

Tobacco Dependence

Education & Training



Learning Objectives

List	2 key reasons why tobacco use disorder is characterized as a chronic disease
Identify	3 demographic groups that experience tobacco-related disparities and understand the importance of tailored clinical approaches for addressing tobacco dependence with these populations
Describe	3 evidence-based treatments for tobacco dependence, including their respective effectiveness
Recognize	at least 1 benefit to quitlines as a resource for tobacco cessation
Understand	the Ask-Advise-Refer and Ask-Advise-Connect models for tobacco dependence intervention and tools available to implement them in the workplace



Tobacco Use Disorder



Commercial Tobacco Products

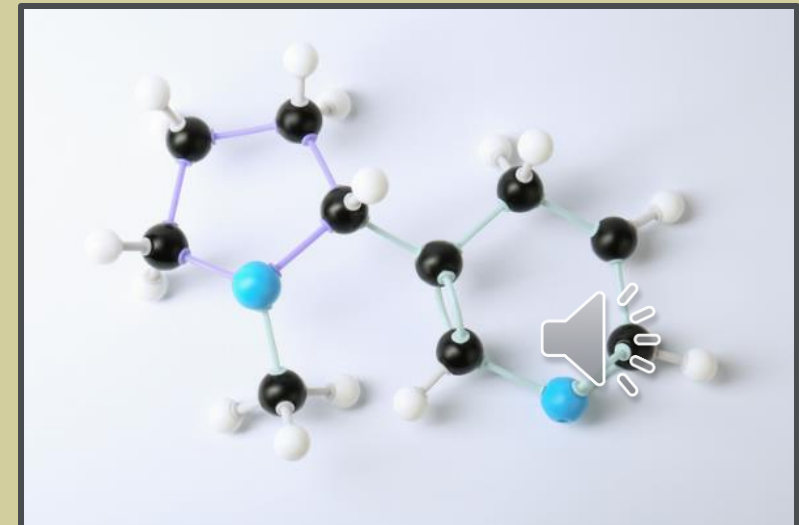
- **Non-exhaustive list:**
 - Cigarettes
 - Smokeless tobacco
 - Pipe tobacco
 - Cigars, little cigars, and cigarillos
 - Hookahs
 - Electronic Nicotine Delivery Systems (ENDS; e.g., E-cigarettes, vapes)



Image source: Canva Pro paid subscription

Nicotine

- **Highly addictive** chemical compound (i.e., substance)
- Naturally occurs in **tobacco plants** but can be made in a **laboratory**
- Repeated exposure leads to **brain changes** associated with **dependence**



Tobacco Use Disorder

- Classified as a **chronic disease** in 2000
- **Long-term** nature
- Periods of **remission and relapse**
- Requires **repeated intervention and support**

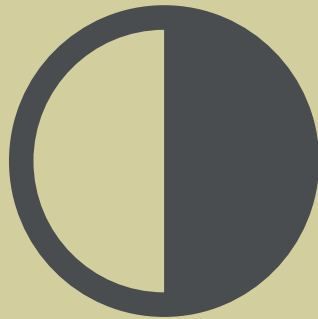


Image source: Canva Pro paid subscription



Quit Attempts and Success

About half of tobacco users attempt to quit each year

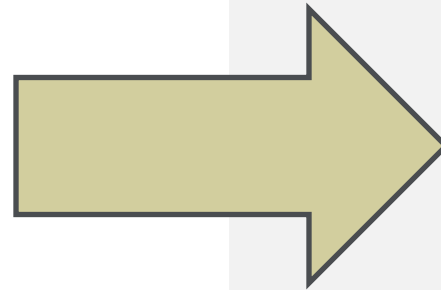


Less than 1 in 10 is successful



Nicotine Withdrawal

- **Symptoms:**
 - Intense **urges or cravings**
 - **Irritability** or feelings of **grouchiness**
 - **Restlessness** and **jumpiness**
 - **Difficulty concentrating**
 - **Sleep disturbances**
 - **Anxiety, sadness, or depression**



**Difficult to
quit**

**Easy to
relapse**



Health Hazards of Tobacco Use

Smoking cigarettes harms nearly every organ of the body and causes many diseases

- **Cancer**

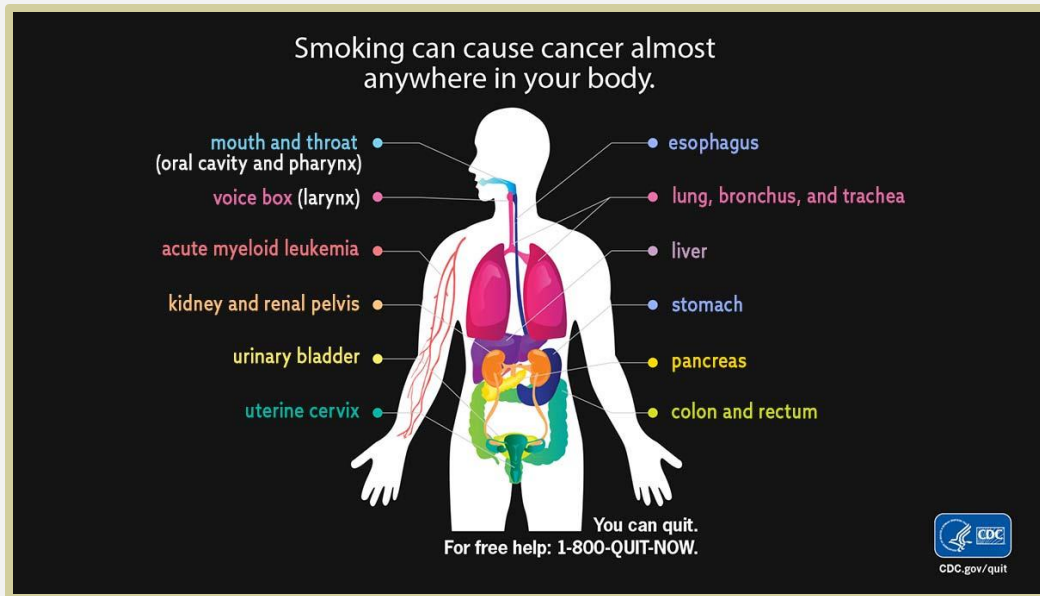


Image source: Centers for Disease Control and Prevention


- **Heart disease and stroke**
- **Lung disease** like chronic obstructive pulmonary disease
- **Type 2 diabetes**
- **Other diseases** (e.g., eye disease, immune system issues, etc.)
- **Harmful reproductive health effects**

#1 Preventable Cause of Disease and Death

FACT

Tobacco use is the leading cause of preventable illness in the U.S.

You can quit. For free help, CALL 1-800-QUIT-NOW.



CDC.gov/quit

Image source: Centers for Disease Control and Prevention

FACT

Tobacco use is the leading cause of preventable death in the U.S.

You can quit. CALL 1-800-QUIT-NOW.



CDC.gov/quit

Image source: Centers for Disease Control and Prevention



Toll of Tobacco in the US

- Deaths related to smoking



- Annual deaths related to smoking and second-hand smoke exposure

480,000+

More than AIDS, alcohol, car accidents, illegal drugs, murders and suicides combined

