Smoking Cessation

Managing and Treating Tobacco Use

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

SUPERIOR HEALTH QUALITY ALLIANCE

Smoking Cessation Playbook

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Introduction

About Us

Superior Health Quality Alliance (Superior Health) is a coalition of eight health-care organizations established in 2018. The alliance covers six states in the Midwest region: Minnesota, Wisconsin, Michigan, Illinois, North Dakota and South Dakota. The alliance aims to align with the national Centers for Medicare & Medicaid Services (CMS) Quality Strategy and improve the quality of health and health care for various partners, including consumers, patients, clinicians, organizations and communities.

Our Goal

We strive to provide partners with a one resource compilation "playbook" for managing and treating tobacco use. We invite you to review the playbook and join us in the efforts to make a difference in your patient's health. Superior Health, with CMS, aims to enhance patients' outcomes by improving screening and cessation counseling for tobacco users.

Target Audience

The intended audience for this playbook is health care providers, including clinic managers, quality directors, nurse practitioners (NPs)/physician assistants (PAs), medical doctors (MDs), nurses, coders, social workers, care coordinators, case managers and community health workers/promotors/navigators.

Disclaimer

The information provided in this resource guide is intended for general reference purposes only. While we make every effort to ensure the accuracy and reliability of the materials and links included, please be aware of the following:

- **Annual Review:** We conduct an annual review of the materials and links to verify their relevance and reliability. However, due to the dynamic nature of content on the internet, changes may occur between reviews.
- **Subject to Change:** Information, websites and resources are subject to updates, modifications or discontinuation without notice. We recommend verifying any critical information independently.
- **User Responsibility:** Users are responsible for independently assessing the suitability and accuracy of the materials provided and links based on their specific needs and circumstances.
- Last reviewed on July 18, 2024

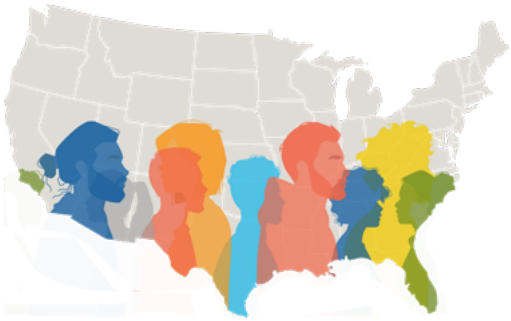
Section 1

Tobacco Prevalence (Data-Region and Nationally)

Cigarette smoking is the leading cause of preventable death in the United States (CDC.gov). Cigarette smoking kills more than 480,000 Americans each year. 41,000 of those deaths are the result of secondhand smoke.

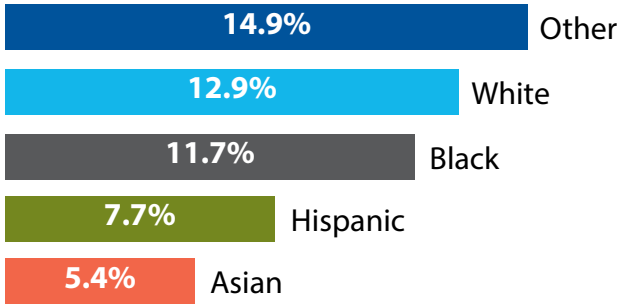
WHO SMOKES?

Current cigarette smoking was defined as smoking ≥100 cigarettes during a lifetime and now smoking cigarettes either every day or some days (CDC.gov).



In 2021, an estimated **11.5% (28.3 Million)** of U.S. adults currently smoked cigarettes

Cigarette Use Reported by Race



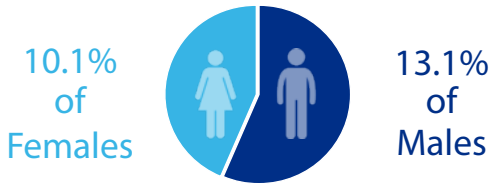
Self-reported at the time of survey.

More than
1 in 4 American Indian/Alaska Native
adults smoke cigarettes.

Cigarette smoking is more common among American Indian and Alaska Native people than almost any other racial or ethnic group in the U.S.

