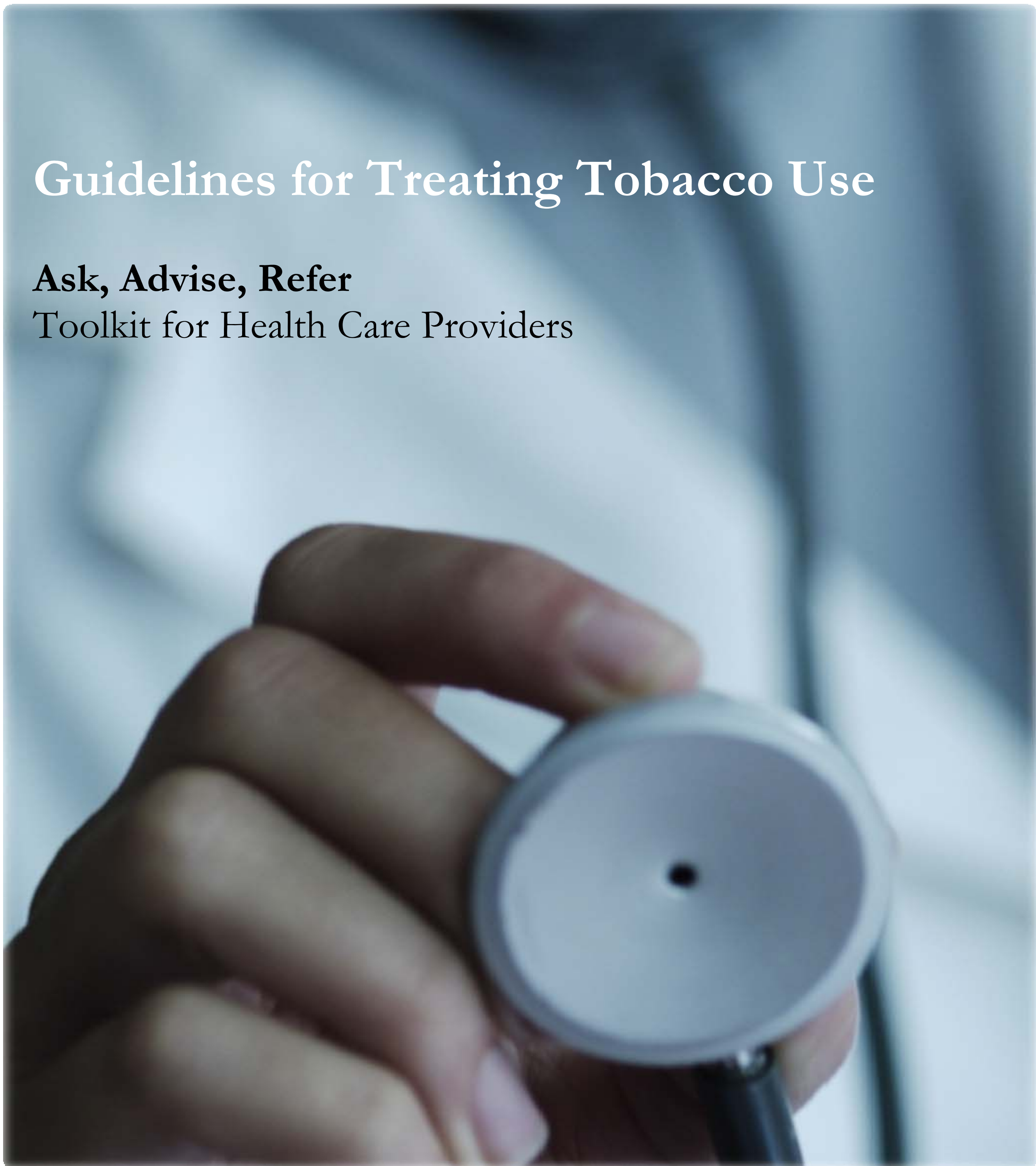

Guidelines for Treating Tobacco Use

Ask, Advise, Refer

Toolkit for Health Care Providers

County of Los Angeles Public Health
Tobacco Control & Prevention Program

L.A. Care Health Plan

Introduction

This toolkit is based on information from the U.S. Public Health Service-sponsored *Treating Tobacco Use and Dependence* Clinical Practice Guidelines. The guidelines provide evidence-based strategies and recommendations designed to assist clinicians in delivering and supporting effective treatments for tobacco use and dependence. This toolkit provides an overview for clinicians with information including:

- The Ask, Advise, Refer (AAR) Model
- Cessation resources for patients
- Pharmacotherapy guidelines
- Resources for clinicians and patients

This toolkit was developed by the Los Angeles County Tobacco Control and Prevention Program in collaboration with LA Care (2008). For questions, please contact the Los Angeles County Tobacco Control and Prevention Program at (213) 351-7890.