- People suffering from a smoking-related illness

16,000,000+



Tobacco Use Trends

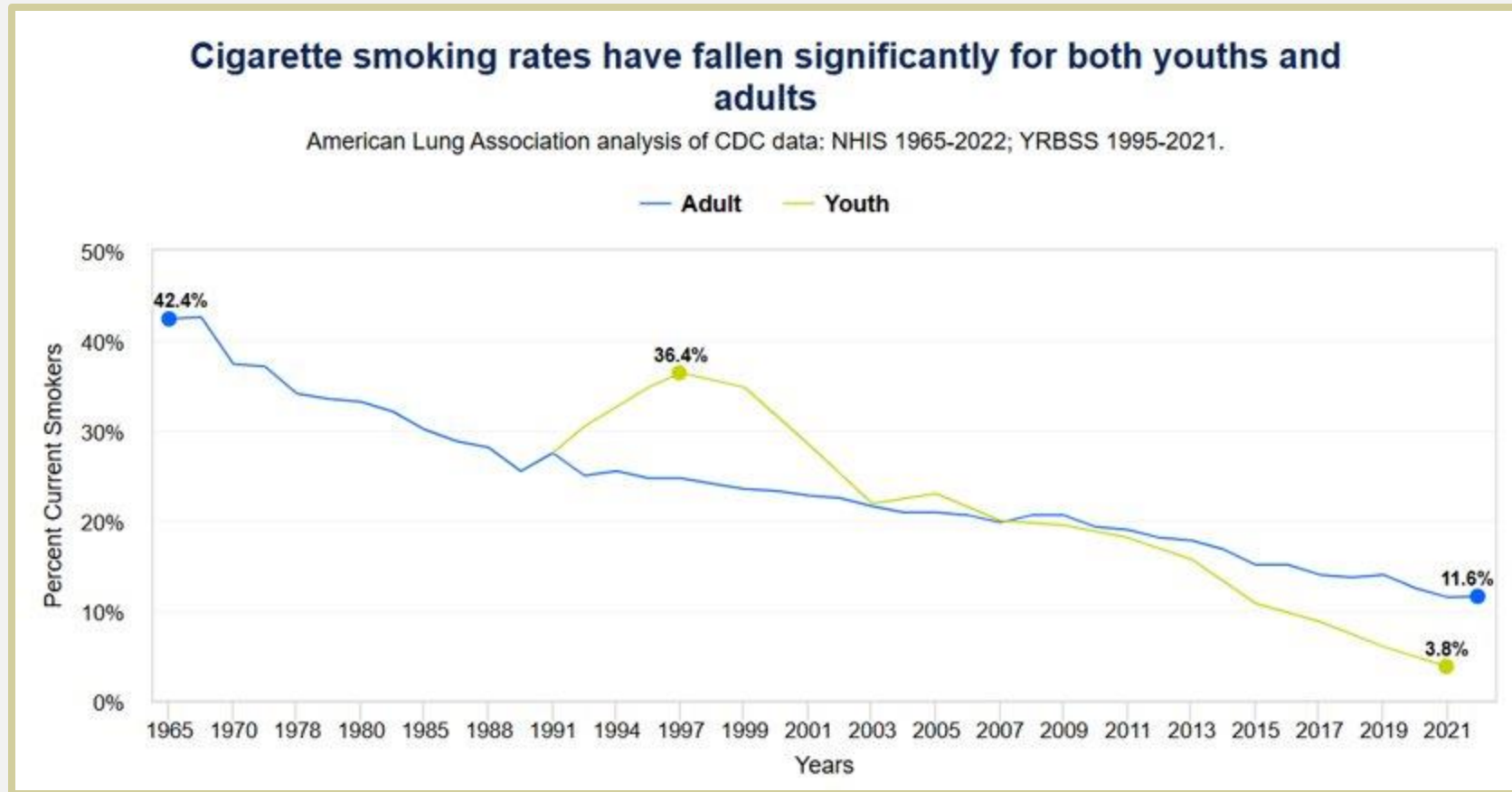


Image source: American Lung Association



Tobacco-Related Disparities



Tobacco-Related Disparities

**Commercial tobacco
use**

**Exposure to
secondhand tobacco
smoke**

**Exposure to marketing
of tobacco products**

**Smoking-related health
outcomes** 

Disparities in Commercial Tobacco Use

Race and ethnicity



Sexual and gender orientation



Income and educational levels



Occupation



Geography

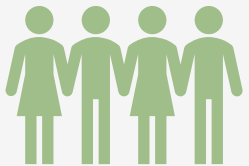


Behavioral health conditions



Disparities in Commercial Tobacco Use

Race and ethnicity



I'm empowering myself to live a healthier life by *quitting tobacco.*

Your care provider can help.
Ask them about your options or call 1-800-QUIT-NOW.

YOU'RE WORTH IT!


CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS



Disparities in Commercial Tobacco Use

Sexual and gender orientation



Sexual Orientation	Any Tobacco Use
Lesbian, gay, and bisexual adults	27.4%
Heterosexual adults	18.4%

Gender Identity	Cigarette/cigar/e-cigarette use
Transgender adults	39.7%
Cisgender adults	25.1%

Together, we're clearing the air and embracing our pride. Live tobacco free today.

Your care provider can help. Ask them about your options or text QUITNOW to 333888.

Your true colors shine brighter without tobacco.

Your care provider can help. Ask them about your options or call 1-800-784-8669.

Disparities in Commercial Tobacco Use

Income and educational level



By Education (adults aged ≥25 yrs)	Percentage
0–12 yrs (no diploma)	20.1%
GED	30.7%
High school diploma	17.1%
Some college, no degree	16.1%
Associate degree (academic or technical/vocational)	13.7%
Undergraduate degree (bachelor's)	5.3%
Graduate degree (master's, doctoral or professional)	3.2%



By Annual Household Income	Percentage
Low Income	18.3%
Middle Income	12.3%
High Income	6.7%



Disparities in Commercial Tobacco Use

Occupation



**You didn't fail
at quitting
smoking.**
*You're just
not done yet.*

Every time you try to quit,
you get closer to quitting
for good. Keep going at
[EveryTryCounts.gov](https://www.everytrycounts.gov)

CENTERS FOR DISEASE CONTROL AND PREVENTION
DEPARTMENT OF HEALTH AND HUMAN SERVICES **FDA**
CTP-186

**Last time
I quit
smoking,
I ~~failed~~.**
*got closer to
finishing
the job.*

Every time you try to quit, you get
closer to quitting for good.
Keep going at [EveryTryCounts.gov](https://www.everytrycounts.gov)