1 in 5 U.S. adults with disabilities
smoke compared to 10.9% of adults without disabilities

Cigarette Use Reported by Gender



Smoking raises the risk for cancer, heart disease, and stroke, which are among the leading causes of death for people who are Asian American. About 1 in every 20 non-Hispanic Asian adults smokes cigarettes.

Cigarette smoking increases the risk for heart disease and cancer, which are leading causes of death for Hispanic and Latino people in the U.S.

1 in 13 Hispanic or Latino adults

in the U.S. smoke cigarettes

Sources:

- Tobacco Product Use Among Adults — United States, 2020 | MMWR (cdc.gov)
- Overviews of Diseases/Conditions | Overviews of Diseases/Conditions | Tips From Former Smokers | CDC

TOBACCO USE AS IT RELATES TO CHRONIC CONDITIONS

Smoking harms almost every organ in the body and can cause serious health issues by increasing patients' risk for heart disease, cancer, lung disease and other illnesses. Patients can prevent smoking-related diseases and cancers by quitting smoking and avoiding secondhand smoke.

Respiratory Health

- **Asthma:** Tobacco smoke, including second and thirdhand smoke, is a common trigger for asthma.
- **Cancer:** Lung cancer is the leading cause of cancer deaths. Smoking and secondhand smoke can cause cancer, and the chemicals weaken the immune system making it more difficult to fight infections. Chemicals in tobacco smoke can damage a cell's DNA that controls the cell growth.
- **Chronic obstructive pulmonary disease (COPD):** Can cause a decrease in airflow to and from the lungs. COPD can be caused by cigarette smoking and exposure to secondhand smoke. Exposure during childhood can affect lung development and increase the risk for adult COPD.

Cardiovascular Health

- **Buerger's Disease:** Affects the blood vessels in the body, causing blood vessels to swell, preventing blood flow and possibly causing clots. There is a strong link between tobacco use and the development of Buerger's Disease.
- **Heart disease:** The most common type of heart disease is coronary heart disease, otherwise known as coronary artery disease (CAD). CAD causes narrowing of the arteries that carry blood to the heart by plaque. Smoking is a major cause of heart disease. Smoking can:
  - Raise triglycerides.
  - Lower HDL cholesterol.
  - Increase risk of blood clots.
  - Damage cells in blood vessels.
  - Increase plaque buildup in blood vessels.
  - Thickening and narrowing of blood vessels.

Metabolic Health

- **Diabetes:** Smoking can increase the risk of type 2 diabetes. People who smoke are likely to have issues with insulin dosing and managing their diabetes. People who smoke and have diabetes are more likely to have serious health conditions from diabetes such as heart disease, kidney disease, peripheral neuropathy and retinopathy.

Dental Health

- **Periodontal disease:** Gum disease that causes the gums to pull away from the teeth and affect the bone structure of the teeth. Smoking weakens the immune system making it difficult to fight off infection and impairs healing.

Vision and Eye Health

- **Vision and eyesight:** Smoking can cause changes in the eye that lead to vision loss and blindness. Smokers are more likely to develop cataracts and age-related macular degeneration (AMD).

Mental Health

- **Depression:** Is more common in adults with mental health conditions. Smoking should not be used as a treatment for depression or anxiety.

Source: CDC Tips from Smokers – Overviews of Diseases/Conditions

Section 2
Forms of Tobacco/Nicotine

Cigarettes

Cigarette smoking harms nearly every organ of the body and is the leading cause of preventable death in the United States. Cigarette smoking causes diminished overall health, increased absenteeism from work and increased health care utilization and cost.

Estimates show cigarette smoking increases the risk of coronary heart disease by two to four times, for stroke by two to four times, of men developing lung cancer by 25 times and women developing lung cancer by 25.7 times. Smoking can cause cancer almost anywhere in the body: bladder, blood (acute myeloid leukemia), cervix, colon and rectum (colorectal), esophagus, kidney and ureter, larynx, liver, oropharynx (includes parts of the throat, tongue, soft palate and the tonsils), pancreas, stomach, trachea, bronchus and lung. Smoking also increases the risk of dying from cancer and other diseases in cancer patients and survivors. If nobody smoked, one of every three cancer deaths in the United States would not happen. Smoking can affect bone health. Women past childbearing years who smoke have weaker bones than women who never smoked. They are also at greater risk for broken bones.