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Section 1: Why Should We Promote Smoking Cessation?

Smoking is the leading cause of preventable death in the United States, accounting for an estimated 435,000 deaths each year. In Los Angeles County, nearly 9,000 lives and $4.3 billion dollars are lost due to smoking and smoking-related diseases annually. Smokers who die of tobacco-related diseases lose an average of 14 years of life, but quitting reduces the risk of tobacco related disease and prolongs life.

Although the rate of smoking in Los Angeles County has decreased dramatically, more than 1 million residents continue to smoke. Highest rates are among those who have mental health or substance abuse problems or who are African-Americans, on Medi-Cal, without health insurance, living in poverty or lesbian, gay or bisexual. African-American children in Los Angeles County have the highest rates of exposure to tobacco smoke in their homes.

Quitting has immediate and long-term benefits. **Most smokers want to stop smoking**—and every year, more than half of them try. Only 9% or fewer are successful with each attempt because most try without counseling or medication. Studies have consistently shown that counseling, especially when combined with medication, doubles or triples the proportion of patients who successfully stop smoking, achieving long-term quit rates as high as 30% with each attempt. In fact, tobacco use interventions are more cost effective than most other routine preventive medical interventions. And smokers offered assistance in stopping smoking were more satisfied with their medical care, even if they did not want to stop.

By using the following recommended guidelines, effective tobacco use interventions can take as little as 30 seconds. Your advice to your patients to stop smoking is the most cost-effective use of time to increase the quality and length of their lives.

Section 2: Effective Intervention (Ask, Advise, Refer)

Many physicians understandably cite time, energy, and resources as major barriers in preventing them from talking to their patients about not smoking. The "Ask, Advise, and Refer" format was created to give physicians a simple, practical plan that can be implemented with all patients and it can take 30 seconds or less.

1. ASK PATIENTS ABOUT TOBACCO USE AT EVERY VISIT.

Also ask about tobacco exposure to secondhand smoke in the home.
Make tobacco-use screening a regular part of your practice. Have office systems in place (e.g. vital signs stamp or an electronic prompt). Such reminders will enable you to systematically document tobacco-use status and referrals. (see sample.)

Vital Signs:
BP: _______ PULSE: ________ RR: ________
WT: _______ HT: ___________ BMI: ________

Tobacco Use:
Current______ Former ______ Never ______

☐ **Referred for tobacco counseling/ treatment** **Smoke-free Home:** Yes____ No____

2. ADVISE TOBACCO USERS TO STOP.

Smokers say their clinician's advice is an important motivator to stop smoking. Advice must be clear, strong, and personalized, for example: **"As your physician and someone who cares about you and your health, I would encourage you to stop smoking because it is the most important thing you can do to protect your health."**

Patients for whom tobacco poses a special risk should receive tailored advice. For example,
- "Smoking is strongly linked with snoring and sleeping problems. Your sleep could improve if you stopped smoking."
- "Stopping smoking reduces your chance of a heart attack or a stroke."

3. REFER PATIENTS TO RESOURCES.

• **Provide patients with the phone number of the FREE California Smokers' Helpline: 1-800-NO-BUTTS** or local tobacco cessation resources. Let them know that counseling can double the chances of quitting and staying free of tobacco. Long-term quit rates can be as high as 20% with either consistent follow-up counseling or pharmacotherapy and rise to 30% when counseling is combined with pharmacotherapy.

The California Smokers' Helpline offers quitting materials, referrals to local resources, and up to six sessions with a trained counselor. The Helpline provides services in English, Chinese (Mandarin and Cantonese), Korean, Spanish, Vietnamese, and TDD for the hard of hearing. Services are also available for pregnant women, teens, and tobacco chewers.

• **Offer self-help materials** that include tips to help patients stop smoking. If you have time, just 3 to 5 minutes of personalized counseling by a clinician doubles quit rates. (See page 14.)