CENTERS FOR DISEASE CONTROL AND PREVENTION
DEPARTMENT OF HEALTH AND HUMAN SERVICES **FDA**
CTP-191



Disparities in Commercial Tobacco Use

Geography

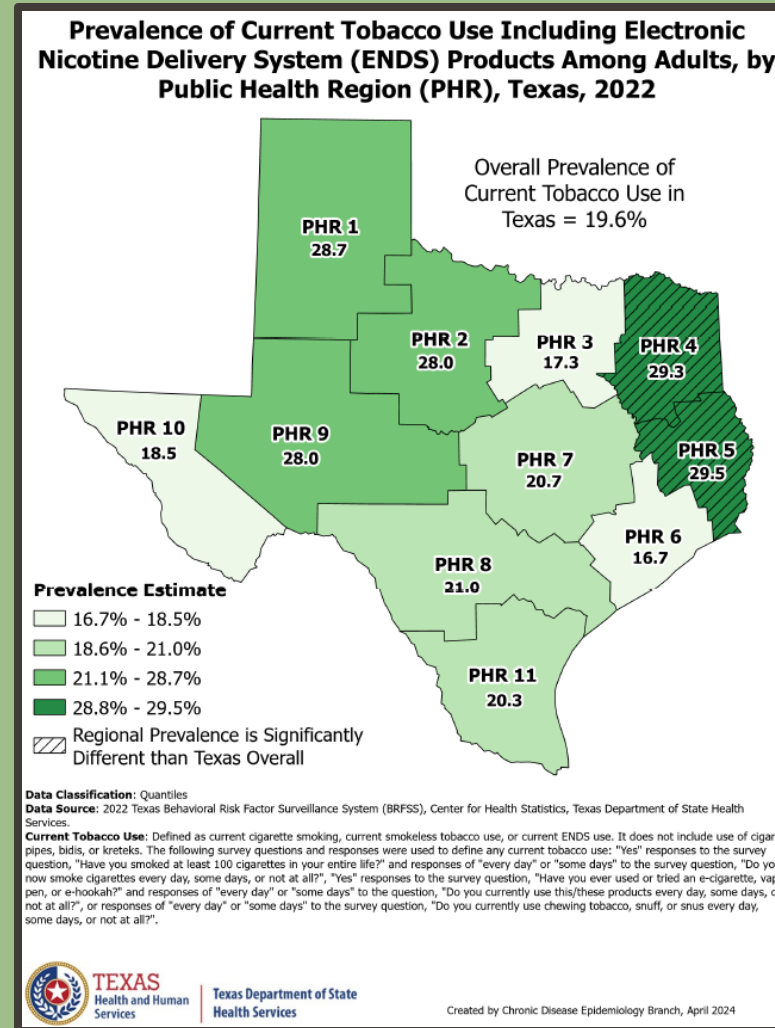


Image source: American Lung Association



Disparities in Commercial Tobacco Use

Geography

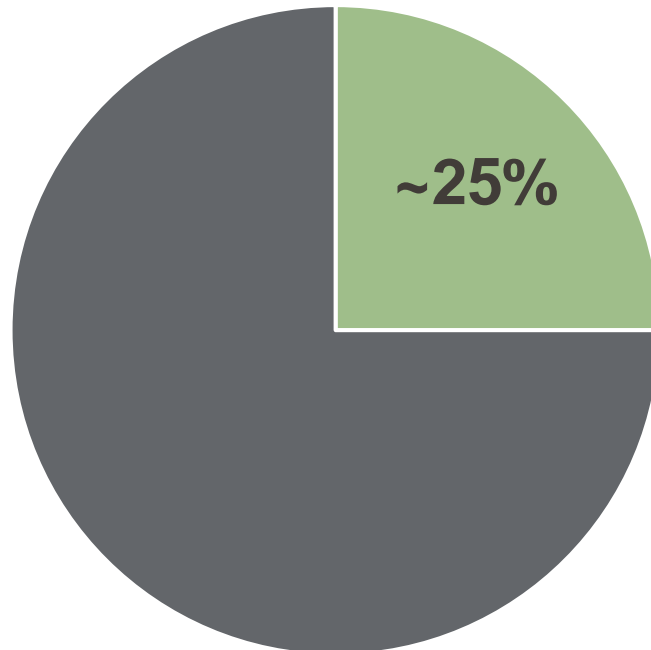


Disparities in Commercial Tobacco Use

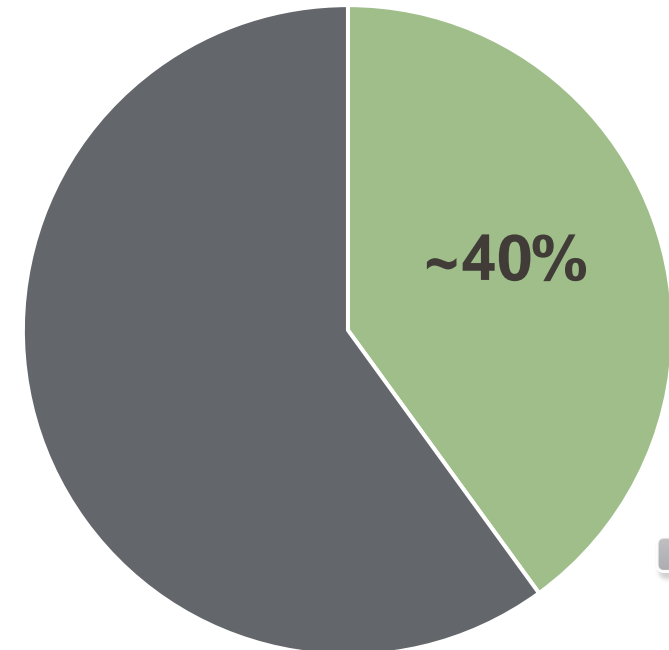
Behavioral health conditions



Adults in the US with a mental illness or substance use disorder



Percentage of cigarettes consumed by adults in this group in the US

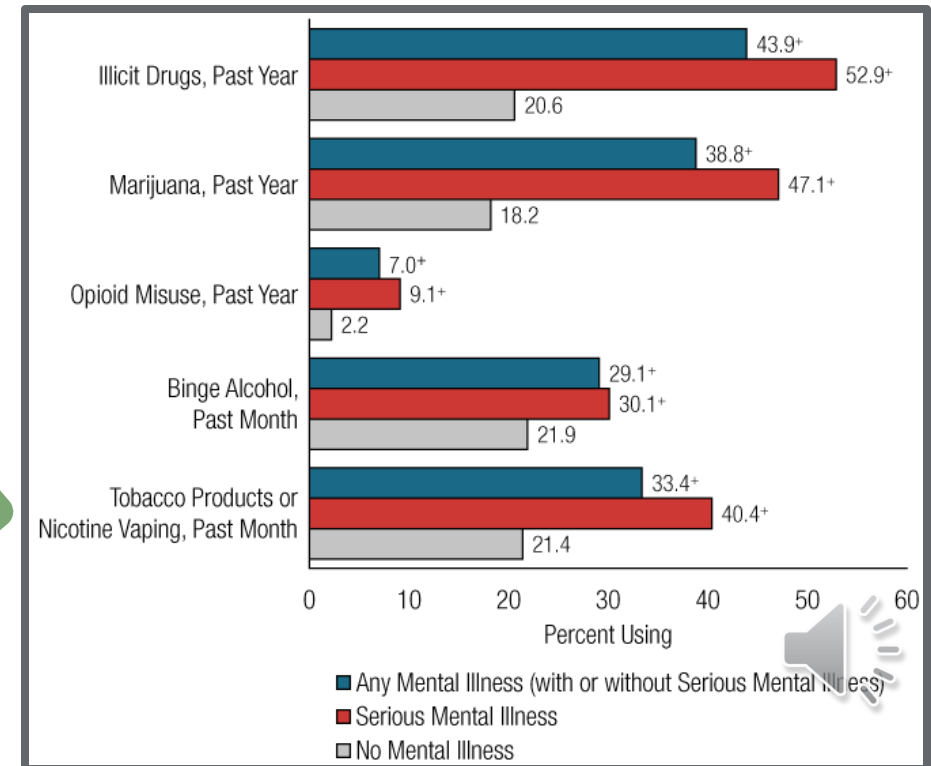


Disparities in Commercial Tobacco Use

Behavioral health conditions



- **Adults with any or serious mental illness** are more likely to use tobacco products or vape
 - **Any mental illness (33.4%)**
 - **Serious mental illness (40.4%)**
 - **No mental illness (21.4%)**



Disparities in Commercial Tobacco Use

Behavioral health conditions



People with alcohol use disorders smoke at rates between 34% and 80%



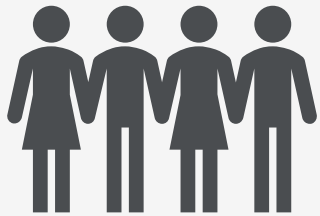
People with other substance use disorders smoke at rates between 49% and 98%



Disparities in Secondhand Smoke Exposure

Exposure is
MORE THAN 2X
greater among

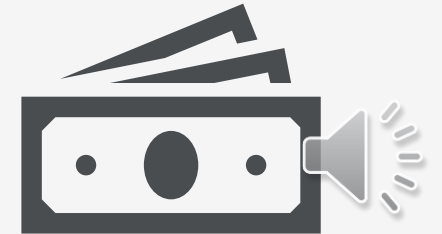
Black adults



Adults with less than
college degree



Families below the
federal poverty level



Disparities in Tobacco Marketing

Advertising is more common in neighborhoods with:

- Black adults
- Lower-income communities

Products are cheaper in areas with:

- Diverse racial and ethnic groups
- Youth
- Lower-income communities

Tobacco coupons are more frequently used by:

- LGBTQ+ communities
- Adults with lower socioeconomic statuses



Image source: Stanford Research into the Impact of Tobacco Advertising

Disparities in Smoking-Related Health Outcomes

Lung Cancer

- Incidence and death highest among Black men
- Among women, incidence highest among American Indian/Alaska Native women



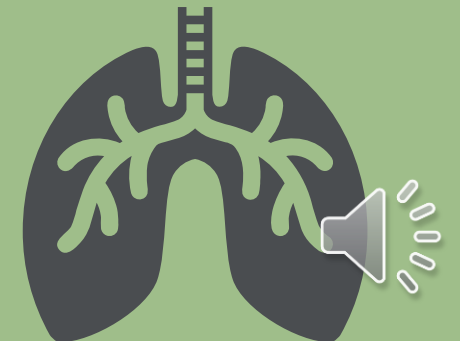
Heart Disease

- Prevalence highest among Black and White men
- Among women, highest among Black women



Chronic Obstructive Pulmonary Disease (COPD)

- Prevalence highest among American Indian and Alaska Native adults



Quitting Tobacco


Quitting tobacco lowers the risk for early death and of developing related diseases



Evidence-based Treatments for Tobacco Dependence



United States Preventive Services Task Force

Tobacco Cessation in Adults: Interventions	Recommendation	Grade
	<p><u>Nonpregnant adults:</u></p> <ul style="list-style-type: none"> • Ask about tobacco use • Provide behavioral interventions and pharmacotherapy for cessation to those who use tobacco 	Grade A
	<p><u>Pregnant persons:</u></p> <ul style="list-style-type: none"> • Ask about tobacco use • Provide behavioral interventions for cessation to those who use tobacco 	Grade A
	<p><u>Pregnant persons who use tobacco:</u></p> <ul style="list-style-type: none"> • The evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy for tobacco cessation 	Insufficient
	<p><u>Adults and pregnant persons who use tobacco:</u></p> <ul style="list-style-type: none"> • The evidence is insufficient to assess the balance of benefits and harms of using e-cigarettes for tobacco cessation 	Insufficient 

Behavioral Interventions

- **Effective interventions include:**
 - Brief advice from a healthcare provider
 - Individual counseling
 - Group counseling
 - Telephone counseling
 - Mobile phone-based interventions

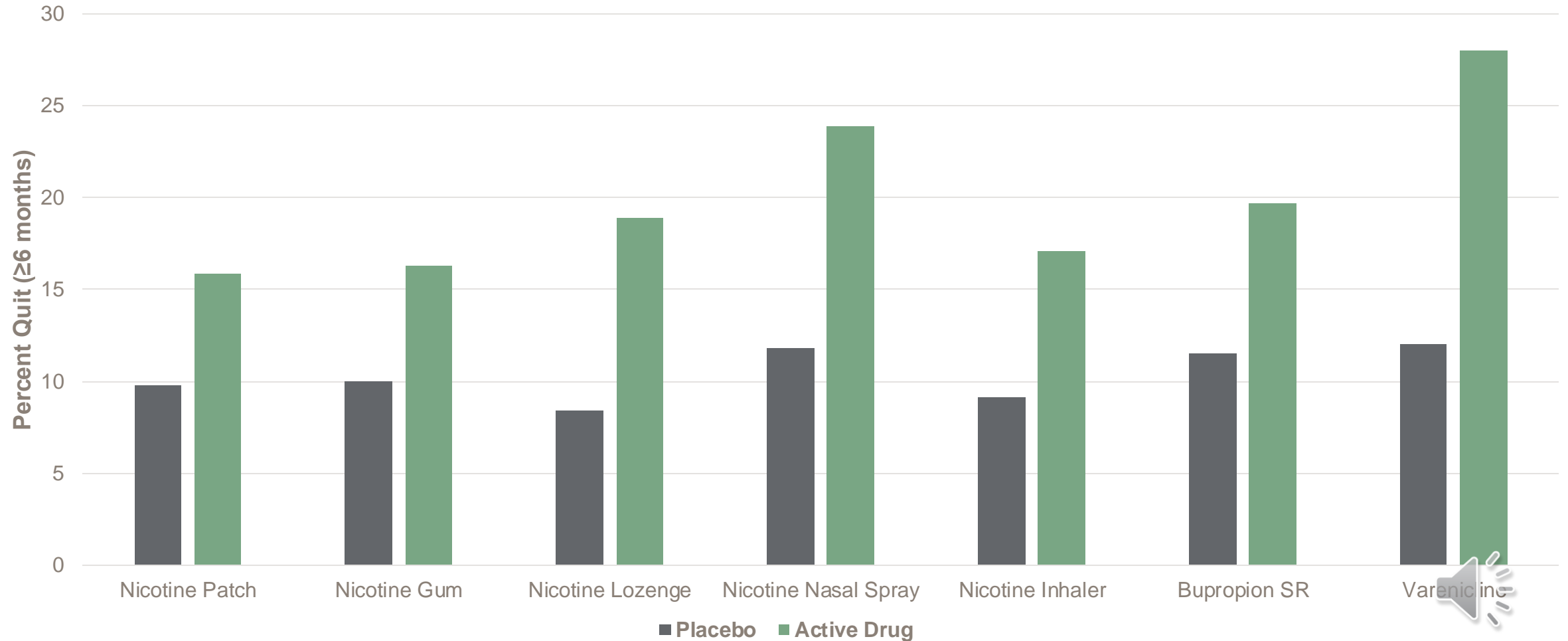


Pharmacotherapy

FDA-Approved Medications	Availability
Nicotine Replacement Therapy (NRT)	
1. Nicotine patch	Over-the-counter
2. Nicotine gum	Over-the-counter
3. Nicotine lozenge	Over-the-counter
4. Nicotine nasal spray	Prescription
5. Nicotine inhaler (discontinued)	Prescription
Oral Medications	
6. Bupropion sustained release (SR)	Prescription
7. Varenicline	Prescription



