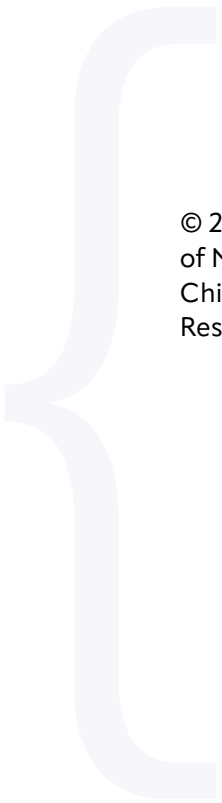




**Journeys to
Quitting Smoking,
Cutting Down,
and Remaining
Smoke-Free**

**Told by people
with lived experience
of behavioral health
disorders in their
own words**



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Introduction


This Guide presents stories in people's own words about experiences that are especially common for adults with mental health or substance use disorders who are trying to stop or reduce tobacco use. Our story tellers were asked to share examples from their lives that illustrated findings from research on smoking among people with serious behavioral health challenges. We drew these findings from a report by the Centers for Disease Control and Prevention (CDC) "*Tobacco, Nicotine, and E-Cigarettes Research Report: Do People with Mental Illness and Substance Use Disorders Use Tobacco More often?*"

The report is available at <https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/do-people-mental-illness-substance-use-disorders-use-tobacco-more-often>. In using its findings, we offer real-world examples of what the research evidence has shown about smoking reduction and cessation for people with behavioral health disorders. We also reflect on each person's journey, specifically the reasons they began or continued smoking, as well as what life circumstances supported their attempts to reduce or end tobacco use.

As detailed in the CDC article, research has found the following about tobacco use among this group.

- Many smoke to **manage troubling feelings** such as poor concentration, low mood, and stress.
- **Smoking cessation relapse is common** and trying again can be difficult.
- Smoking can be especially helpful **when socializing**.
- Smoking often occurs when people **drink alcohol** or go to bars.
- Smoking, drugs, and other stimulants **often go together**.
- People can **successfully cut back** without quitting.
- Some use smoking to **control their weight**.
- People can feel both **better and worse** after quitting.
- Many smokers also deal with **chronic physical conditions**.

We offer
real-world
examples
of what the
research
evidence
has shown



Our story tellers were asked to share examples from their lives that illustrated findings from research on smoking among people with serious behavioral health challenges.

By using real-world examples of what the research evidence has shown about smoking for this group of people, we want to raise awareness of common factors they encounter when trying to quit, cut down, or remain smoke-free. If you're a person who lives with behavioral health challenges, hearing about other people's journeys may inspire you and give you ideas about your own situation. If you are a service provider or supporter of someone with a behavioral health condition, you'll learn about challenges many people encounter and ways they can be assisted. No matter what your role, we think you'll find these journeys to be both interesting and inspiring.

We now invite you to explore people's unique stories told in their own words.

Mira's Journey

Evidence-based themes:

- Smoking to manage social situations
- Smoking to aid concentration
- Making the choice between cutting back and quitting
- Feeling better and worse when stopping
- Managing physical health conditions

“...There’s always growth. There’s always improvement. But, I guess, just keep that hope that you can [do it].”

Mira smoked for 5 years before quitting. She mostly smoked to relieve anxiety and tension. Smoking became a regular habit whenever she was tackling school or work assignments. Mira also smoked when she was socializing with others.

Mira’s main reason for quitting arose after an incident when smoking triggered her anxiety and made it difficult for her to breathe. This resulted in her using an asthma rescue inhaler, which significantly reduced her blood pressure and caused a loss of consciousness. After this, Mira became fearful each time she smoked, worrying that she would need her inhaler and possibly pass out again. This is when she decided to choose between cutting back or quitting cigarettes altogether. Mira determined that the best course of action would be to quit entirely, to avoid the cycle of smoking, triggered anxiety, inhaler use, and possible loss of consciousness.

At first, quitting took an emotional toll on Mira. She notes that “...the transition and the adjusting were definitely stressful.” However, just a few weeks later, most of her anxious thoughts began to subside, making her feel better about her choice to quit. She also noticed improvements in her health and realized that it was “...just a matter of waiting it out.” Mira shares, “You shouldn’t put pressure on yourself in those first few weeks, [thinking] ‘Oh, this is going to improve’...It’s [more] like, I have to do what I have to do to get by, and then, improvements will come later when you stop looking for them.”