Smoking affects the health of teeth and gums and can cause tooth loss. Smoking can increase the risk for cataracts (clouding of the eye's lens that makes it hard to see). It can also cause age-related macular degeneration (AMD). AMD is damage to a small spot near the center of the retina, the part of the eye needed for central vision. Smoking increases the risk of type 2 diabetes mellitus and can make it harder to control. The risk of developing diabetes is 30–40% higher for active smokers than nonsmokers. Smoking causes general adverse effects on the body, including inflammation and decreased immune function. Smoking is a cause of rheumatoid arthritis. Each year, cigarette smoking kills 6 million people around the world — a number expected to rise to 8 million per year by 2030. Secondhand smoke is responsible for nearly 900,000 deaths per year.

Smokeless Tobacco (chewing tobacco, oral snuff)

Smokeless tobacco is tobacco that is not burned. It is also known as chewing tobacco, oral tobacco, spit or spitting tobacco, dip, chew and snuff. Most people chew or suck (dip) the tobacco in their mouth. Nicotine in tobacco is absorbed through the lining of the mouth. Smokeless tobacco causes oral cancer, esophageal cancer, and pancreatic cancer. There are at least 28 chemicals in smokeless tobacco that have been found to cause cancer.

The most harmful chemicals in smokeless tobacco are tobacco-specific nitrosamines, which are formed during the growing, curing, fermenting and aging of tobacco. Other cancer-causing substances in smokeless tobacco include polonium–210 (a radioactive element found in tobacco fertilizer) and polynuclear aromatic hydrocarbons (also known as polycyclic aromatic hydrocarbons). Using smokeless tobacco may also cause heart disease, gum disease and oral lesions other than cancer, such as leukoplakia (precancerous white patches in the mouth). All tobacco products, including smokeless tobacco, contain nicotine, which is addictive. Users of smokeless tobacco and users of cigarettes have comparable levels of nicotine in the blood.

Pipes

Pipe smoking might contain fewer additives than cigarette tobacco, but often still contain some additives for flavor, aroma and preservation. Pipe tobacco may also contain heavy metals like lead and cadmium, due to soil contamination. Even the purest, most "natural" pipe tobacco grown in healthy soil still produces harmful chemicals when burned, including tar and carbon monoxide. Plus, all tobacco smoke, regardless of the source, contains more than 70 carcinogens.

People who smoke from pipes tend to hold the smoke in their mouths for a time before exhaling. In this case, the smoke is still absorbable through the mucous membranes in the mouth and throat. These tissues are highly vascularized, which means that they can quickly absorb the harmful chemicals and transport them into the bloodstream. Studies show there's a link between pipe smoking and increased risk of oral cancer, lung cancer and bladder cancer. While these risks were slightly lower than those associated with smoking cigarettes.

Cigars

Most cigars are composed primarily of a single type of tobacco (air-cured and fermented), and they have a tobacco wrapper. A single large cigar can contain as much tobacco as an entire pack of cigarettes. Cigars can contain 10 times as much nicotine as cigarettes. Cigar smoke contains more tar than does cigarette smoke. Cigars also have higher levels of other toxic substances, such as carbon monoxide, than cigarettes do. For people who smoke cigars and inhale, risks linked with cigar smoking are like those of cigarette smoking. For those who don't inhale, cigar smoke raises the risk of disease of the head and neck. Cigar smoking poses serious health risks, including cancers such as those of the mouth, throat, esophagus and larynx, lung and heart conditions including emphysema and chronic bronchitis. Cigar smoking also might increase the risk of heart disease, such as coronary artery disease. Cigar smoking has been linked to gum disease and tooth loss.