Pharmacotherapy: Effectiveness




Pharmacotherapy: Nicotine Replacement Therapy

"NRT"



Delivers clean nicotine




Addresses the physiological need



Relieves physical withdrawal symptoms



Pharmacotherapy: Nicotine Replacement Therapy

	Patch	Gum	Lozenge	Nasal Spray	Inhaler
Strength	21, 14, 7 mg / patch	2, 4 mg / piece		0.5 mg / spray	10 mg / cartridge
Dosing	1 patch every 24 hours	1 piece every 1-2 hours		1-2 sprays in each nostril 1-2 times an hour	6-16 cartridges every 24 hours
Advantages	Discreet Once a day	Offset cravings and withdrawal symptoms			
		Oral fixation	Oral fixation Doesn't require chewing	Works fast	Keeps hands busy
Adverse Reactions	Skin reaction Sleep disturbance	Mouth soreness Hiccups	Indigestion Hiccups Insomnia	Nasal and throat irritation Sneezing Coughing Watery eyes	Mouth and throat irritation 

Pharmacotherapy: Combination or Dual NRT

Long-Acting **PLUS** Short-Acting

Dosing/Duration	Medication
Long-Acting	Nicotine patch
Short-Acting	Nicotine gum
	Nicotine lozenge
	Nicotine nasal spray
	Nicotine inhaler (discontinued)

17-37% HIGHER
long-term quit rates vs. single NRT



Pharmacotherapy: Oral Medications

Bupropion SR

- Originally approved as an antidepressant
- Decreases cravings for cigarettes and symptoms of nicotine withdrawal

Varenicline

- Most effective single agent for tobacco cessation
- Decreases symptoms of nicotine withdrawal



Pharmacotherapy: Oral Medications

	Bupropion SR	Varenicline
Strength	150 mg	0.5, 1 mg
Dosing	<p>Start 1-2 weeks before quit date: Days 1–7: 150 mg once in AM Day 8–end of treatment: 150 mg twice daily</p>	<p>Start at least 1 week before quit date: Days 1–3: 0.5 mg every morning Days 4–7: 0.5 mg twice daily Day 8–end of treatment: 1 mg twice daily</p>
Advantages	Treats depression	High success rates
Adverse Reactions	<p>Dry mouth, insomnia, decreased appetite</p> <p>Do not use with seizure disorder, eating disorders, Tamoxifen, Monoamine Oxidase Inhibitors (MAOIs), or abrupt discontinuation of alcohol, benzodiazepines, or antiepileptic medication</p>	<p>GI upset (nausea, vomiting, constipation, gas)</p> <p>Abnormal, strange, or vivid dreams</p> <p>Very rare but should monitor for depressed mood, agitation, changes in thoughts/behavior, and suicidal ideation</p>



Bupropion SR: Effectiveness

Studies demonstrate a higher relative risk (RR) for bupropion SR compared to the control group

TOTAL RR = 1.64
 [95% CI, 1.52 to 1.77]

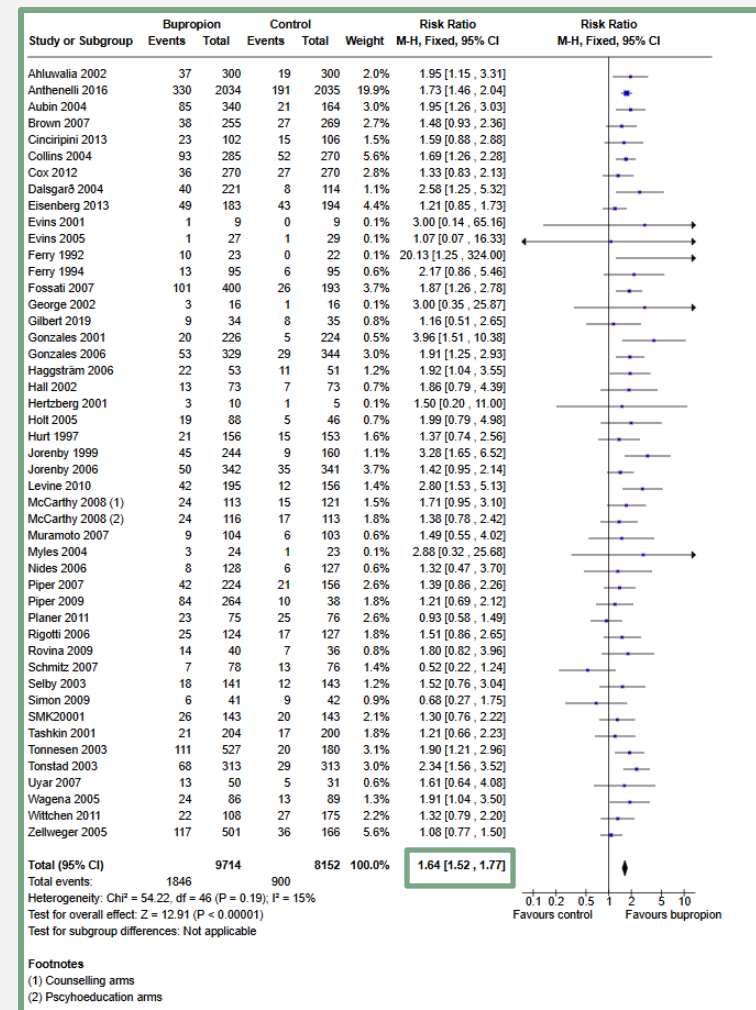
Recent work suggests that Bupropion XL has similar effectiveness and adverse event profiles for smoking cessation

Dosing

Start 1-2 weeks before quit date:

Days 1–7: 150 mg once in AM

Day 8–end of treatment: 300mg once in AM

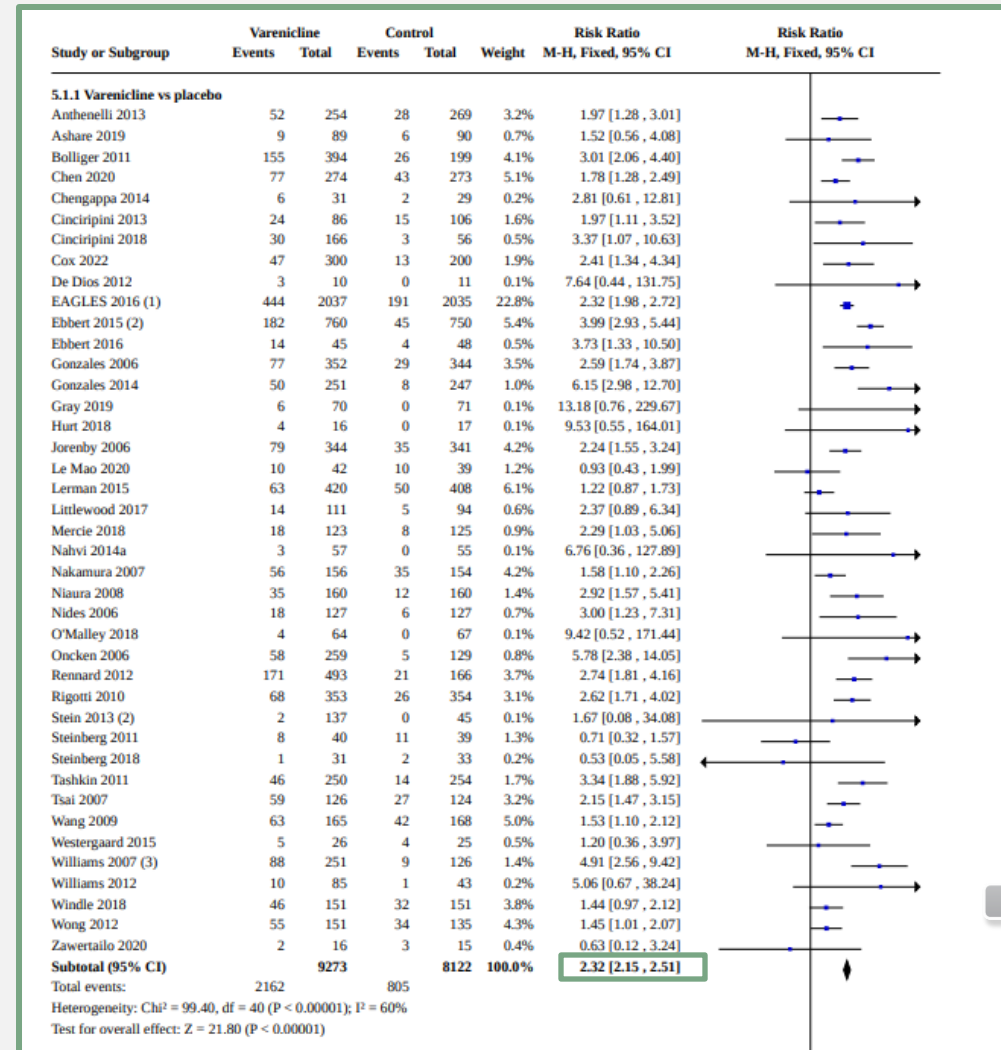


Varenicline: Effectiveness


Most effective single agent for tobacco cessation

Studies demonstrate a higher relative risk (RR) for varenicline compared to the control group

