

## TIPS FOR PREPARING TO STOP USING NICOTINE

1. Assist them to get ready
  - ★ Help them to identify that they want to quit.
  - ★ Work together to decide what evidence-based aids they will use.
  - ★ Set a "quit date" if they are ready (as a reminder, treatment is not contingent on setting a quit date).
  - ★ Support disposal of all nicotine products and ashtrays, and clean their clothes, car, and house to remove evidence of nicotine use, the day before their quit date.
  - ★ Explore ways to keep distracted and change their routine as much as possible to avoid the daily triggers that remind them of using nicotine. Encourage them to stay busy.
2. Refer to available supports
  - ★ Help them call the quitline and any other available local treatment options (e.g., nicotine anonymous, groups offered through local healthcare and public health organizations).
  - ★ Help them identify friends, family, and other people who they can count on for support through this difficult behavior change.
  - ★ Have them share their plan and "quit date" with you and their support system.
3. Encourage them to learn new skills and behaviors
  - ★ With their permission, suggest new habits and help them to identify hobbies to replace nicotine-related activities.
  - ★ Suggest they grab sugar-free gum, mints, carrots or celery, cinnamon sticks, or toothpicks when they have the urge to use nicotine.
4. Prepare them for potential relapse
  - ★ Guide them to think and plan for times when they will be tempted to use nicotine.
  - ★ Talk to them about the cycle of craving and how to distract themselves when cravings are experienced.
  - ★ Remind them that a return to use is a common part of the recovery journey.
  - ★ If this happens, they can come to you for support and together you will identify additional strategies to continue their quit.

THE QUITLINE: 1-800-QUIT-NOW  
RESOURCES

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

[www.smokefree.gov/](http://www.smokefree.gov/)

[www.tobaccofreekids.org/research/factsheets/pdf/0326.pdf](http://www.tobaccofreekids.org/research/factsheets/pdf/0326.pdf)

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

## National Resources

American Cancer Society

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

American Lung Association

[www.lung.org/stop-smoking/](http://www.lung.org/stop-smoking/)

American Public Health Association

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

Association for the Treatment of Tobacco Use and Dependence

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

Center for Disease Control and Prevention - Smoking and Tobacco Use

<http://www.cdc.gov/tobacco/>

<http://www.cdc.gov/Quitting/Tips>

National Association of State Mental Health Program Directors

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

National Behavioral Health Network for Tobacco and Cancer Control

<https://www.bhthechange.org>

National Institute on Drug Abuse (NIDA)

[www.drugabuse.gov/drugs-abuse/tobacco-addiction-nicotine](http://www.drugabuse.gov/drugs-abuse/tobacco-addiction-nicotine)

Nicotine Anonymous

[www.nicotine-anonymous.org/](http://www.nicotine-anonymous.org/)

North American Quitline Consortium

<https://www.naquitline.org>

Smoking Cessation Leadership Center

<http://smokingcessationleadership.ucsf.edu/>

Society for Research on Nicotine and Tobacco

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

Truth Initiative

<https://truthinitiative.org>

U.S. Department of Health and Human Services

<https://betobaccofree.hhs.gov/>

U.S. Surgeon General

[www.surgeongeneral.gov/](http://www.surgeongeneral.gov/)

## Tobacco or Nicotine Use EHR Fields

### 1. Are you currently using tobacco (or nicotine products)?

☐ Yes ☐ No

### 2. If yes, are you interested in stopping your tobacco use?

☐ I have tried to stop unsuccessfully ☐ I would like to stop over the next month  
☐ I would like to stop over the next six months ☐ I have no interest in stopping

### 3. What kind of tobacco (or nicotine products) do/did you use?

☐ Cigarettes ☐ Cigars ☐ E-cig ☐ Chew ☐ Snuff/Snus ☐ Other \_\_\_\_\_

### 4. How many cigarettes do/did you smoke or use in an average day?

☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31+

### 5. How many minutes after waking do/did you use tobacco?

☐ 1-5 ☐ 6-30 ☐ 31-60 ☐ 61+

### 6. Diagnosis (e.g., Tobacco Use Disorder, ICD code F17.200 which refers to "nicotine dependence, unspecified, uncomplicated") \_\_\_\_\_

### 7. Counseling provided

☐ A brief intervention (3-10 minutes)  
☐ More intensive treatment (10+ minutes)

### 8. Medications prescribed and dosage

☐ NRT Dosage \_\_\_\_\_  
☐ Varenicline Dosage \_\_\_\_\_  
☐ Bupropion Dosage \_\_\_\_\_

### 9. Referrals made

☐ Quitline  
☐ Other \_\_\_\_\_



## My Nicotine-Free Life

Write down the top three reasons you want to be nicotine-free.

1.

This reason motivates me because...

2.

This reason motivates me because...

3.

This reason motivates me because...

### Being Nicotine-Free

Take a few moments to contemplate being nicotine-free. What does nicotine-free mean for you? What would be different from your current level of physical health and wellness? Answer the following questions:

What does being nicotine-free look like to me?

What would being nicotine-free feel like for me?

What behaviors would I engage in when I am nicotine-free?