Clove Cigarettes (or Kreteks)

Produced in Indonesia and distributed worldwide, clove cigarettes are made from cloves—the dried, unopened flower buds from the clove tree. Clove cigarettes typically contain 60% to 80% tobacco and 20% to 40% ground clove buds and clove oil. Other spices such as cumin, cinnamon, and nutmeg are sometimes added. Clove cigarettes are not a less risky alternative to regular cigarettes. Clove cigarettes contain more nicotine, tar, and carbon monoxide than traditional cigarettes. Clove cigarettes also contain eugenol, a mild anesthetic that naturally occurs in cloves. This numbing effect allows the person to inhale longer and more deeply than with traditional cigarettes. They take longer to smoke, which means exposure to a higher risk of lung damage. Like traditional cigarettes, clove cigarettes can cause lung cancer and nicotine addiction. Smoking clove cigarettes can cause a variety of other potentially dangerous problems including abdominal pain, nausea and vomiting, angina, bronchospasm, chronic cough, lung injury, mouth and throat burns, pulmonary edema, seizures and worsening of chronic bronchitis and asthma.

Bidis

Bidis are small, thin, hand-rolled cigarettes imported to the United States, primarily from India and other Southeast Asian countries. They are comprised of tobacco wrapped in a tendu or temburni leaf (plants native to Asia) and may be secured with a colorful string at one or both ends. Bidis can be flavored (e.g., chocolate, cherry, mango) or unflavored. Bidis have higher concentrations of nicotine, tar, and carbon monoxide than conventional cigarettes sold in the United States. Bidi smoking increases the risk for oral cancer, lung cancer, stomach cancer and esophageal cancer. Bidi smoking is associated with a more than threefold increased risk for coronary heart disease and acute myocardial infarction (heart attack). Bidi smoking is associated with emphysema and a nearly fourfold increased risk for chronic bronchitis.

Hookah (waterpipe smoking)

Hookahs are waterpipes that are used to smoke specially made tobacco mixtures that come in a wide variety of flavors. They work by passing charcoal-heated air through the tobacco mixture and ultimately through a water-filled chamber. A user then inhales the smoke through a tube and mouthpiece. At least 82 toxic chemicals and carcinogens have been identified in hookah smoke. The combustion of charcoal used to heat hookah tobacco may pose additional health risks, since this combustion process produces dangerous substances, such as carbon monoxide, metals and other chemicals. While a typical cigarette requires about eight to ten puffs, an hour-long hookah session may involve 100 to 200 puffs, potentially exposing the user to more smoke over a greater period of time.

Hookah smoking is linked to many of the same adverse health effects as cigarette smoking, such as lung, bladder and oral cancers and heart disease. Long-term effects include impaired pulmonary function, chronic obstructive pulmonary disease, esophageal cancer and gastric cancer. Studies have found that in a typical hookah smoking session, smokers attain up to 1.7 times the nicotine exposure and up to nine times the carbon monoxide exposure as a single cigarette.

Electronic Cigarettes ("e-cigarettes")

Electronic cigarettes (e-cigarettes) are sometimes called e-cigs, vapes, vape pens and electronic nicotine delivery systems (ENDS). E-cigarettes come in many shapes and sizes. Most e-cigarettes contain nicotine, which is addictive and may lead to the use of tobacco products among some people who would otherwise not use tobacco.

Although the term "vapor" may sound harmless, the aerosol that comes out of an e-cigarette is not water vapor and can be harmful. The aerosol from an e-cigarette can contain nicotine and other substances that are addictive and can cause lung disease, heart disease and cancer. Besides nicotine, e-cigarettes and e-cigarette vapor typically contain propylene glycol and/or vegetable glycerin. These are substances used to produce stage or theatrical fog which increase lung and airway irritation after concentrated exposure.

In addition, e-cigarettes and e-cigarette vapor may contain other chemicals or substances:

1. **Volatile organic compounds (VOCs):** At certain levels, VOCs can cause eye, nose and throat irritation, headaches and nausea, and can damage the liver, kidney and nervous system.
2. **Flavoring chemicals:** Some flavorings are more toxic than others. Studies have shown that some flavors contain different levels of a chemical called diacetyl that has been linked to a serious lung disease called bronchiolitis obliterans.
3. **Formaldehyde:** This is a cancer-causing substance that may form if e-liquid overheats or not enough liquid is reaching the heating element (known as a "dry-puff").

Research on these devices is complicated by the fact that many different devices are being sold, and many different chemicals can be used in them.