TOTAL RR = 2.32
[95% CI, 2.15 to 2.51]



Pharmacotherapy: FDA-Approved Medications

Dosing/Duration	Medication	Over-the-Counter	Prescription	Contains Nicotine	Non-Nicotine
Long-Acting	Nicotine patch	●		●	
	Varenicline		●		●
	Bupropion SR		●		●
Short-Acting	Nicotine gum	●		●	
	Nicotine lozenge	●		●	
	Nicotine nasal spray		●	●	
	Nicotine inhaler (discontinued)		●	●	

Behavioral Intervention + Pharmacotherapy



Advertisement for tobacco cessation featuring a woman and text about counseling and nicotine patches.

Logos: TAKING TEXAS TOBACCO FREE, CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

I quit smoking for good with counseling and the nicotine patch, and so can you.

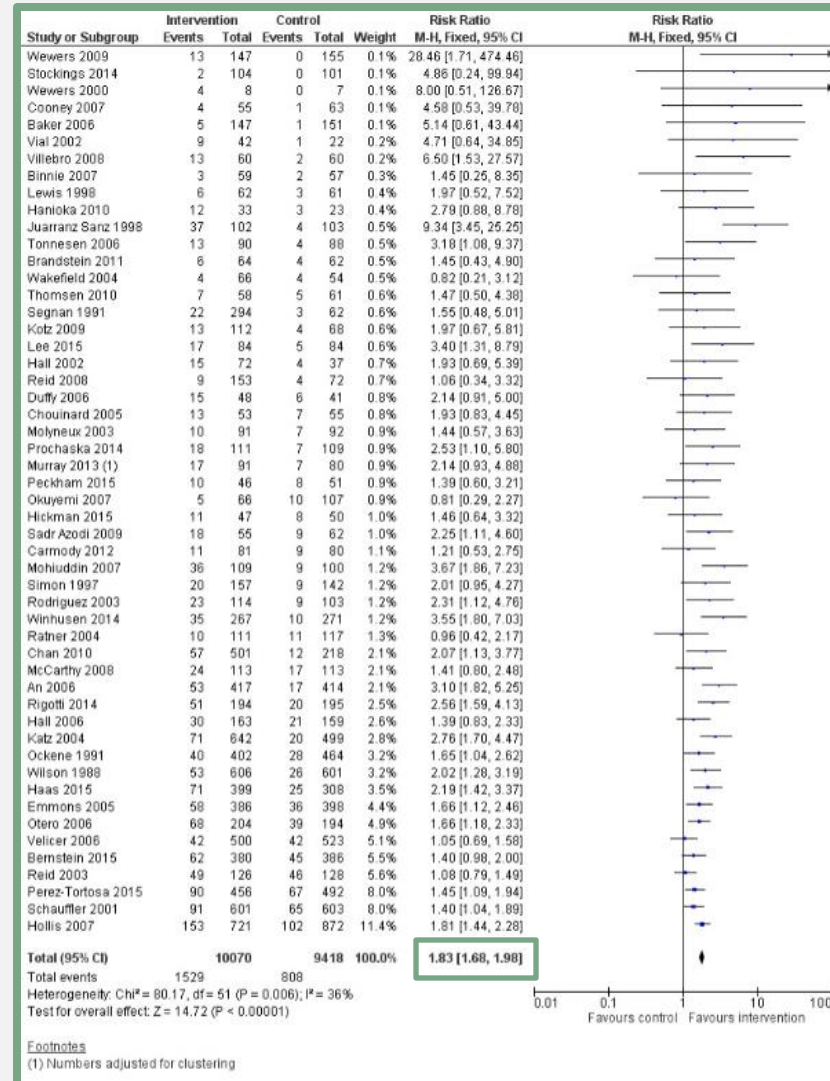
Your care provider can help. Ask them about your options or call 1-800-QUIT-NOW.



Behavioral + Pharmacotherapy: Effectiveness

Studies demonstrate a higher relative risk (RR) for behavioral interventions and pharmacological treatments compared to the control group (usual care, brief advice, less intensive behavioral support)

TOTAL RR = 1.83
[95% CI, 1.68 to 1.98]



Behavioral + Pharmacotherapy: Effectiveness

Studies demonstrate a higher relative risk (RR) for more intensive (face-to-face or telephone) behavioral interventions provided with pharmacological treatments compared to the control group (less intensive/different personal contact, written information, no behavioral support)

TOTAL RR = 1.15
[95% CI, 1.08 to 1.22]

More intensive
behavioral support
is likely to increase
chances of success
by
10-20%



Behavioral Intervention + Pharmacotherapy

United States Preventive Services Task Force

Pharmacotherapy should be accompanied by behavioral intervention that includes:

4+
sessions

90-300
minutes

counseling
social support
cognitive behavioral
health education
feedback
motivational
financial incentives



Delivery of Care to Address Disparities

Behavioral + Pharmacotherapy



TEAS TOBACCO FREE
CANCER PREVENTION & CONTROL
INSTITUTE OF TEXAS

I quit smoking
for good with
counseling and the
nicotine patch,
and so can you.

Your care provider can help.
Ask them about your options or call 1-800-QUIT-NOW.



Tobacco Use Disparities

Commercial tobacco use

Exposure to marketing of tobacco
products

Exposure to secondhand tobacco
smoke

Smoking-related health outcomes 

Tobacco Cessation Quitlines



Additional US National Quitlines

Asian Smokers' Quitline

- Cantonese/Mandarin: 1-800-838-8917
- Korean: 1-800-556-5564
- Vietnamese: 1-800-778-8440
- AsianSmokersQuitline.org

QuitVET for Veterans Receiving VA Healthcare

- 1-855-QUIT-VET (784-8838)
- MentalHealth.VA.gov/Quit-Tobacco/Quit-Vet.asp

You can quit smoking. We can help.

华语戒烟专线 1-800-838-8917
www.asq-chinese.org

Trung Tâm Cai Thuốc Lá
Dành Cho Người Việt 1-800-778-8440
www.asq-viet.org

한인금연센터 1-800-556-5564
www.asq-korean.org

7am - 9pm, PT (10am - Midnight, ET) Mon - Fri



**YOU WANT TO GO THE DISTANCE.
WE CAN HELP YOU STAY ON TRACK.**

The Quit VET tobacco quitline is a free* program that provides ongoing, individualized support and confidential, one-on-one counseling. Call **1-855-QUIT-VET (1-855-784-8838)** to get started.

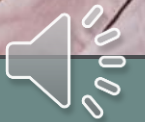
*Standard telephone rates apply.



1-855-Quit-Vet
TOBACCO QUITLINE

Tobacco Cessation Quitlines

- **Free evidence-based support** to quit tobacco
- **Support offered:**
 - A customized quit plan
 - Counseling
 - Motivation and problem-solving advice
 - Educational materials
 - Referral to local resources or health plan benefits
 - Information about cessation medications



Tobacco Cessation Quitlines

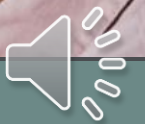
Who can receive support...

- Pregnant tobacco users?
- Vapers/e-cigarette users?
- Smokeless tobacco users?

Yes, but tailored support may vary!

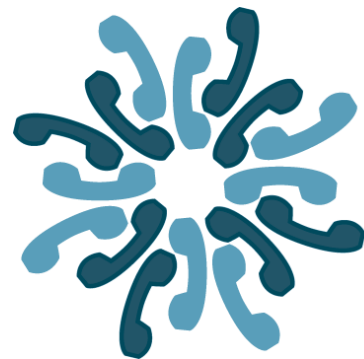
- Various states of readiness to quit?
- Relapse prevention support?

It depends!