Today, Mira feels great about her decision to quit: “I feel good. It’s almost 2 years...[Smoking] is a coping skill. But down the line, you realize it’s not necessarily helping. It’s a temporary thing.”

What initiated Mira’s smoking?

- **Smoking to concentrate:** Smoking helped Mira to concentrate on both school and work assignments. In her eyes, it became a part of her routine, such that “I had to [smoke] before, and then, I [also] had to do it during [tasks]...” .
- **Fitting in with others socially:** There also was a social component to smoking for Mira. She didn’t necessarily feel pressured by others to smoke, stating “It wasn’t the focus of the social aspect, but it was kind of like a part of it.” Instead, she wanted to find common ground with others. For example, she would occasionally hang out with people who were vaping, which then led her to vape while she was with them.

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Mira's Journey

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What supported cutting down or quitting?

- **Developing a new concentration strategy:** Becoming aware that smoking to focus was ultimately unhealthy, Mira worked a new strategy into her routine to get past the cravings.
- Mira describes breaking up her workload with substitute activities for smoking. For example, she would work on an assignment for 5-10 minutes, take a break to do

something else, and then shift her attention to working on a different assignment. Frequently shifting her focus and taking breaks helped curb her need to smoke. She shared, "...Let me just work with myself. If I can't sit down for a half hour without having these urges, let me just do 10 minutes at a time. Then step away, do whatever, and then come back."

"You shouldn't put pressure on yourself in those first few weeks, [thinking] 'Oh, this is going to improve' ...It's [more] like, I have to do what I have to do to get by, and then, improvements will come later when you stop looking for them."

John's Journey

Evidence-based themes:

- Dealing with smoking relapse
- Smoking when using stimulants

“It’s very difficult...but don’t give up trying”

John has been tobacco-free for about 30 years. He began smoking when he was 15 years old and quit for the first time in 1995. He recalls being challenged by frequent smoking relapses. When working to quit, he remembers throwing a pack of cigarettes out of his car window while driving. He also would throw packs of cigarettes into the trash, only to dig them back out later. One time after successfully quitting, John began dating someone who smoked, which resulted in him taking it back up again. In this way, John went through cycles of smoking and quitting and smoking again.

Then, one day while hospitalized, John went into a small room where people were allowed to smoke. Being in that space led John to feel very low and bad about smoking, motivating him to quit cold

turkey while in the hospital. He felt that smoking was “*doing something wrong*” and he also worried about health effects from smoking. To him, quitting was emotionally driven, and when he was ready, it “*came naturally*.” At the same time, he recognizes that he always had the sense to “*keep on trying*” and to not give up.

John found it hard to avoid cigarettes when drinking coffee. In his words, he would drink coffee “*morning, noon, and night*,” and it became routine to smoke with every cup: “*...the more coffee I drank, the more cigarettes I smoked*.” As part of his quit plan, John decided to also give up caffeine, since it was a trigger for smoking. He credits this as one of the main reasons he did not relapse when quitting for the final time.

What initiated John’s smoking?

- **Peer pressure:** John shares that peer pressure was a primary motivator for smoking, especially at such a young age. His siblings smoked which influenced his decision to smoke.
- **Socializing with other smokers:** John recalls going to a roller rink when he was in 8th grade, where there was a smoking section. In his words, it was a “big thing” to smoke at the time, and dedicated smoking areas provided a highly social aspect to the activity.

What supported cutting down and quitting?

- **Recognizing the addictiveness of smoking:** Over time, John learned that if he “smoked just one, he was hooked again.” John had to stay mindful, reminding himself of this trigger to avoid relapse.
- **Health concerns:** After starting to smoke at a young age, John became aware of the negative effects it was having on his health over time. This concern for his well-being would lead to one of his first quit attempts.
- **Persistence and trying various strategies:** An important piece of John’s story is his persistence. Each time he had a smoking relapse, he would try a new strategy until something eventually worked. Some of these helpful strategies to reduce, and eventually quit, smoking included:
 - Smoking weaker cigarettes to wean from nicotine over time
 - Buying single cigarettes rather than whole packs
 - Throwing out cigarettes
 - Using a nicotine patch
 - Reducing, quitting, or substituting things that might influence smoking, such as caffeine or dedicated smoking areas
 - Staying mindful of the consequences that often accompany starting to smoke again, such as smoking only one cigarette leading to a whole pack, or the negative health effects that develop over time

David's Journey

Evidence-based themes:

- Smoking to aid concentration
- Smoking and managing physical health conditions
- Smoking to manage stress and anxiety

“I had emphysema so bad that I was just coughing and coughing. I said, ‘I gotta quit smoking.’”