Section 3
Health Consequences of Smoking

Smoking leads to numerous severe health consequences, including a significantly increased risk of lung cancer, heart disease and stroke, all of which are major causes of death. It is also the leading cause of chronic obstructive pulmonary disease (COPD), a group of lung diseases that cause breathing difficulties. Smoking weakens the immune system, making individuals more susceptible to respiratory infections and other diseases. Additionally, it negatively impacts reproductive health, reducing fertility and increasing the risk of complications during pregnancy, such as low birth weight and premature birth. People who smoke are also more likely to develop type 2 diabetes and osteoporosis, leading to a higher risk of fractures.

Source: Centers for Disease Control and Prevention (CDC). Health Effects of Cigarette Smoking. CDC, 2024

THIRDHAND SMOKE

Thirdhand smoke is nicotine and toxic chemicals left behind after someone smokes tobacco. Thirdhand smoke is absorbed, inhaled, or ingested and can be toxic for humans, especially children, and pets. Thirdhand smoke residue can remain on surfaces for months to years embedded in clothes, furniture, carpets and even the walls. Removing thirdhand smoke can be difficult and very expensive.

Exposure

- Thirdhand smoke can be ingested, inhaled or absorbed through the skin from surfaces such as toys, floors, walls, carpets, furniture and clothes.
- Adults and children are at risk from exposure to thirdhand smoke. Children are at the highest risk of thirdhand smoke exposure. Children often touch and put contaminated surfaces and objects in their mouth.
- Pets are at risk of exposure to thirdhand smoke from licking their fur and surfaces contaminated with nicotine and toxins.

Risk of Thirdhand Smoke Exposure

- Increase risk of cancer - There are several cancer-causing chemicals found in thirdhand smoke such as: formaldehyde, naphthalene and others (Mayo Clinic, 2022).
- Damage cells.
- Increase risk respiratory illness (trigger asthma attacks and make respiratory illnesses worse).
- Impaired wound healing.
- Lower ability to fight infections.
- Damage DNA.
- Cause headaches and earaches.

Removing Thirdhand Smoke

- Removing thirdhand smoke from surfaces can be difficult and expensive.
- Thirdhand smoke cannot be eliminated by airing out the room.
- Thirdhand smoke can remain on surfaces for several months and in dust on household surfaces for years.
- Removing thirdhand smoke from objects and surfaces:
  - **Household Objects**
    - Household objects should be cleaned with a vinegar solution or, if possible, in a dishwasher.
  - **Clothes and Bedding**
    - Clothes, bedding and toys should be washed in the washing machine.
  - **Furniture, Carpet and Rugs**
    - Use a carpet shampooer to shampoo furniture, carpet and rugs.
    - Ideally these items should be removed and replaced.
  - **Structural Surfaces**
    - Removing thirdhand smoke from structural surfaces may require hazardous chemicals such as Trisodium Phosphate (TSP).
    - Alcohol-based primers can be used to trap residue in the wall.
  - **Ventilation and Air**
    - Clean ventilation ducts and replace air filters in heating and air ducts.
    - Ozone generators can remove thirdhand smoke chemicals from the air. (THS.org)

Preventing Thirdhand Smoke

- Do not smoke indoors or in vehicles.
- Encourage others to smoke outside.
- Encourage a smoke-free policy in public places and businesses. (CDC)
- Recommend thirdhand smoke contamination education to those with tobacco dependance.
- Before renting or buying a home or apartment, ask about past cigarette smoke indoors and indoor rental complex smoking policy.
- Before buying used furniture or clothes ask previous owners about exposure to thirdhand smoke.

Resources

- Thirdhand Smoke Resource Center
- Lung.org
- Mayo Clinic

SMOKING SAFETY

According to the Centers for Disease Control and Prevention (CDC), only 15.5% of the adult population were current smokers in 2016, compared to 33.2% in 1980. Despite today's comparatively small percentage of smokers, smoking remained the leading cause of home fire deaths from 2012-2016.

Smoking materials, including cigarettes, pipes and cigars, started an estimated 16,500 home structure fires reported to U.S. fire departments in 2016. These fires caused 660 deaths, 1,060 injuries and $372 million in direct property damage. Smoking materials caused 5% of reported home fires, 23% of home fire deaths, 10% of home fire injuries and 6% of direct property damage.

