

Resources

New York State Smoker's Quitline

1-866-NYQUITS (1-866-697-8487)

The NYS Quitline is a free service that provides NYS residents with help when they are ready to quit smoking. All services of the Quitline are confidential.

Medicaid Coverage

In the fall of 1999, the New York State Medicaid Program and Family Health Plus began covering smoking cessation products such as nicotine patches, sprays, inhalers, gum and Zyban. Contact your Health Care Provider/Pharmacist to learn more about how to obtain these products.

Resources on the Internet

Websites — These sites are affiliated with reputable health organizations:

www.capitalquits.com

www.quitnet.org

www.mayohealth.org

Contact the

Capital District Tobacco-Free Coalition

for a copy of "Want to Stop Smoking?" a directory of resources in the Capital Region. (518) 459-4197 ext. 305



Capital District **Tobacco-Free Coalition**

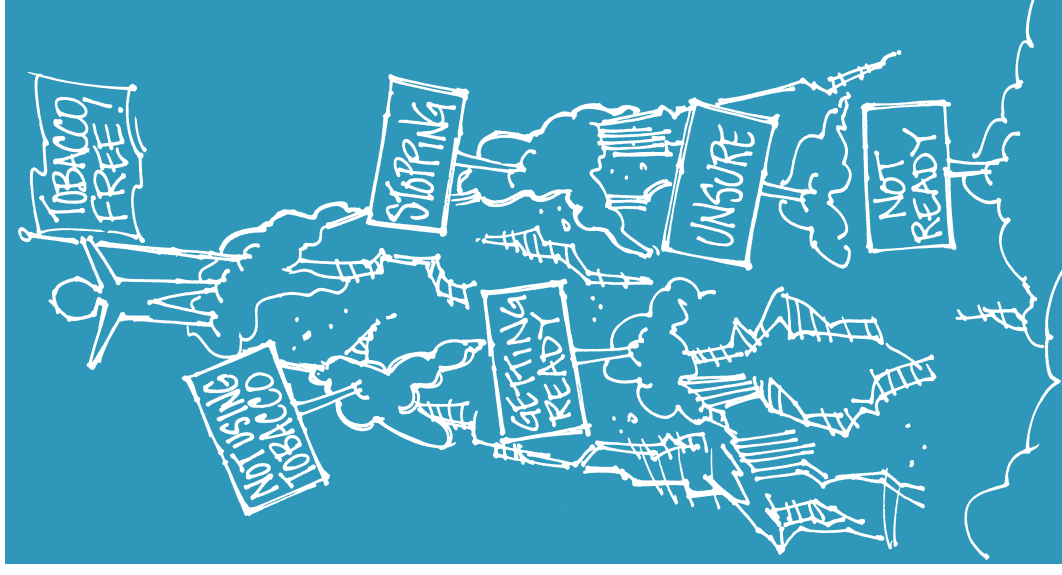
3 Winners Circle
Suite 300

Albany, NY 12205

V 518.459.4197 x305

F 518.489.5864

www.smokefreecapital.org



Have you thought about stopping your tobacco use?

cigars, cigarettes, smokeless tobacco

Read the section that matches your answer and begin today!

Stopping tobacco use can take time. Moving from stage to stage is **SUCCESS!**
Materials adapted from Prochaska and DiClemente, Stages of Change Model

Stage of Change	Are you thinking...	Your Role
1 Not Ready (Precontemplation)	<ul style="list-style-type: none"> tobacco use is not a problem you do not want to stop using tobacco you are not ready to stop 	<ul style="list-style-type: none"> Consider these questions <i>Does stopping seem impossible?</i> <i>Will stopping make a difference in your life?</i>
2 Unsure (Contemplation)	<ul style="list-style-type: none"> you are unsure about stopping tobacco use is harmful to your health 	<ul style="list-style-type: none"> List what you might gain by stopping Speak to someone who has stopped Make your decision to take action
3 Getting Ready (Preparation)	<ul style="list-style-type: none"> how to get help how to stop you are ready to stop 	<ul style="list-style-type: none"> Pick a stop date Tell friends and family that you are stopping Reduce your tobacco use Get information on programs to help you stop Develop a support system
4 Stopping!! (Action)	<ul style="list-style-type: none"> about being tobacco free 	<ul style="list-style-type: none"> Remove all tobacco products from your home 4 D's (delay, distract yourself, drink water, do something else) Have a plan to handle cravings Remind yourself of your decision to be tobacco free
5 Not Using Tobacco (Maintenance)	<ul style="list-style-type: none"> you feel good you can live tobacco free each day is a milestone 	<ul style="list-style-type: none"> Avoid tempting situations Maintain a tobacco free home and workplace Reward yourself for not using tobacco Pursue new healthy activities
6 Congratulations! You are tobacco free!	<ul style="list-style-type: none"> You did it! 	<ul style="list-style-type: none"> Reward yourself again! Keep your support system going

Oops! Relapse? If you slip...

Are you thinking:

- you could do it just once
- you can't stop
- how do you stop again
- you disappointed yourself and others

Your role

- Learn from your mistakes
- Look at what brought you back to using tobacco
- Have a plan to deal with relapse if it happens again
- Continue to get support from family and friends
- Set a new stop date (if you started again)

Personal Action Plan

My goal: _____

My quit date: _____

The steps I need to take:

1. _____
2. _____
3. _____
4. _____

For support I can turn to: _____

Other notes: _____