David has been smoking for about 32 years, and he was 10 days smoke-free at the time he shared this story. This is his second quit attempt, the first being when he had stopped smoking for about a year at the end of high school. Then, when he relocated to live with his sister's family, his brother-in-law offered him cigarettes. David adamantly refused at first because he didn't want to get hooked again. But he reflects, *“I wound up smoking again.”* This started him on his decades-long path of nicotine use.

The primary motivator for both his previous and current quit attempts is a diagnosis of emphysema, which he also has had for over 32 years. Recently,

he was advised to change his smoking habits due to worsening symptoms and potential risk factors as he ages. One challenge he faces is breaking the connection between smoking and eating, as he explains, *“When I smoked it helped me eat.”* Another issue is his use of smoking to manage anxiety and stress, as he notes, *“...smoking makes you feel like, calm. Like, it helped me sometimes. It might have helped me go to sleep.”* He also has strategies he can use such as music, as he put it, *“Sometimes playing the guitar would get my mind off feeling like I had to smoke...It would clear my head, but it would also make me concentrate on what I was doing when I was playing something.”*

What initiated David's smoking?

- **Smoking to concentrate:** Smoking helped David to concentrate or complete multiple activities in his life. One primary example was the strong need to smoke whenever he ate or drank, or before sitting down for a meal.
- **Coping with stress and anxiety:** Smoking also helped David to manage anxious thoughts and calmed his nerves.

What supported cutting down and quitting?

- **Worsening medical condition:** Hearing recently from a doctor that his emphysema is worsening due to smoking has been a primary motivator for David's most recent quit attempt.
- **Finding new ways to concentrate:** David is implementing various strategies to replace smoking with other activities, especially those that provide distraction...

These include, but are not limited to:

- Taking a break to watch television
- Listening to music while performing tasks (instead of smoking)
- Taking a walk outside, especially when running errands, to help release tension
- Taking a break to play his guitar.

Jamila's Journey

Evidence-based themes:

- Smoking to manage social situations
- Smoking to manage low mood, stress and anxiety
- Making the choice between cutting back and quitting

“I don't want my smoking to jeopardize the health of my cats and dogs.”

Jamila has been living with severe anxiety and depression since her teenage years. Often overwhelmed by her mental health challenges, she has found solace in smoking. What began as an occasional coping mechanism became an addiction, making it difficult for her to quit or cut down on her smoking.

Smoking became intertwined with every aspect of Jamila's life. It provided relief in social situations when her anxiety felt incapacitating, allowing her to navigate interactions with others more comfortably. It became a constant companion during her struggles with work and college life, since her poor mental health made it challenging to focus and thrive.

However, despite these challenges, a glimmer of hope emerged for Jamila. She discovered her passion for working with animals, a career path that ignited a newfound sense of purpose and fulfillment for her. Starting her own dog walking and cat sitting business became a turning point in her journey towards

wellness. Realizing that smoking could potentially harm the pets in her care, Jamila found motivation to cut down. She did not want second-hand smoke to jeopardize the health and wellness of the pets she loves. This newfound responsibility served as a powerful catalyst for change.

As Jamila immerses herself in meaningful work, she has developed strategies to combat her cravings. She schedules structured smoking breaks away from the animals, allowing herself moments of respite while also limiting her cigarette consumption. Additionally, she is using healthier alternatives like chewing gum or drinking water to distract herself from cravings.

Slowly but steadily, Jamila has managed to reduce her use to four cigarettes per day. While the journey to overcome her addiction is far from easy, a sense of purpose and love of her animal companions is helping her to significantly lower her tobacco use. With determination, Jamila continues to navigate her path towards wellness one step at a time.

What initiated Jamila's smoking?

- **Stress relief:** Jamila notes that the stress arising from mental health challenges led her to smoke for temporary relief.
- **Managing social situations:** Jamila also uses smoking to reduce social anxiety. She feels less uneasy being with others when smoking.
- **Using smoking as a coping mechanism:** As Jamila became addicted to nicotine, smoking became a daily tool to manage her mental health struggles. What started out as short-term relief snowballed into an addiction that has been hard to shake.

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Jamila's Journey

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What supported cutting down or quitting?