Smoking Safety Tips

The place where people feel the safest — at home — is where most smoking-material structure fires, deaths and injuries occur. Smoking materials are the leading cause of fire deaths and are preventable. As you work with patients or residents who may smoke in or around their home or residence, here are some smoking safety tips that you could communicate to them:

- **Smoke outside.** Many things in the home can catch on fire if they touch something hot like a cigarette or ashes. It is always safer to smoke outside.
- **Put cigarettes out all the way.** Do this every time. Don't walk away from lit cigarettes and other smoking materials. Put water on the ashes and butts to make sure they are really out before putting them in the trash.
- **Be alert.** Do not smoke after taking medicine that causes drowsiness. This could cause issues with preventing or escaping from a fire.
- **Never smoke around medical oxygen.** Medical oxygen can explode if a flame or spark is nearby. Even if the oxygen is turned off, it can still catch on fire.
- **Never smoke in bed.** Mattresses and bedding can catch on fire easily. Do not smoke in bed to decrease the risk of falling asleep with a lit cigarette.
- **Put cigarettes out in an ashtray or bucket with sand.** Use ashtrays with a wide base so they won't tip over and start a fire.

BENEFITS OF QUITTING

Quitting smoking offers a multitude of health benefits that begin almost immediately and continue to improve over time. From significantly reducing the risk of serious diseases like cancer, heart disease and stroke to enhancing overall quality of life, the advantages of stopping tobacco use are profound. Not only does quitting improve respiratory function and boost the immune system, but it also supports better reproductive health, oral health, and financial savings. The positive impacts of quitting smoking extend across all aspects of health and well-being, making it one of the most beneficial lifestyle changes one can make.

Key Benefits of Quitting

1. **Reduced Risk of Cancer:** Quitting smoking significantly lowers the risk of developing various cancers, including lung, throat and mouth cancers. After 10 years of cessation, the risk of lung cancer is about half that of a current smoker.
2. **Improved Cardiovascular Health:** Within a few months of quitting, blood pressure and heart rate normalize, reducing the risk of heart disease and stroke. The risk of heart attack decreases within one year of quitting.
3. **Better Respiratory Function:** Quitting smoking improves lung function and reduces symptoms of chronic obstructive pulmonary disease (COPD) and asthma. Lung capacity and overall respiratory health improve within months.
4. **Lowered Risk of Stroke:** The risk of stroke decreases significantly within five years of quitting smoking, approaching that of a non-smoker over time.
5. **Enhanced Immune System:** Ceasing tobacco use helps restore the immune system, making it more effective in fighting infections and diseases.
6. **Improved Reproductive Health:** For women, quitting smoking can improve fertility and reduce the risk of complications during pregnancy, such as preterm birth and low birth weight. For men, it improves sperm quality and fertility.
7. **Better Oral Health:** Quitting smoking leads to improved oral health, including reduced risk of gum disease, tooth loss and oral cancer.

8. **Enhanced Quality of Life:** Former smokers often experience a better quality of life, with improved overall health, increased physical fitness and reduced symptoms of chronic diseases.
9. **Financial Savings:** Quitting smoking saves money that would otherwise be spent on tobacco products and related health costs.
10. **Reduced Risk of Diabetes:** Former smokers have a lower risk of developing type 2 diabetes compared to those who continue to smoke.

