b>Anger</b>	<input type="checkbox"/> Run, swim, walk, or go for a bike ride to let it out. <input type="checkbox"/> Talk to people about how you are feeling.
<input type="checkbox"/>	<b>Social events</b>	<input type="checkbox"/> Cut down on or avoid alcohol for about the first three months. <input type="checkbox"/> Keep your hands busy with a straw.
<input type="checkbox"/>	<b>Relaxing</b>	<input type="checkbox"/> Pursue a new interest or hobby. <input type="checkbox"/> Read, listen to music or play a sport with some friends.
<input type="checkbox"/>	<b>Feeling blue</b>	<input type="checkbox"/> Get up and go somewhere—a movie, mall, park, gym, downtown—do anything that can help lift your mood. <input type="checkbox"/> Take your dog for a walk.
<input type="checkbox"/>	<b>Need a break</b>	<input type="checkbox"/> Get out for a little while with a supportive friend. <input type="checkbox"/> Take a short walk, stretch, surf online, or read a good book.
<input type="checkbox"/>	<b>Celebration</b>	<input type="checkbox"/> Go somewhere fun or call a friend. <input type="checkbox"/> Window shop for the reward you could earn by staying tobacco free.
<input type="checkbox"/>	<b>After sex</b>	<input type="checkbox"/> Talk, take a shower or change your routine. <input type="checkbox"/> Brush your teeth or wash your face.
<input type="checkbox"/>	<b>Anxiety</b>	<input type="checkbox"/> Breathe deeply, close your eyes and picture a calm setting. <input type="checkbox"/> Call a friend and talk about your fears.
<input type="checkbox"/>	<b>Hunger</b>	<input type="checkbox"/> Drink some water or eat a healthy snack. <input type="checkbox"/> Brush your teeth after eating.
<input type="checkbox"/>	<b>Inability to focus</b>	<input type="checkbox"/> Take a break; stretch and walk around. <input type="checkbox"/> Make a list of things you need to do.
<input type="checkbox"/>	<b>Other</b>	

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# Personalize *Your Strategies to Quit Tobacco*

Maximize your success. Address the three types of addiction and choose strategies that will work for you. Combining medications with various strategies maximizes your success rate for quitting.

## Physical Addiction

Nicotine replacement therapy (NRT) may be for you if:

- You are a heavy smoker, smoke shortly after waking up, have tried to quit before without success, or have had a relapse.
- You have conditions that increase your risk of failure or relapse: depression, anxiety, stress, sleep issues, female gender, ambivalence about quitting, or fear of weight gain.

There is not enough evidence to support the safety or efficacy of NRT in women who are pregnant or breastfeeding, adolescents, users of smokeless tobacco, and light smokers. All FDA-approved medications have specific contraindications, warnings, precautions, other concerns, and side effects. Refer to FDA package inserts for information. Always check with your doctor before using NRT.<sup>1</sup>

Check the boxes of NRT and/or Medication that are your preferences. Remember combination therapy works better than single therapy for heavy smokers.

NRT:  Nicotine patch  Gum  Lozenge  Nasal inhaler spray  Oral inhaler

Medication:  Bupropion (Zyban/Wellbutrin)  Varenicline (Chantix)

Consult with your doctor for help. (See Communicating with Your Doctor handout.)

## Psychological Addiction

Do you have a mental health issue that is not fully addressed? If so, what can you do? \_\_\_\_\_

Research shows many, if not most smokers, benefit from counseling or a support group.

• What type of counseling or support would you prefer? (Check the boxes next to your preferences.)

Individual  Group  Telephone quitline  Web-based  Church-based  Cognitive behavioral therapy

• Who will be in your support system? \_\_\_\_\_

• How can you develop a can do attitude? \_\_\_\_\_

## Habitual Addiction

Determine your quit date and what strategy you will use for quitting:

• Tapering (Describe your method.) \_\_\_\_\_

• Cold turkey (Describe how you will approach this.) \_\_\_\_\_

How will you deal with the habitual addictions to nicotine?