- **Occupational wellness:** Jamila's ability to reduce tobacco use took a positive turn after finding purpose and fulfilment in working with animals. This work also improved her overall mental health and wellness.
- **Concerns that second-hand smoke would harm the animals in her care:** Relatedly, Jamila worried that smoking might negatively affect the pets in her care. She has successfully reduced her smoking and is working towards quitting altogether to ensure that the animals remain healthy.
- **Developing strategies to combat cravings:** Jamila developed multiple strategies to reduce tobacco use, including:
 - Scheduling structured smoking breaks to limit her intake.
 - Allowing herself moments of respite to reduce stress, while still limiting tobacco use.
 - Substituting smoking with healthier alternatives, including chewing gum and drinking water.

Slowly but steadily, Jamila has managed to reduce her use to four cigarettes per day. While the journey to overcome her addiction is far from easy, a sense of purpose and love of her animal companions is helping her to significantly lower her tobacco use.

J's Journey

Evidence-based themes:

- Smoking to manage social situations
- Smoking to manage low mood, stress, and anxiety
- Making the choice between cutting back and quitting

“Smoking seemed to be the only way to get through the days to manage my anxiety and low mood.”

J is a 67-year-old individual living with schizoaffective disorder and intermittent alcohol use challenges, who has been smoking since the late 1970s. He started smoking mainly to cope with mental health difficulties and the side effects of the many medications he has been prescribed over the years. He was unable to start his day without a cigarette, and smoking throughout the day helped reduce feelings of anxiety, periods of low mood, and insecurity in social situations.

J shares that he has smoked at least 1.5 packs daily at many points during the past 30 years. However, over the past 3 years, he has been able to cut back to 8-10 cigarettes a day. One strategy for cutting back was to designate non-smoking places, such as in his house and car. He also resolved to stop smoking 2-3 hours before going to sleep. Another strategy that J uses is assisting others who do not want him to smoke around them. By accompanying non-smokers in his building on shopping trips and to medical appointments, he limits his tobacco use throughout the day.

What initiated J's smoking?

- **Anxiety and mood management:** Smoking has been a coping mechanism to alleviate J's intense emotional distress, low mood, and anxiety, along with taking the edge off the many side effects he experiences.
- **Managing social situations:** Smoking has provided J with a sense of security and confidence in social situations. It acts as a social lubricant, helping him navigate interactions with others more comfortably.

What supported cutting down or quitting?

- **Awareness of long-term health risks:** J realized that smoking over 1.5 packs a day for many years could have severe long-term health consequences, potentially shortening his lifespan. This awareness prompted him to cut down, with the hope of eventually quitting.
- **Desire to enhance quality of life:** Despite the challenges of quitting, J expressed a desire for a healthier life. He recognizes that reducing tobacco use, and eventually quitting, could improve not only his longevity, but also his quality of life.
- **Persistence and trying various strategies:** J developed strategies to reduce smoking, including limiting where and when he could have a cigarette. He also decided to stay busy by helping non-smokers from his building with errands or medical appointments, which not only facilitated avoiding cigarettes, but also provided distraction from cravings and added new meaning and purpose in his life.

Anne's Journey

Evidence-based themes:

- Smoking to manage social situations
- Smoking to manage stress and anxiety
- Dealing with smoking relapse

**“Even though it’s hard, don’t give up.
Because if I can do it, anyone can do it.”**

After smoking for ten years, Anne quit nearly a decade ago. Smoking helped reduce stress while at work. It also facilitated connections with supervisors and co-workers on smoke breaks, where everyone could “shoot the breeze.” Additionally, Anne would smoke when bored. She reflects that smoking was glorified in the media and society at the time, giving it a “coolness factor” for her. Several people in Anne’s family and community smoked as well, which made the habit seem normal.

Anne began noticing the physical effects of smoking and decided to use the medication Chantix to support quitting. Also, Anne lost her grandfather to lung cancer from smoking, further motivating her decision to quit. She advises that people considering smoking cessation medication should speak with their doctors, and monitor side effects of the medication. Anne shares that medication worked well for her, but it is not the only factor in quitting: “...quitting is a conscious decision, and you have to want to quit.” She hopes her story helps others feel hopeful that cutting down or quitting is possible.

What initiated Anne’s smoking?

- **Socializing with other smokers:** Anne enjoyed taking smoking breaks with co-workers and supervisors. She also felt that smoking with supervisors could facilitate relationship-building with management that might impact career advancement opportunities.
- **Acceptance of smoking among family and friends:** Many people who Anne admired (family, close friends, etc.) smoked as well,

which further normalized the activity. As a young adult, it also was seen as a “cool” thing to do among her peers.