Resources

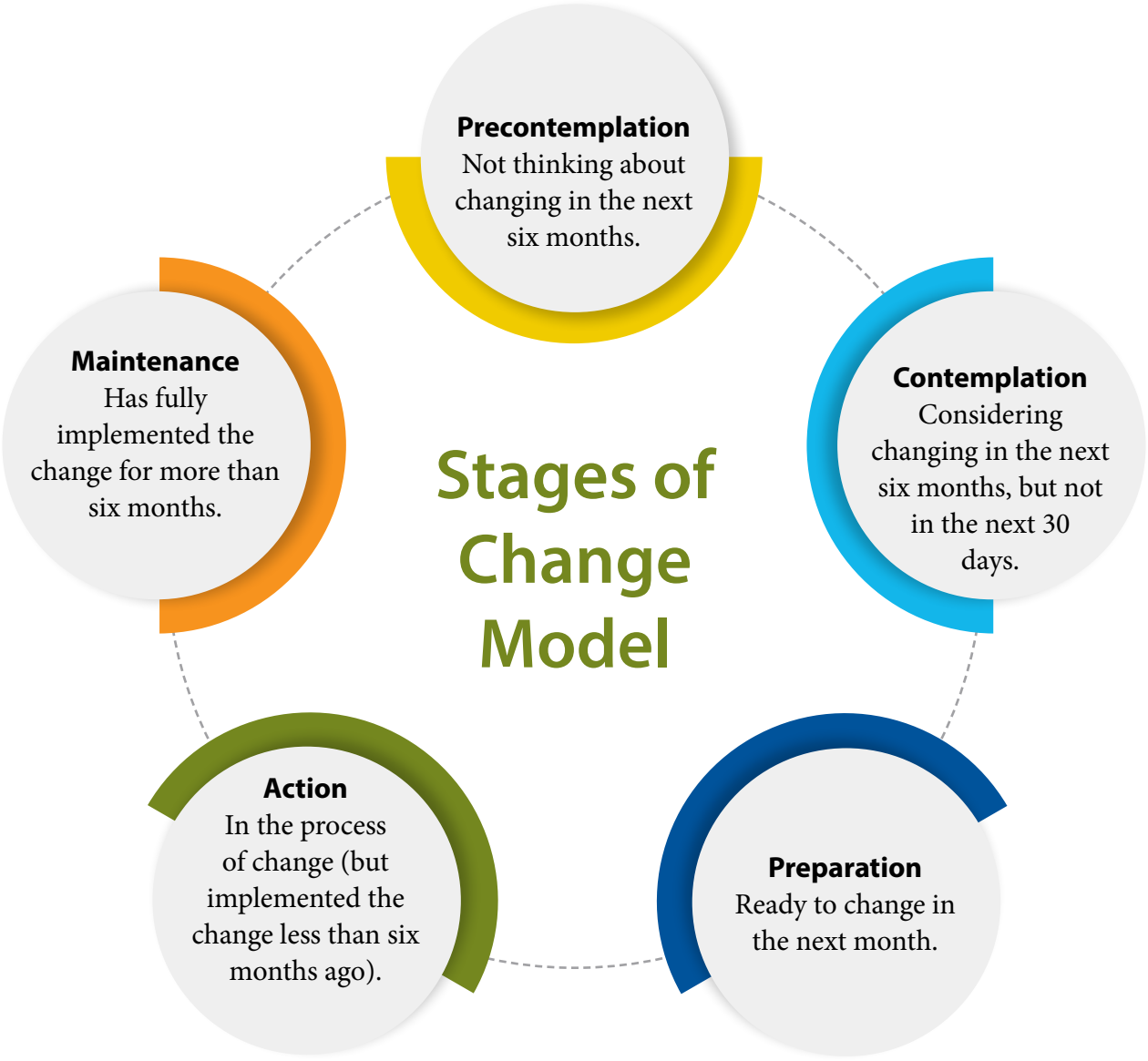
- Centers for Disease Control and Prevention (CDC). "Benefits of Quitting Smoking." CDC, 2021.
- World Health Organization (WHO). "Tobacco." WHO, 2022.
- National Cancer Institute. "Harms of Cigarette Smoking and Health Benefits of Quitting." NCI, 2023.
- American Heart Association. "The Benefits of Quitting Smoking." AHA, 2022.
- American Lung Association. "Health Benefits of Quitting Smoking." ALA, 2023.

Section 4

Strategies to Help Patients Quit

ASSESSING READINESS WITH THE STAGES OF CHANGE MODEL

Prior to providing assistance with tobacco cessation, it is helpful to assess each patient's readiness to quit. When people need to change a health behavior, it typically isn't a spontaneous decision. Change is a process, and research has shown that there are five stages in the overall process of change. These stages apply to many behaviors, not just tobacco use.



The action stage (e.g., behavior change) is not the first step for most patients. In most cases, other stages must be successfully traversed before action can occur.