• List your methods \_\_\_\_\_

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<sup>1</sup> US Department of Health and Human Services, Public Health Service, Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update, Pages 44, May 2008. Located at: [https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating\\_tobacco\\_use08.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf)

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# Communicating *with Your Doctor*

Developing a detailed and personalized tobacco cessation quit plan with the help of your doctor will increase your chance of quitting tobacco.

## What to tell your doctor:

<b>1. Tobacco use and health history</b> <ul style="list-style-type: none"><li>– how long you have used tobacco</li><li>– how much tobacco you use each day</li><li>– all medications you take (prescription, vitamins, over-the-counter medications, and herbs)</li><li>– any drug allergies you have</li></ul>	<b>3. Previous tobacco cessation medication use</b> <ul style="list-style-type: none"><li>– what you have tried and for how long</li><li>– how long ago you tried it</li><li>– the benefits you felt</li><li>– any side effects you may have had</li><li>– if the side effects were tolerable or if they went away with time</li></ul>
<b>2. How tobacco affects you</b> <ul style="list-style-type: none"><li>– how it affects your lifestyle</li><li>– if it interferes with your daily activities</li><li>– what you dislike about tobacco</li></ul>	<b>4. Healthy lifestyle changes</b> <ul style="list-style-type: none"><li>– how you have reduced your tobacco use or changed your habits</li><li>– ways you are substituting healthy choices for tobacco use</li></ul>

## What to ask your doctor:

<b>1. Treatment</b> <ul style="list-style-type: none"><li>– What options for quitting are available?</li><li>– How successful have these treatments been for others?</li><li>– What lifestyle changes may help me with quitting? (for example, exercise or stress management techniques)</li></ul>	<b>3. Medications and side effects</b> <ul style="list-style-type: none"><li>– What are the side effects of this treatment or medication?</li><li>– Are the side effects tolerable?</li><li>– Will they go away with time?</li><li>– What side effects are there with other common medications or treatments?</li></ul>
<b>2. Medication possibilities</b> <ul style="list-style-type: none"><li>– Is medication an option to help me quit?</li><li>– Would this medication interfere with any health conditions I have?</li></ul>	<b>4. Follow up</b> <ul style="list-style-type: none"><li>– Do I need a follow-up visit?</li><li>– What signs or symptoms should I report?</li><li>– Are there local programs, classes or support groups for tobacco cessation?</li></ul>

## Additional Tips:

- If necessary, have someone take you to the doctor to help you ask questions and take notes.
- If you do not understand something, ask for clarification.
- Write your quit plan down and keep it with you as a reminder of your goals.

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# Doctor Checklist *for* Tobacco Cessation

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Make the most of your next doctor's visit by filling out the top section of this form and bringing it with you to your next appointment. During your visit, let your doctor know you are interested in quitting or are currently trying to quit. Write down the answers to any questions you have in the lower section of this form.

## Information to give to your doctor:

- How much tobacco do you currently use? # \_\_\_\_\_ cigarettes, dips, pipe loads per day OR # \_\_\_\_\_ packs per day
- How long have you been using tobacco? For \_\_\_\_\_ months OR \_\_\_\_\_ years
- What are your concerns or challenges with quitting? \_\_\_\_\_  
\_\_\_\_\_
- What tobacco cessation techniques have you tried in the past or are currently trying (for example, cold turkey, nicotine replacement or medication)? \_\_\_\_\_  
\_\_\_\_\_
- If you are currently trying to quit, how long have you been trying these techniques? \_\_\_\_\_
- What side effects or benefits have you experienced from the techniques you have tried? \_\_\_\_\_  
\_\_\_\_\_

## Questions to ask your doctor before you leave your appointment:

- Is there anything that would interfere with my tobacco cessation plan (for example, depression, sleep apnea, heart condition)? \_\_\_\_\_  
\_\_\_\_\_
- What are my options for quitting tobacco (nicotine replacement, medication, combination therapy, other methods)? \_\_\_\_\_  
\_\_\_\_\_
- If treatment is prescribed, what, if any, are the side effects I should be concerned about? Will it interfere with any of my other health conditions or medications? \_\_\_\_\_  
\_\_\_\_\_
- Do I have medical clearance to exercise? Are there any recommended limitations? \_\_\_\_\_  
\_\_\_\_\_
- Would a follow-up visit be helpful? If so, when? \_\_\_\_\_

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