- **Stress relief:** Smoking breaks at work were a way to unwind, and to deal with both workplace and personal stressors. Smoking with others helped her step outside the stressful work environment and “escape” for a while.

What supported cutting down or quitting?

- **Recognizable health impacts:** Anne began noticing physical changes that were associated with her smoking habits.
- **Family loss:** Losing a loved one to lung cancer from smoking motivated Anne to change her habits to maintain her own health and longevity.

- **Smoking cessation medication:** Using Chantix was instrumental to Anne’s quitting. While it isn’t for everyone, Anne believes that using it is worth exploring with a health care provider.

Gilbert's Journey

Evidence-based themes:

- Smoking to manage stress and anxiety
- Smoking to manage weight
- Making the choice between cutting down and quitting

“When you see these people on TV who smoke – they lose their legs, they lose their fingers, they get emphysema, they’re walking around with a tank. I mean... that’s a wakeup call...”

Gilbert began smoking at age 13, and eventually cut down to only occasionally smoking a cigarette. Gilbert started smoking mostly out of boredom, but he continued the habit throughout his life to relieve stress. He also acknowledges that smoking was tied to other daily habits like having a morning coffee or after a meal. Gilbert reflects that, “...*not only (does) the nicotine become a habit, [but] it’s the feel of the cigarette in your hand.*” Both the action of holding and having a cigarette, as well as the dependence on nicotine, led to his continued smoking. As he explained, “...*Over and over and over – the same pattern.*”

Gilbert cut down to only an occasional cigarette mostly because various symptoms, like wheezing

and shortness of breath, began to negatively impact his physical activity. He was concerned about weight gain if he quit, since he believed it would slow his metabolism. However, he didn’t like that smoking was reducing his ability to jog and work out in the gym.

Gilbert also noted that smoking is expensive, and he spent a significant amount of money over the years on cigarettes that could have been used for important things in his life. Gilbert recommends that anyone who is considering quitting can think about both the financial burden of smoking and its harmful physical effects. Advertisements on television and social media highlighting the negative consequences of using tobacco were also instrumental in his reducing to only an occasional cigarette.

What initiated Gilbert’s smoking?

- **Boredom:** Gilbert began smoking to cope with boredom, when there was nothing else to do.
- **Stress relief:** Soon, smoking became part of Gilbert’s routine because it reduced his stress.
- **Tactile benefit of cigarettes:** Holding cigarettes was akin using a fidget toy, giving Gilbert something physical to hold that was soothing.
- **Dependence and addiction:** Gilbert acknowledges that smoking became an addiction. He notes that it happened repeatedly in his life.

What supported cutting down or quitting?

- **Negative physical effects:** Over time, Gilbert was able to recognize the damage that smoking was causing to his body. He started wheezing and having shortness of breath. At first, this didn’t bother him since he worked out regularly. But after finding himself unable to exercise as easily as he once had, he became extremely concerned.
- **Financial wellness:** Gilbert estimates that, based on his 45 years of smoking, he has spent at least \$325,000 on cigarettes.
- **Concerns about weight gain:** Gilbert expressed concern over his weight, which was a recurring and serious worry for him. It also served as a motivator to continue exercising, so that quitting would be less likely to cause weight gain. Also, he noticed that he has a “fast” metabolism, leading him to reflect that his concerns about weight ended up being more psychological than factual.

Joanne's Journey

Evidence-based themes:

- Dealing with smoking relapse
- Smoking to manage stress and anxiety
- Smoking to manage social situations
- Making the choice between cutting down and quitting
- Smoking and managing physical health conditions

“It’s always possible to quit. And just because you cut down on Monday, but went back to a full pack on Wednesday, don’t beat yourself up! You can always start again!”

Joanne smoked for several years. She found it helped to moderate the strong emotions she was feeling. She explained, *“I could just smoke and feel numb, and not feel what I [was] going through.”* Also, smoking was an enjoyable social activity to share with others in her life.

Knowing that smoking can lead to poor health, she tried cutting down and quitting many times. Eventually, Joanne quit cold turkey, noting she had many motivations and supports to kick the habit. Joanne lost her aunt to lung cancer, which led her to learn more about the harmful effects of smoking.