Of current smokers, approximately 50–60% are in precontemplation, 30–40% are in contemplation, and only 10–15% are in the preparation stage, although these values vary by region of the country and by country. The amount of time spent in a specific stage will vary by patient—for example, some patients will be in contemplation for years (a chronic contemplator). Others might move very quickly from precontemplation to preparation and so on. Assessing a patient's readiness to quit enables clinicians to deliver relevant, appropriate counseling messages.

The goal of interventions at each stage is to move patients forward, helping them to develop readiness for permanent change.

Patients in different stages will require different types of interventions. For example, a person who is in the precontemplation stage will need a very different type of intervention than will a person who is in the action stage. Determining each patient's stage of change will save clinician time and patient time by ensuring that the intervention is appropriate for the patient's needs at the time of the interaction. Tailored communications have been shown to be effective in promoting smoking cessation, even when tailored materials are delivered at a population level, with long-term point-prevalence abstinence rates of 22–26%.

Resource: Rx for change.

5 A'S MODEL FOR TOBACCO CESSATION

The Clinical Practice Guideline (Fiore et al., 2008) delineates five key components for tobacco cessation interventions. These components, referred to as the 5 A's, offer a practical method for implementing tobacco counseling in clinical practice. The 5 A's are as follows:

Ask	Systematically identify all tobacco users at every visit.
Advise	Strongly urge all tobacco users to quit.
Assess	Determine willingness to make a quit attempt.
Assist	Aid the patient in quitting (provide counseling and medication).
Arrange	Ensure follow-up care.

QUITLINES AND OTHER TOBACCO CESSATION APPS

Tobacco cessation apps, which can be downloaded by users to their mobile device, are designed to help individuals quit smoking by providing motivational support, tracking progress and offering various tools to manage cravings and triggers. Studies have found that the use of tobacco cessation apps are associated with higher quit rates than non-app users (Rajani et. al., 2021). Mobile resources and apps can be an affordable tool for real-time support, used anytime, anywhere. Tobacco cessation app availability may vary by region and platform.

Benefits

- Several free apps are available, making it an affordable resource.
- Increases the chances of successfully quitting and staying quit.
- Helps tobacco users identify and understand triggers and develop coping strategies to stay quit.
- Assistance in developing a personalized plan to quit smoking.
- Access to trained tobacco cessation coaches.
- Recognizes smokefree milestones, money saved, cigarettes avoided and achievements.
- Gets the individual back on track if they have setbacks.
- Provides healthy ways to manage cravings, urges, withdrawals and bad moods.
- Provides a Quit Kit with helpful tips, inspirations and challenges.
- Allows the individuals to share their progress and favorite tips through social media.
- Allows individuals to connect with ex-smokers.
- Track's location and time of day cravings and slips occur.
- Provides evidenced-based smokefree techniques.

Veteran's Quit Line

This program is only for Veterans enrolled in Veterans Administration health care who are ready to quit tobacco.

- Quitline 1-855-QUIT-VET (1-855-784-8838).
- FDA-approved tobacco cessation medication counseling available.
- Tobacco cessation counseling available at no cost.
- SmokefreeVET text messaging.
- Counselors knowledgeable about military culture.

American Indian Quit Lines

- State American Indian Quit lines available.
- Provides culturally tailored and specific interventions.
- Offers education tailored support.
- Nicotine replacement therapy recommendations.

State Tobacco Quit Line (free) (Ages 13+ varies by state)

- 24/7 Support: by calling 1-800-QUIT-Now.
- Offers individual personalized coaching and group coaching and tips based on research.
- Support, resources and coaching personalized to what's best for individuals.
- Support to develop a quit plan, identify triggers and manage cravings.
- State benefits vary but may include:
  - Text messaging support.
  - Online chat.
  - Nicotine replacement therapy: medication, nicotine patch, lozenge or gum.
  - Educational resources are also available online or by mail.
  - Online community support.

Resources

- Michigan Quitlink
- Michigan American Indian
- Minnesota Quit partner
- Minnesota American Indian Quitline
- Wisconsin Tobacco Quit Line
- Wisconsin American Indian Program
- EX Adult Truth Initiative
- Truth Initiative
- SmokefreeVET
- Smokefree App
- QuitGuide
- QuitNow
- QuitSTART

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