NATIONAL SMOKING CESSATION RESOURCES

Find smoking cessation resources available in your area using the links and information in the below table.

Resource	Contact Info	Comments	
State QuitLines	https://www.naquitline.org/page/mappage	Each state's QuitLine offers different services and covers different cessation pharmacotherapy (nicotine replacement, medicine).	
National Cancer Institute	Quitlines		
	Free quit help: 1-800-QUIT-NOW (1-800-784-8669)		
	In Spanish: 1-855-DÉJELO-YA (1-855-335-3569)		
	In Asian languages:		
	Mandarin and Cantonese: 1-800-838-8917		
	• Korean: 1-800-556-5564		
	• Vietnamese: 1-800-778-8440		
	Websites		
	Smokefree Veteran: <u>https://veterans.smokefree.gov/</u> Smokefree Women: <u>https://women.smokefree.gov/</u> Smokefree Teen: <u>https://teen.smokefree.gov/</u> Smokefree Español: <u>https://espanol.smokefree.gov/</u> Smokefree 60+: <u>https://60plus.smokefree.gov/</u>		
	Smokefree apps Both on Apple and Android app stores QuitGuide: <u>https://smokefree.gov/tools-tips/apps/quitguide</u> quitStart: <u>https://smokefree.gov/tools-tips/apps/quitstart</u>	Cessation Strateg	lies
	Texting Programs SmokefreeTXT: text QUIT to 47848. SmokefreeTXT en Español: un mensaje de texto con la palabra ESP al 47848 SmokefreeMOM: text MOM to 222888. SmokefreeVET: text VET to 47848 SmokefreeVET en Español: un mensaje de texto con la palabra VETESP al 47848 DipfreeTXT: text SPIT to 222888 SmokefreeTXT for teens: text QUIT to 47848	Ask-Advice-Refer one the most accept frameworks to guid effective smoking cessation. In this strategy, individuals asked about tobacc advised of the healt and mortality benefic cessation, and refe	is oted le s are co, th fits of
American Lung Association	Freedom from Smoking- in person cessation groups Find a group: <u>https://www.lung.org/quit-smoking/join-freedom-from-smoking/freedom-from-smoking-clinics</u>	to a reliable cessati resource. This brie informational broch also gives informati	ion ef iure
Mobile APPS	SmartQuit – iPhone and Android SmokeFree28 - iPhone and Android	the 5 A's strategy – advise, assess, ass arrange.	ask,
	Craving to Quit - iPhone and Android		
	QuitGuide - iPhone and Android		
	quitStart - iPhone and Android		

Cessation Outreach Tips for Patient Navigators

Background/ Rationale	Do's	Don'ts
Over 50% of individuals eligible for screening currently smoke and have a long history of tobacco use. ¹	Recognize that in the screening-eligible population, many individual have already made multiple attempts to quit (use empathic approaches Chapter 4).	Despite the fact that many who currently smoke and are eligible for screening have a long history of smoking, the discussion about screening presents a new opportunity for cessation that should not be overlooked.
Assessing readiness for change and understanding reasons for wanting to quit can promote better uptake of cessation services. ^{1,2}	Approach everyone about about smoking cessation regardless of age or length of time smoking. Even individuals with a long- term history of smoking can be successful with support if they are ready.	Many individuals have a long and complicated smoking history that likely include multiple attempts. Scheduling a discussion about screening when there isn't enough time to tailor smoking cessation outreach to individual needs based on their past experience will likely not be helpful.
Small nudges over time may be more effective at engaging clients in discussions about smoking cessation and screening, especially to avoid cognitive overload. ¹	Initiate and track small, continued steps or "nudges" for smoking cessation services based on client readiness.	Don't plan on lengthy and complex discussions or a single encounter to engage clients in cessation or screening.
Persons in poverty and those with low education are more likely to smoke as compared to the general population. ³	Find low or no-cost cessation resources that tailor approaches to individual needs. Resources can be in the form of Quitline referrals, or individual or group counseling.	A one-size fits all approach to cessation services is not the best approach to meeting social, emotional, and health literacy needs.
Persons in poverty are also often targeted by tobacco companies with predatory marketing and increased availability of tobacco products. ³	Be aware that there are additional environmental cues and triggers, as well as social pressures, that may present challenges for some persons who smoke.	It's not appropriate to assume that everyone who smokes has an environment that is supportive of quitting, and in some cases may have the opposite effect.
Smoking cessation reduces mortality by reducing risk of getting lung cancer. ⁴	 Indicate that the best way to reduce mortality is by quitting smoking, not getting screened. Screening can find cancers early but cannot prevent them. Emphasize that screening is one important step in their overall health and can help reduce their risk of dying from lung cancer if found early. 	 Participation in screening is not dependent on engagement in cessation, so do not make it appear to the client that this is a requirement. Do not shame the person if they are not ready for a quit attempt at this time.

Table References

1. Steliga MA, Yang P. Integration of smoking cessation and lung cancer screening. Transl Lung Cancer Res. 2019;8 (Suppl 1):S88-S94. doi:10.21037/tlcr.2019.04.02.

2. Moldovanu D, de Koning HJ, van der Aalst CM. Lung cancer screening and smoking cessation efforts. Transl Lung Cancer Res. 2021;10(2):1099-1109. doi:10.21037/tlcr-20-899.

3. Centers for Disease Control & Prevention. Smoking & Tobacco Use. Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status. Available at: <u>https://www.cdc.gov/tobacco/disparities/low-ses/index.htm.</u> Accessed August 2021.

4. American Lung Association. Smoking Cessation Interventions and Lung Cancer Screening. Available at: <u>https://www.lung.org/getmedia/e09f872c-cc54-4f62-a950-e90cfe722cd6/smoking-cessation-interventions-and-lung-cancer-screening.pdf.pdf</u> Accessed August 2021.