Once she started experiencing shortness of breath herself, she became even more motivated to quit, telling herself, *“I’m not going like this. I’m not gonna’ let this take my life.”*

Joanne also acknowledged that cigarettes are expensive and buying them meant she couldn’t purchase other things she wanted. She noted that, *“I can get myself a nice outfit with that money.”* Joanne drew strength from her faith and spirituality, along with witnessing her mother’s success in quitting. Joanne reflects that quitting takes time, and if you don’t succeed, keep trying.

What initiated Joanne’s smoking?

- **Coping with strong emotions:** Joanne reflects that smoking could mask her feelings and make her feel numb to upsetting emotions.
- **Socializing with others:** Joanne found that smoking was a way to *“fit in with everybody else.”*

What supported cutting down or quitting?

- **Family loss:** When her aunt passed away from lung cancer, Joanne vowed to honor her memory by quitting cold turkey.
- **Education on harmful effects:** When Joanne moved into a group home, she began learning about tobacco and the damaging effects of smoking on one’s health and well-being. Learning this, coupled with acknowledging that she is at higher risk due to asthma, increased her motivation to quit.
- **Financial wellness:** Joanne reminded herself of how much money she was saving by not smoking and would visualize enjoyable things she could purchase instead: *“I can get my nails done with that money.”* Acknowledging the financial toll of smoking helped develop the mindset and determination to quit.
- **Negative physical effects:** One night after smoking, Joanne found herself unable to breathe. This moment reinforced her intention to quit.

Miguel's Journey

Evidence-based themes:

- Smoking to managing stress and anxiety
- Dealing with smoking relapse

“It was a supportive environment and a commitment to my friend that made the difference.

Talk to your doctor. Talk to anybody that can help you because there is help out there. There is help.”

Miguel began smoking when he was 13 years old. He continued a cycle of smoking and quitting for many years after.

Miguel also smoked to relieve stress and as a distraction from various challenges in his life. He explained, *“I smoked because of things that have gone on in my life – different things that I [couldn't] deal with.”* He appreciated the tactile benefit of smoking, enjoying the act of simply holding a cigarette.

Miguel also believed that smoking cigarettes was a better alternative to using other harmful substances. His involvement with a peer wellness center and the support he received from a close friend helped him to quit. Around Easter time, which is an important day in Miguel's faith, he decided to quit as a commitment to himself and to God. Miguel has remained smoke-free for the past 12 years.

What initiated Miguel's smoking?

- **Stress relief:** Miguel smoked primarily to manage stress and to deal with the environment in which he was living: *I smoked for a reason, not because I wanted to.*
- **Tactile benefit of cigarettes:** When experiencing bouts of high energy (especially due to medications), Miguel found comfort in having something to hold that would help him to focus.
- **Harm reduction:** Miguel also used smoking as an alternative to using drugs. At times, he would smoke because it felt like a healthier alternative to using other drugs.

What supported cutting down or quitting?

- **Friendship and social support:** Joining a peer wellness center, where he became close friends with another member, set Miguel on a new path. Having this new friendship, and spending time in a supportive environment, were crucial to his being able to quit.
- **Faith and spirituality:** As a sign of his faith, Miguel made a commitment to quit smoking.

Darius's Journey

Evidence-based themes:

- Smoking to manage social situations
- Smoking when using alcohol and other substances

“Don’t start. I also recommend [that] if you smoke em’, put them down and quit!”

Darius started smoking cigarettes at age 7 and used them consistently for 30 years. He began on a dare from his brother, who also started smoking at a very young age. Eventually, Darius was smoking four packs a day and felt pressured to smoke. He noted that he smoked to feel included socially, since everyone around him used tobacco. He notes that, *“I did it because everybody else was doing it.”* He also enjoyed the physical sensation of inhaling and exhaling nicotine, explaining, *“My lungs felt good about smoking.”*

Darius believes that the high cost of cigarettes also led to his decision to quit. At 38 years old, no longer able to afford cigarettes, he decided to quit cold turkey. He feels grateful that this approach worked for him.

Darius advises that smoking can lead to using other harmful substances. He feels that it played a primary role in his using marijuana for many decades, along with alcohol and other drugs. As a result, Darius’s main advice about smoking cigarettes is simply: *“don’t start.”*

What initiated Darius’s smoking?

- **Socializing with other smokers:** Dared to start smoking by his brother in childhood, as Darius matured, he felt pressured to continue smoking...
- **Tactile benefits of smoking:** Darius enjoyed the physical sensation of smoking itself. Filling his lungs with smoke felt comfortable and normal to him. He believes that this physical sensation was part of his addiction.