NAQuitline.Org

- Promotes evidence-based quitline services across diverse communities in North America
- Members include organizations and individuals that provide quitline services, fund quitlines, conduct research around quitline-related topics, and work in other areas of tobacco control

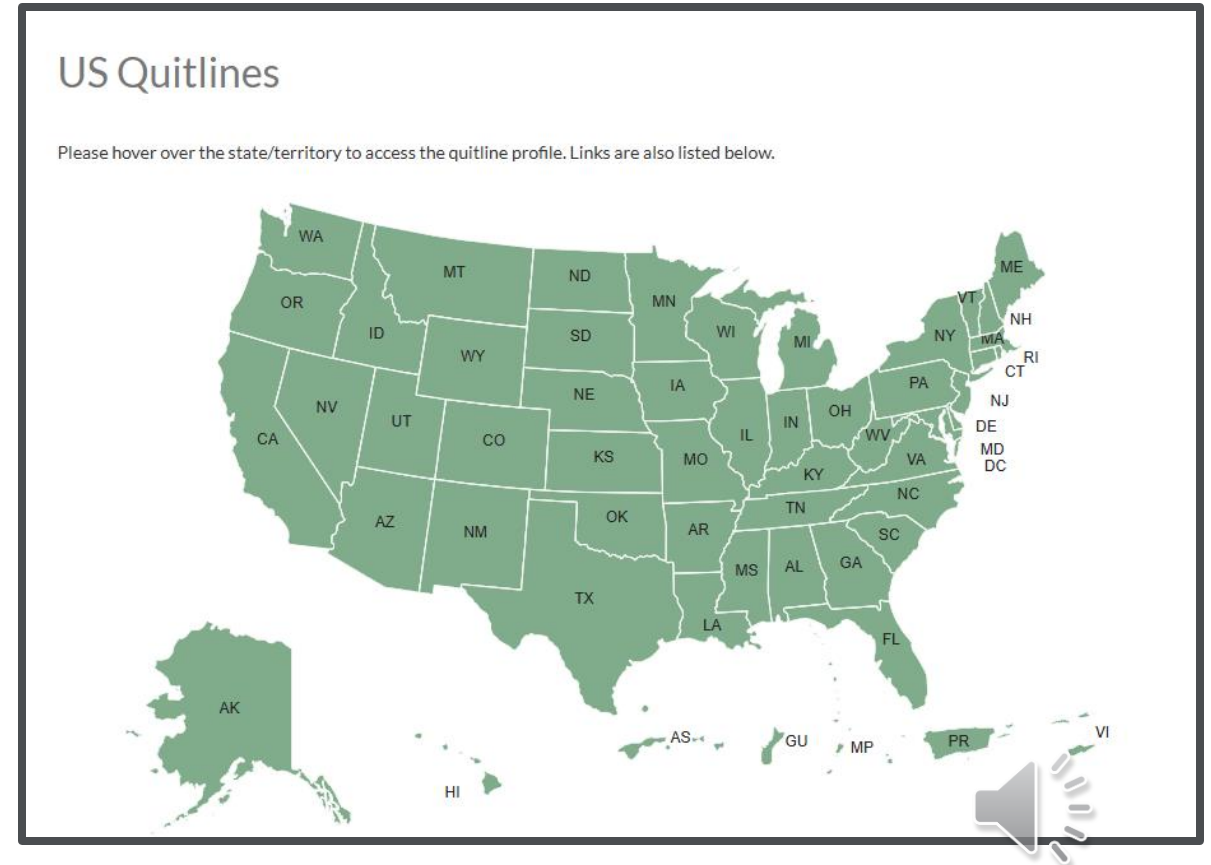


N O R T H A M E R I C A N
QUITLINE
C O N S O R T I U M

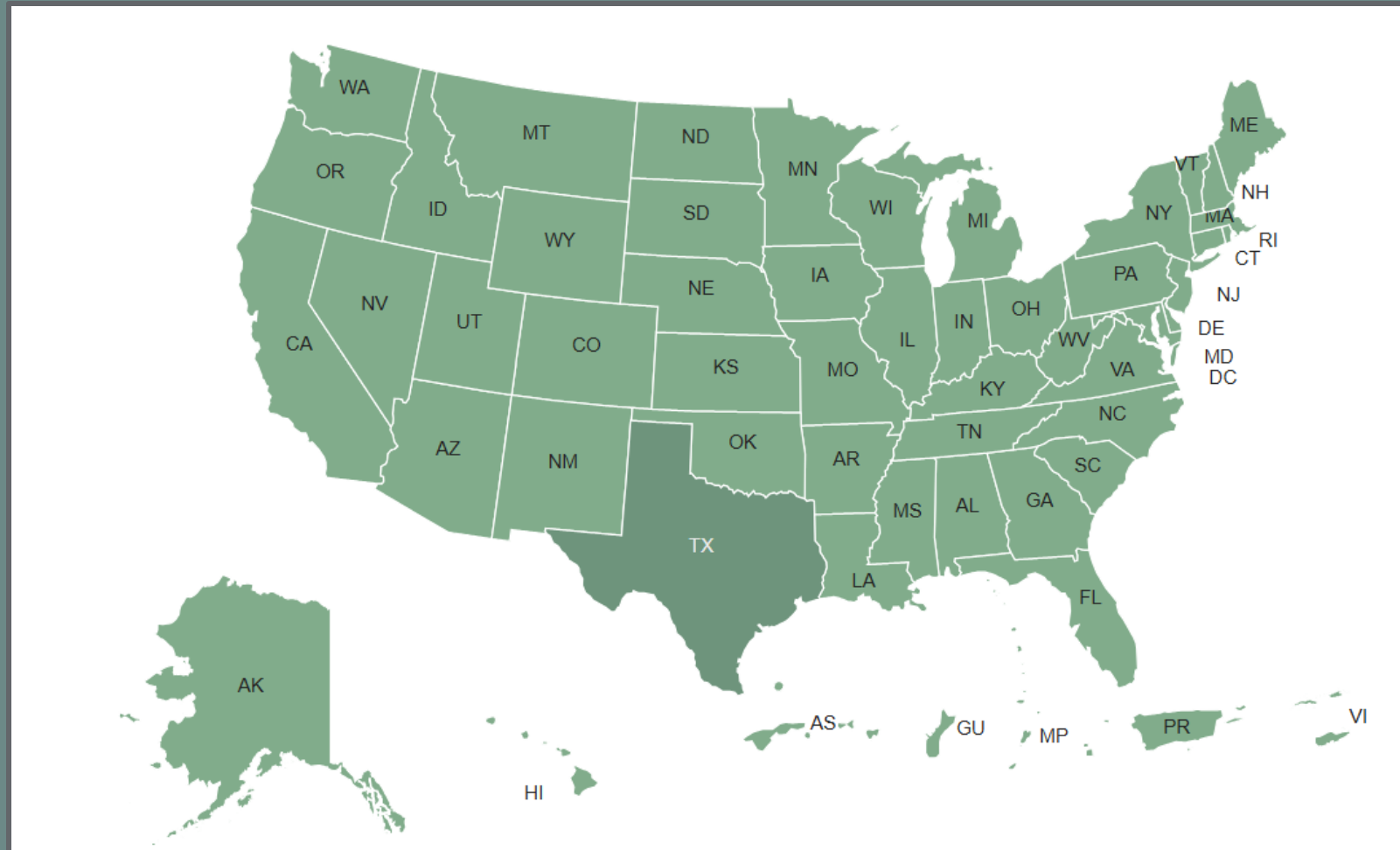


NAQuitline.Org/Page/QuitlineProfiles

- Hours of operation
- Telephone numbers
- Supported languages
- Services offered
- Eligibility criteria
- Specialized materials
- Specialized protocols
- Provider referral program



NAQuitline.Org/Page/QuitlineProfiles



Texas Quitline Profile

Texas
Quitline Profile
United States

Quitline: Texas Tobacco Quitline

Began Operations: September 2001
 Website: <https://www.yesquit.org/>

Standard Hours of Operation

Monday: 12:00 AM - 11:59 PM
 Tuesday: 12:00 AM - 11:59 PM
 Wednesday: 12:00 AM - 11:59 PM
 Thursday: 12:00 AM - 11:59 PM
 Friday: 12:00 AM - 11:59 PM
 Saturday: 12:00 AM - 11:59 PM
 Sunday: 12:00 AM - 11:59 PM
 Closed on: Closed Independence day: 11:59 pm-7/3-4:00 am 7/5,
 Thanksgiving: 11:59-11/22-4:00 am 12/26, Christmas: Noon 12/24-4:00 am 12/26 and New Year's: 3:00 pm -12/31-4:00 am 1/1

Telephone Numbers

Line	Phone Number	Language/Subject
1	(877) 937-7848	English

Supported Languages

Counseling offered in: English, Spanish
 Third-party counseling: English, Spanish, Mandarin, Cantonese, Korean, Vietnamese, French, Russian, AT&T services with translation in over 140 languages
 Deaf/Hard of hearing: Direct TTY machine

**VIEW ONLINE
CESSATION SERVICES**

Services Offered

Phone Counseling

Types:

<input checked="" type="checkbox"/> brief intervention	<input checked="" type="checkbox"/> single-session
<input checked="" type="checkbox"/> multi-session (client-initiated)	<input checked="" type="checkbox"/> multi-session (counselor-initiated)
<input type="checkbox"/> text to cell (two-way)	<input type="checkbox"/> text to cell (one-way)
<input type="checkbox"/> text to cell (two-way w/ counselor)	<input type="checkbox"/> text to cell (two-way automated)

Length of standard first session: 15 min
 Length of standard follow-up session: 15 min

Counseling session topics:

<input checked="" type="checkbox"/> tobacco history	<input checked="" type="checkbox"/> developing a quit plan
<input checked="" type="checkbox"/> setting a quit date	<input checked="" type="checkbox"/> withdrawal symptoms
<input checked="" type="checkbox"/> relapse prevention	<input checked="" type="checkbox"/> weight gain
<input checked="" type="checkbox"/> use of cessation medication	<input checked="" type="checkbox"/> stress management
<input checked="" type="checkbox"/> other	

Web-Based Services

<input checked="" type="checkbox"/> quitline information	<input checked="" type="checkbox"/> cessation information
<input checked="" type="checkbox"/> self-help tools	<input checked="" type="checkbox"/> automated e-mail messages
<input checked="" type="checkbox"/> interactive counseling	<input checked="" type="checkbox"/> chat rooms
<input type="checkbox"/> webpages	<input type="checkbox"/> forums
<input type="checkbox"/> online courses	<input type="checkbox"/> social media
<input type="checkbox"/> AI	<input type="checkbox"/> mobile app

