

YOUR PLAN TO QUIT SMOKING

1. Convince yourself that you will be better off as a non-smoker.

- Choose your reasons on the next page.

2. Get support:



IN PERSON

- Freedom From Smoking classes (502) 772-8588 (at FHC) or (502) 574-7867 (other locations)
 - Attend 8 weekly 1.5-hour sessions with other smokers to get support while you quit. Some nicotine patches provided. Free!
- Behavioral Health consultation ask FHC provider for referral
 - Talk with a Behavioral Health consultant to get help making your plan to quit or coping with anxiety about quitting.

BY PHONE

- Kentucky Quit Line 1-800-QUIT-NOW (1-800-784-8669)
 - Enroll for phone counseling to help you quit cigarettes, cigars, or smokeless tobacco. Free!
 - Available 8:00am to 1:00am, 7 days a week. For ages 15 and up. Available in 100+ languages.
 - Ask if you are eligible to receive nicotine patches by mail.
 - Ask about special program for pregnant women, including nicotine patches and payments.



ONLINE

- Quit Now Kentucky <http://www.quitnowkentucky.org>
 - Enroll for online support to help you quit cigarettes, cigars, or smokeless tobacco. Free!
 - Available 24 hours a day, 7 days a week. For ages 15 and up. Available in English and Spanish.
- SmokeFree.gov <http://www.smokefree.gov>
 - Information about making a plan to quit, finding support, and using medication. Free!
 - Links for free text messages and mobile apps on your phone for extra support. English and Spanish.
- LiveHelp.gov <http://livehelp.cancer.gov>
 - Chat with a cancer specialist online to learn more about quitting smoking. Free!
 - Available 8:00am to 11:00pm, Monday to Friday. English only.



3. Use medication:

- Nicotine Replacement Therapy (NRT) – get nicotine through your skin (patch) or mouth (gum or lozenge) to slowly wean yourself from the drug and curb cravings while you quit.
 - Get some free when you attend the Freedom From Smoking class (see above).
 - If you have private health insurance or Medicaid, a prescription from your health provider will allow you to get NRT free at your pharmacy.
 - If uninsured and a FHC patient, a prescription from your FHC health provider will allow you to get NRT on a sliding scale fee at the FHC pharmacy.
 - If uninsured and not a FHC patient, buy NRT over-the-counter at a drug store or grocery store.
- Nicotine Nasal Spray – get nicotine through your nose to curb cravings while you quit.
 - Prescription required. Call your insurance to check coverage.
- Nicotine Inhaler – get nicotine through your mouth to curb cravings while you quit.
 - Prescription required. Call your insurance to check coverage.
- Varenicline (*CHANTIX*) – take pills to curb cravings while you quit.
 - Prescription required. Call your insurance to check coverage.
- Bupropion (*ZYBAN*) – take pills to curb cravings while you quit.
 - Prescription required. Call your insurance to check coverage.

YOUR REASONS TO QUIT SMOKING

I commit to becoming a non-smoker. I want to quit because:

- I will have major immediate and long-term health benefits:
 - **20 minutes** after quitting my pulse rate and blood pressure will drop.
 - **8 hours** after quitting the level of carbon monoxide in my blood will drop and the level of oxygen in my blood will increase to normal.
 - **24 hours** after quitting my chance of a heart attack will decrease.
 - **2 weeks to 3 months** after quitting my blood circulation will improve.
 - **1 to 9 months** after quitting I will breathe easier, coughing and shortness of breath will decrease, and my lungs will work better.
 - **1 year** after quitting my excess risk of coronary heart disease will be half that of a smoker's.
 - **5 to 15 years** after quitting my stroke risk will be similar to a nonsmoker.
 - **10 years** after quitting my risk of lung cancer will be similar to a nonsmoker's and my risk of cancer of the mouth, throat, esophagus, bladder, cervix, stomach, and pancreas will decrease.
 - **15 years** after quitting my risk of coronary heart disease will be the same as a nonsmoker's.

SOURCE: American Cancer Society

- I will look better and feel better:
 - I will no longer have premature wrinkling of the skin, bad breath, stained teeth, and bad-smelling clothes and hair.
 - Food will taste better and my sense of smell will return to normal.
 - Ordinary activities will no longer leave me out of breath.
- I have better ways to spend my money.
- I want to protect my family and friends from second-hand smoke.
- I don't like the power cigarettes have over me.
- I will make a friend or family member proud.
- I will make myself proud.
- _____
- _____

For these reasons, I will do whatever is necessary to become a non-smoker. I will take control over my behavior. I will ask for help when I need it. I will quit cigarettes!

Smoker sign and date

Witness sign and date



Family Health Centers