What supported cutting down or quitting?

- **Financial wellness:** As he got up to four packs daily, Darius could no longer afford the expense of smoking. The financial burden was his primary motivation for quitting.
- **Concerns about substance use:** Darius credits cigarettes as a primary factor in using other harmful substances that he also wanted to reduce/quit.

Peggy's Journey

Evidence-based themes:

- Dealing with smoking relapse
- Smoking to manage stress
- Feeling better and worse when stopping

“You can be successful if you just keep trying different strategies that work for you.”

Peggy began smoking at an early age and continued for nearly 24 years. Thinking back, Peggy remembers that smoking was highly prevalent at that time, being considered a cool and stylish activity. Using tobacco also was a stress reliever that Peggy viewed as a “treat” and a “pleasurable activity.”

Although she smoked for many years, Peggy never considered herself to be a heavy smoker, since she set parameters for how much and how often she smoked. Peggy attributes the cost of cigarettes and her desire for increased financial wellness as motivating factors for quitting.

Quitting was difficult and took many attempts for Peggy. One challenge was feeling invulnerable to developing smoking-related health conditions, as she put it, “*It’s not gonna be me.*” Also challenging were the withdrawal symptoms that came with cutting down and quitting. To manage this, Peggy created her own “*behavior modification plan,*” which helped her to persist through withdrawals, cravings, and other challenges.

Today, she is grateful that she was able to quit. She recognizes that being smoke-free enhanced her quality of life and her life span. Peggy encourages others interested in quitting to continue to work through the struggles, be persistent, and to try different strategies.

What initiated Peggy’s smoking?

- **Common and stylish activity:** When she first started smoking, it was a common activity across social and other spaces. Smoking also was considered cool, especially at a young age.
- **Stress relief:** Smoking helped Peggy cope with daily hassles and other life stressors.
- **Tactile benefits of cigarettes:** Smoking felt like a pleasurable treat for Peggy, especially during stressful times.
- **Avoiding the reality of the health risks:** Peggy reflects that she was intellectually aware of the harmful effects of smoking. Yet, like many others, she found herself denying that those risks could ever affect her.

What supported cutting down or quitting?

- **Setting parameters around smoking:** Peggy set parameters for how much and how often she would smoke.
- **Financial wellness:** The rising cost of cigarettes, along with keeping tabs on how much money she could save if she stopped smoking, played a primary role in Peggy’s ability to quit.
- **Persistence and trying various strategies:** Peggy noted quitting was difficult and took many attempts, especially when facing withdrawal symptoms. Peggy created her own behavior modification plan to manage withdrawals and cravings. This helped her to persist through the challenges that arose.

What's Next?

Now that you've read about other people's smoking cessation journeys, if you'd like to reduce or quit smoking, it may help you to consider next steps.

1. Which of the following choices interests you most right now? (Choose one)

- Exploring different options to help make a decision
- Cutting back on my smoking
- Quitting smoking

2. How far along are you in making this choice? (Choose one)

- Just starting to think about it
- Been planning this for awhile
- Close to taking a first step
- Ready to start

3. Over time, what benefits have you gained from smoking? How has it helped you to cope or manage things?

4. What challenges or worries do you have about reducing or quitting smoking?

5. What personal strengths or qualities can you draw on to reduce or quit smoking?

6. What strategies from our guide to reduce or quit smoking interest you the most?

7. What next step would you like to take? (Choose one)

- Thinking it over
- Getting more information
- Talking with my family and other supporters
- Discussing it with any service providers I have
- Seeking out additional options
- Setting a first action step
- Anything else you would like to try

What's Next for Providers?

If you'd like to incorporate what you've learned into your work with others, here are some suggestions to consider.

- Make a list of all the people you work with and their current smoking status.
- If you don't know some people's smoking status, this is a good opportunity to find out and express interest in their health.
- At your next meeting with people who use tobacco, ask if you could tell them about some of the things you learned from the Guide.
- If they are interested, share the Guide with them to review together or to take home and read.
- Investigate different smoking cessation services and medication options available to the people you work with who are interested in quitting or cutting down.
- Explore what steps are needed to refer or enroll people in these services.
- For those who seem interested in cutting down or quitting, identify the strengths they have that might support them.
- Use the form on the preceding page to help people explore their options, recognize strengths and challenges, and make specific plans for next steps.