Cessation Medications

Free Medications

<input checked="" type="checkbox"/> patch	<input checked="" type="checkbox"/> gum
<input checked="" type="checkbox"/> lozenge	<input type="checkbox"/> nasal spray
<input type="checkbox"/> inhaler	<input type="checkbox"/> varenicline
<input type="checkbox"/> bupropion	<input type="checkbox"/> combination NRT

Discounted Medications

<input type="checkbox"/> patch	<input type="checkbox"/> gum
<input type="checkbox"/> lozenge	<input type="checkbox"/> nasal spray
<input type="checkbox"/> inhaler	<input type="checkbox"/> varenicline
<input type="checkbox"/> bupropion	<input type="checkbox"/> combination NRT

Medication Distribution Methods

<input type="checkbox"/> voucher	<input checked="" type="checkbox"/> by mail
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Other Services

<input checked="" type="checkbox"/> voicemail with callbacks	<input checked="" type="checkbox"/> recorded self-help messages
<input checked="" type="checkbox"/> referral to other health services	<input checked="" type="checkbox"/> mailed info or self-help resources



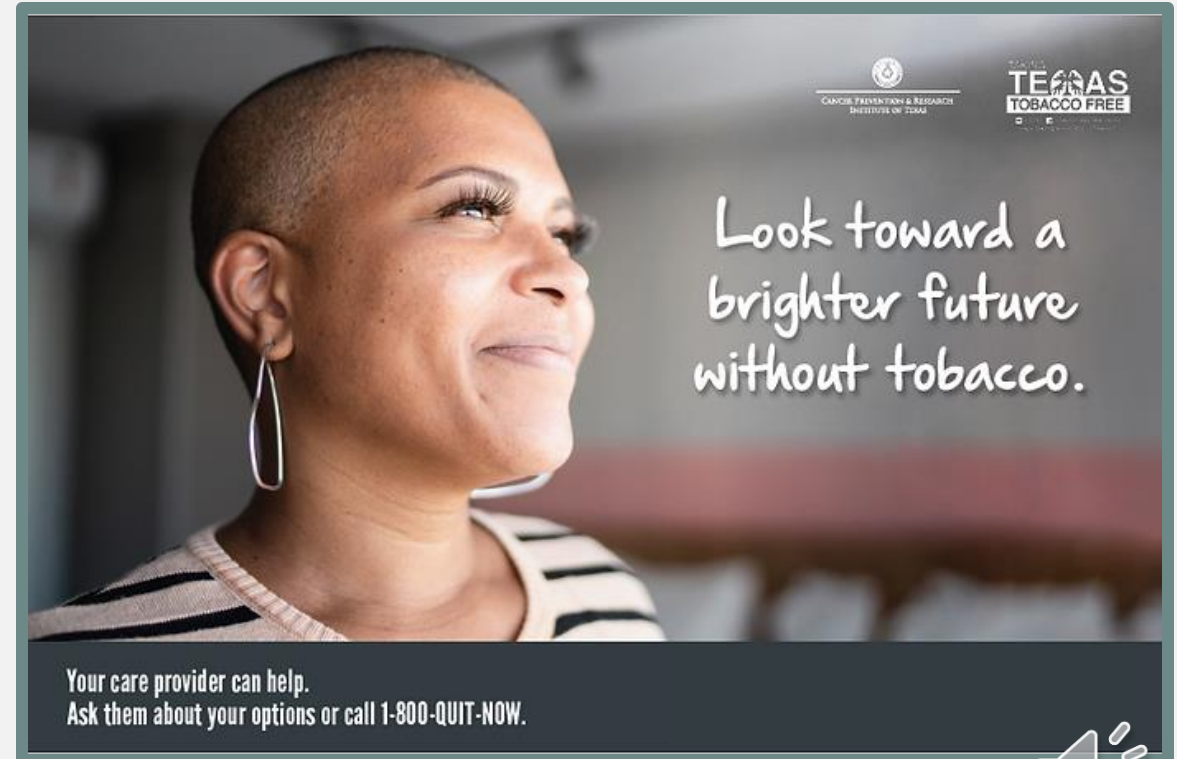
Texas Quitline Profile

Eligibility Criteria	Specialized Materials																	
<p>To receive counseling: 13 years of age or older; Texas resident; Readiness to quit</p> <p>To receive medication: Participants, a minimum of 18 years, who: self identify as: pregnant, diagnosed with a mental health disorder, diagnosed with a chronic tobacco-related health condition, are uninsured, referred from a health care provider or a resident of a county served by a DSHS-funded tobacco control coalition</p>	<p>Specialized Materials</p> <table><tr><td><input checked="" type="checkbox"/> youth, under 18</td><td><input type="checkbox"/> youth, 18-25</td></tr><tr><td><input type="checkbox"/> older tobacco users, 55+</td><td><input checked="" type="checkbox"/> smokeless tobacco users</td></tr><tr><td><input checked="" type="checkbox"/> pregnant tobacco users</td><td><input type="checkbox"/> multiple addictions</td></tr><tr><td><input checked="" type="checkbox"/> racial/ethnic populations</td><td><input checked="" type="checkbox"/> lesbian, gay, bisexual or transgender</td></tr><tr><td><input checked="" type="checkbox"/> chronic health conditions</td><td><input type="checkbox"/> low socioeconomic status or Medicaid</td></tr><tr><td><input type="checkbox"/> low literacy</td><td><input checked="" type="checkbox"/> other</td></tr><tr><td><input type="checkbox"/> mental health disorders including psychiatric conditions</td><td></td></tr></table>	<input checked="" type="checkbox"/> youth, under 18	<input type="checkbox"/> youth, 18-25	<input type="checkbox"/> older tobacco users, 55+	<input checked="" type="checkbox"/> smokeless tobacco users	<input checked="" type="checkbox"/> pregnant tobacco users	<input type="checkbox"/> multiple addictions	<input checked="" type="checkbox"/> racial/ethnic populations	<input checked="" type="checkbox"/> lesbian, gay, bisexual or transgender	<input checked="" type="checkbox"/> chronic health conditions	<input type="checkbox"/> low socioeconomic status or Medicaid	<input type="checkbox"/> low literacy	<input checked="" type="checkbox"/> other	<input type="checkbox"/> mental health disorders including psychiatric conditions				
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Provider Referral Program																		
<p>Fax or electronic referral program: <input checked="" type="checkbox"/> Yes</p> <p>Person(s) eligible to refer patients:</p> <table><tr><td><input type="checkbox"/> certified or trained fax referral providers</td></tr><tr><td><input checked="" type="checkbox"/> clinicians or non-clinicians in a healthcare setting</td></tr><tr><td><input type="checkbox"/> clinicians or non-clinicians in a community-based organization</td></tr><tr><td><input type="checkbox"/> other</td></tr></table> <p>Available referral methods:</p> <table><tr><td><input checked="" type="checkbox"/> faxed form</td></tr><tr><td><input checked="" type="checkbox"/> e-mail or online</td></tr><tr><td><input checked="" type="checkbox"/> EMR with electronic submission</td></tr></table> <p>Tobacco users can be referred if they:</p> <table><tr><td><input type="checkbox"/> are thinking about quitting</td></tr><tr><td><input checked="" type="checkbox"/> indicate a readiness to quit within 30 days</td></tr><tr><td><input checked="" type="checkbox"/> are ready to make a quit attempt</td></tr><tr><td><input type="checkbox"/> are quit and seek help to stay quit</td></tr></table>	<input type="checkbox"/> certified or trained fax referral providers	<input checked="" type="checkbox"/> clinicians or non-clinicians in a healthcare setting	<input type="checkbox"/> clinicians or non-clinicians in a community-based organization	<input type="checkbox"/> other	<input checked="" type="checkbox"/> faxed form	<input checked="" type="checkbox"/> e-mail or online	<input checked="" type="checkbox"/> EMR with electronic submission	<input type="checkbox"/> are thinking about quitting	<input checked="" type="checkbox"/> indicate a readiness to quit within 30 days	<input checked="" type="checkbox"/> are ready to make a quit attempt	<input type="checkbox"/> are quit and seek help to stay quit	<p>Referred patients contacted within: <input checked="" type="checkbox"/> Within 48 hours</p> <p>Other services available to referring providers:</p> <table><tr><td><input checked="" type="checkbox"/> quitline and/or referral brochures</td></tr><tr><td><input checked="" type="checkbox"/> customized referral/consent forms</td></tr><tr><td><input checked="" type="checkbox"/> patient progress reports</td></tr><tr><td><input type="checkbox"/> customized provider feedback reports</td></tr><tr><td><input type="checkbox"/> staff training</td></tr><tr><td><input type="checkbox"/> quitline/referral program newsletter</td></tr></table> <p>Referral program contact: Jodie Hughes Texas Department of State Health Services jodie.hughes@dshs.texas.gov</p> <p>Other information: Provider information and resources available at www.yesquit.org.</p>	<input checked="" type="checkbox"/> quitline and/or referral brochures	<input checked="" type="checkbox"/> customized referral/consent forms	<input checked="" type="checkbox"/> patient progress reports	<input type="checkbox"/> customized provider feedback reports	<input type="checkbox"/> staff training	<input type="checkbox"/> quitline/referral program newsletter
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Tobacco Cessation Quitlines: Effectiveness

- Quitline counseling increased quit rates by about **60%** (compared to minimal counseling, no counseling, or self-help)
- Quitline counseling + FDA-approved medication increased quit rates by **30%** (compared to medication alone)
- Other work suggests there may be a more modest effect, but still a clear benefit



Tobacco Cessation Quitlines: Benefits

Potential for wide reach

Virtual support

Addresses disparities

Removes barriers



Workplace Intervention Implementation



Why?

- Provider interventions \sim **3** minutes are impactful
- Enhance patient motivation and increase likelihood of future quit attempts
- Increase satisfaction with care
- Cost-effective
- **50%** of long-term smokers will die from a smoking-related disease



The Basics for Every Healthcare Encounter

Ask about tobacco use

Current: Do you use any tobacco or electronic nicotine delivery products, even once in awhile?



Advice to Quit
&
Assess Interest in Quitting

Former: Have you ever used tobacco or electronic nicotine delivery products?



Ready to Quit

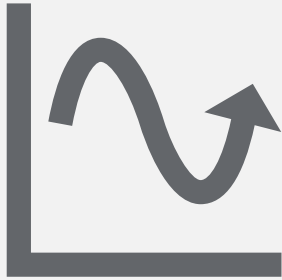
Not Ready to Quit

Former User

Never User 

Why Every Healthcare Encounter?

- Capture patients at varying levels of motivation



- Provide consistent messaging about the importance of quitting



- Address tobacco use in high-impact settings:

- Pulmonary and cardiology clinics
- Lung nodule programs
- Community health clinics
- Dental offices
- Rural health clinics
- Behavioral healthcare settings
- LGBTQ+ healthcare and community centers



5A's: For Tobacco Users Willing to Quit

Ask

Identify and document tobacco use status for every patient at every visit

Advice

In a clear, strong, and personalized manner, urge every tobacco user to quit

Assess

Is the tobacco user ready to make a quit attempt currently?

Assist

Provide or connect to counseling and pharmacotherapy

Arrange

Schedule a follow-up preferably within the first week after the quit date



Quitline Connection: From Refer to Connect

Ask

Ask

Advise

Advise

Refer

Quit card



Connect

Fax, online, e-referral,
app



Ask-Advise-Connect: Effectiveness

Study 1

Family Practice Clinics

Study 2

Safety-Net Clinics

Enrollment Rates

Refer

0.6%

Connect

7.8%

Refer

0.5%

Connect

14.7%



Quitline Connection: E-Referral and Warm Handoffs

Connect: Fax referrals, E-Referral, Online system, App

- **Gold standard:** E-Referral
 - Through the Electronic Health or Medical Record
 - Can increase referrals **3-6X** versus fax
 - Closed loop process where healthcare providers can see patient progress reports
 - Reminds providers to follow up with patient on quit attempt

Warm-handoffs

- Provider **connects** patient to quitline during the visit
- Proactive counseling promotes social support
- Facilitates patient engagement



e-Tobacco Protocol: Texas Quitline Connection

Texas Healthcare Systems—Free Technical Assistance



Exploration & Training

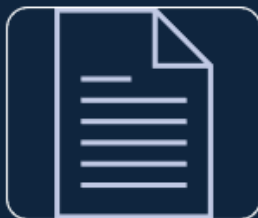
- Host informational conference call with decision makers
- Workflow planning
- Training for healthcare professionals and Community Health Workers
- Continued maintenance support after integration



Quitline Referral

- Technical support to assist with implementing the electronic tobacco referral through the EMR
- \$4000 mini grant opportunities during testing phase*
- Share monthly report for referrals made from Quitline

*Based on funding



Patient Material

- Handout for patients on what to expect after a referral is made
- Various tobacco prevention handouts

Contact:
uttobacco@utexas.edu



5R's: For Tobacco Users Not Ready to Quit

Relevance

Encourage the patient to indicate why quitting is personally relevant

Risks

Ask the patient to identify potential negative consequences of tobacco use

Rewards

Ask the patient to identify potential benefits of stopping tobacco use

Roadblocks

Ask the patient to identify barriers or impediments to quitting

Repetition

Repeat at each interaction and reassure patient that most people need multiple attempts before succeeding



Relapse Prevention: Former Tobacco Users



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

TAKING
TEXAS
TOBACCO FREE

Staying tobacco free
is important to me.
I quit for my family,
and so can you.
Ask for help today.

Your care provider can help.
Ask them about your options or call 1-800-QUIT-NOW.



Relapse to Tobacco use

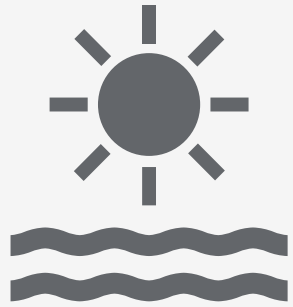
Lapse vs.
relapse

Return to
tobacco use
after a quit
attempt

Can occur at any
time



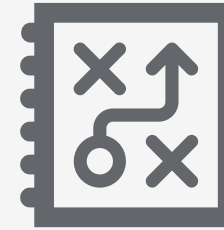
Proactive Relapse Prevention



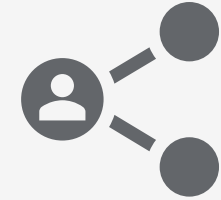
Start at the beginning of treatment



Create a plan



Determine strategies



Share resources

Counseling session topics:

- ✓ tobacco history
- ✓ setting a quit date
- ✓ relapse prevention
- ✓ use of cessation medication
- ✓ other
- ✓ developing a quit plan
- ✓ withdrawal symptoms
- ✓ weight gain
- ✓ stress management



Strategies for Relapse Prevention

Skills approach

Alternative behavioral interventions

Extending duration of initial cessation treatment

Pharmacological intervention

Quitting smoking is a challenge. Less than one out of every 10 people who try to quit will be successful.

Returning to smoking after quitting is called relapsing. **The good news is that there are ways to prevent and recover from relapse.**

Plan for relapse, even before you try to quit.

Get a quit smoking plan from your doctor:

- The best way to stop smoking is with medication and counseling.
- Medications such as varenicline, bupropion and nicotine replacement therapy are effective at helping people quit smoking.
- Using some medications for a longer period of time may prevent relapse.

Plan for situations that might place you at high risk of relapse, such as:

- Drinking alcohol or being around others drinking alcohol
- Stressful situations like work, interpersonal conflict and financial stress
- Places where you used to smoke
- People who smoke or who you used to smoke with
- Weight gain

Use one of these strategies to help you cope when you feel like smoking:

- Leave the situation
- Take a few deep breaths
- Count to 10
- Chew gum
- Eat something, like candy or a meal
- Go for a walk
- Call someone who supports your quit smoking plan
- Exercise
- Do something you enjoy, like fishing, painting or crafts
- Listen to music
- Watch TV or a movie
- Read a book

You can also use your thoughts to help prevent a relapse:

- Tell yourself that you can succeed
- Remember why you chose to quit
- Remind yourself of the progress you've made so far
- Picture the life you want to live smoke-free
- Remind yourself that cravings typically only last 3–20 minutes
- Remember that cravings will decrease over time if you stay smoke-free

Relapse is not failure.

If you do smoke a cigarette, be kind to yourself:

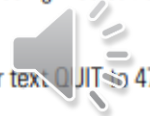
- Think of that cigarette as a slip that you can change
- Learn from the experience:
 - Identify factors that led to smoking the cigarette
 - Make a plan for what you can do differently next time
- Try again:
 - Consider talking to your doctor about how you can get back on track

Reduce your risk of lung cancer.

Quit smoking today. Smoking cigarettes is the number one risk factor for lung cancer.

The best way to quit is by using medication and counseling.

- Call 1-800-784-8669 or text **QUIT** to 47848.
- Talk to your doctor about treatment options.
- Visit [SmokeFree.gov](#) for more information.
- You can find additional resources here: [Lung.org](#).



Relapse Prevention: Quitline Referral

Check Your Quitline Profile

Provider Referral Program



Tobacco users can be referred if they:

- are thinking about quitting
- indicate a readiness to quit within 30 days
- are ready to make a quit attempt
- are quit and seek help to stay quit



Next Steps

IN THE US

smoking cigarettes accounts for

90%
of lung cancer
diagnoses



80-90%
of lung cancer
deaths

LEARN MORE
about lung cancer screening

How to determine
patients' eligibility

How to deliver **counseling and
shared decision making**

Lung Cancer Screening Education

LungScreenEducation.Org




PROJECT
ENGAGE
Lung Cancer Screening Support | Online Course

Project ENGAGE developed this **FREE** one-hour online course to equip tobacco treatment specialists (TTS) with strategies to confidently educate clients (who are eligible) about lung cancer screening. Lung cancer screening has the potential to save 12,000 lives in the U.S. each year, however a very low proportion of people who are eligible for the procedure receive it. **Become part of the solution, by registering and taking this online course today!**


[Register Now](#)

CHESTNet.Org


Free Course



CHEST



LUNG
CANCER
SCREENING



Jefferson
Thomas Jefferson University
SCHOOL OF MEDICINE

**UPDATED: Shared
Decision-Making in Lung
Cancer Screening**

LUNG CANCER

This program will include modules related to Education about lung cancer screening an...
[Learn More](#)

CME/MOC: 1.25

[ACCESS NOW FOR FREE](#)

Thank you!

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