Conclusion

We hope this guide provides you with information that you can use personally or share with the people you work with or care about. Below are additional resources to aid your efforts.

Websites

- <https://smokefree.gov/>: This website offers a wide variety of free online resources for quitting smoking at different stages including wanting to quit, trying to quit, and remaining tobacco free, many in both English and Spanish.
- <https://www.cdc.gov/tobacco/campaign/tips/index.html>: Get creative, real-world ideas for quitting from the Tips From Former Smokers campaign.
- <https://www.fda.gov/tobacco-products/public-health-education/fda-tobacco-education-resource-library-offers-free-tobacco-education-materials>: The FDA Tobacco Education Resource Library offers free tobacco education materials, including posters and flyers in English and Spanish.
- <https://www.cancer.org/cancer/risk-prevention/tobacco/guide-quitting-smoking.html>: American Cancer Society resources include strategies for “Preparing to Quit,” a short video on the “3 Steps to Quitting,” ideas for “How to Help Someone Else to Quit,” and other tools and supports.

Apps

- <https://smokefree.gov/tools-tips/quitstart>: The quitSTART app is a free smartphone app funded by the U.S. federal government that helps people quit smoking with tailored tips, inspiration, and challenges. It lets people monitor their progress, manage cravings with games and challenges, and get back on track if they slip and smoke.

- <https://www.quitnow.app/en>: This smartphone app comes in multiple languages and is endorsed by the World Health Organization. It uses WHO data to help people share experiences, view their milestones and achievements, and get answers to frequently asked questions. The app is free to download and use, with charges for optional in-app purchases.
- <https://kwit.app/en>: This smartphone app uses gamification (e.g., game thinking, mechanics, and design) to help make quitting smoking fun, thereby encouraging people to change their behavior. The app is free to download and use, with charges for optional in-app purchases.

Calculators

- <https://healthcalculators.org/calculators/cigarette.asp>: Use the Cost of Smoking Calculator to determine the financial cost of smoking.
- <https://ycq2.org/savings-calculator/>: Use the YouCanQuit2 savings calculator and see how much money you can save by going tobacco free.
- <https://smokefree.gov/quit-smoking/why-you-should-quit/how-much-will-you-save>: The How Much Will You Save calculator shows you how much of your money is spent on smoking.

Text Messaging

- <https://smokefree.gov/tools-tips/text-programs>: Smokefree.gov offers free text messaging programs that give 24/7 encouragement, advice, and tips for becoming smoke free and staying healthier. You can also sign up for texts tailored for special groups including veterans, teens, pregnant women, young adults, and Native Americans. People can sign up or opt-out at any time.

Social Media

- <https://smokefree.gov/about-us/social:> SmokefreeUS uses social media to access resources from Smokefree.gov on the social media of your choice including Facebook, Twitter, Instagram, and Pinterest. Follow them to get inspiration and encouragement from people who are going through the same things as you. Access specialized communities on Facebook's Smokefree Women and Smokefree VET.

Quit Lines

- **Call 1-800-QUIT-NOW:** Call this toll-free number to get free, confidential coaching from a quit line counselor. The number routes callers to state-run quit lines that offer free cessation assistance and resources.
- **Call 1-877-44U-QUIT (1-877-448-7848):** The National Cancer Institute's Smoking Quitline provides individualized counseling, printed information, referrals, and recorded messages.
- **Call 1-800-586-4872:** The American Lung Association provides a wide variety of free tobacco cessation resources.
- [https://map.naquitline.org/:](https://map.naquitline.org/) Get information for quit lines in North America organized by State (U.S.) or Province (Canada) including hours of operation, quit line phone numbers, and the specific services offered, which may include phone counseling, web-based services, cessation medications, and more.

FDA-Approved Smoking Cessation Products

- [https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/quit-smoking-medications/how-to-use-quit-smoking-medicines/index.html:](https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/quit-smoking-medications/how-to-use-quit-smoking-medicines/index.html) Learn about the seven medicines approved by the Food and Drug Administration to help you quit, including nicotine replacement medicines (nicotine patches, lozenges, gums, oral inhalers, and nasal sprays) and pill medicines (varenicline and bupropion SR). Read about other effective strategies, with or without medicines, and with or without nicotine.
- [https://www.cdc.gov/tobacco/about/how-to-quit.html:](https://www.cdc.gov/tobacco/about/how-to-quit.html) Learn about proven treatments to help you quit, including medications, Nicotine Replacement Therapy, counseling, combined medications, and medications plus counseling.



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