Section 3: Prescribing Pharmacotherapy

Pharmacotherapy doubles or triples the chances of successfully quitting with each attempt. It is a key part of a multi-component approach to assisting patients with their tobacco dependence. Therefore, offer and prescribe pharmacotherapy to help all tobacco users, unless contraindicated. Determine regimen-based contraindications and precautions **(Table 1)**, level of addiction **(Table 2)**, and patient preference. Use clinical judgment in providing tobacco use treatment to pregnant and adolescent smokers (see page 8). Encourage your patients to consider medications:
"**Medication improves your success in becoming free of tobacco. Would you like to discuss which medication is best for you?"**

Nicotine replacement therapy (NRT) doubles successful quit rates. NRT is FDA-approved for adults 18 and over. In recommended doses, NRT is safe for most patients, including those with stable heart disease. Medi-Cal pays for nicotine replacement therapy if combined with counseling, e.g. the California Smokers' Helpline (check with specific plans).

NRT is available in several forms. The nicotine patch is the most effective and convenient form for most smokers. Combining daily use of the nicotine patch with other forms of NRTs results in long-term quit rates higher than those observed when a single form of NRT is used. Some smokers who have stopped smoking continue to use self-dosing NRT formulations such as nicotine gum or lozenges, as needed. The long-term use of these therapies is not known to present health risks.

Bupropion SR doubles successful quit rates with each attempt. First marketed as the antidepressant Wellbutrin SR®, it is now also marketed as Zyban®** for treatment of smoking addiction. Due to its anti-depressant effects, it is the best choice of medication for patients with a history of depression. For patients who are heavily addicted, substance abusers or schizophrenic, use bupropion combined with NRT for increased effectiveness. Contraindications include a history of seizures, bipolar disorder, or an eating disorder. Medi-Cal requires an order specifically for Zyban®. The FDA has approved bupropion SR for long-term maintenance.

Varenicline (Chantix®)** combined with counseling can **double** successful quit rates with each attempt. Varenicline does not contain nicotine. It mimics the effects of nicotine and activates nicotine receptors to prevent cravings. At the same time, Varenicline possesses antagonist properties that eliminate the pleasurable effects of smoking. Adding nicotine replacement increases side effects without increasing quit rates. Varenicline plus bupropion has not been studied yet. Healthcare professionals, patients, patients' families, and caregivers should monitor changes in mood and behavior. Varenicline is being investigated for long term use.

Nortriptyline and clonidine are not approved for cessation by the FDA and have significant adverse effects. Other drugs, including additional antidepressants, have *not* been shown to increase smoking quit rates. Neither acupuncture nor hypnosis has been shown to be effective.

**Use of brand names is for informational purposes only and does not imply endorsement.

Table 1. FDA-Approved Medications for Tobacco Dependence

Pharmaco-therapy	Common Side Effects	Advantages	Disadvantages	Dosage	Duration	Availability
Bupropion SR	• Insomnia • Dry mouth	• Easy to use (pill) • No concerns for cardiac patients • Effective in patients with depression • Limits weight gain • Can be used with NRT	• Prescription needed • Precautions: Pregnancy Category C • **Do not use for patients who:** • Use a monoamine oxidase (MAO) inhibitor, levodopa or bupropion in any other form (Zyban, Wellbutrin) • Have a history of seizures or stroke • Have a history of anorexia or bulemia • Have other seizure-threshold-lowering conditions (e.g., alcohol dependence, head trauma)	150 mg every morning for 3 days, then 150 mg twice daily Begin 1-2 weeks before first tobacco free day Check BP if combine with NRT	7-12 weeks, maintenance up to 6 mos.	Zyban® Wellbutrin SR® Generic SR (Prescription only)
Nicotine Patch	• Local skin reaction • Insomnia	• Easy to use • Provides steady levels of nicotine • Unobtrusive • No prescription needed- OTC • Three strengths: 7, 14, 21 mg • Fewer compliance issues associated with the patch	• Do not use if have severe eczema or psoriasis; allergic reactions to adhesive may occur • Dose is not adjustable if cravings occur • 16-hr patch may lead to morning nicotine cravings • Use clinical judgment in pregnancy/teens • Contraindications: Pregnancy Category D. Severe or unstable angina pectoris, serious arrhythmias. For one month after acute MI	See Table 2. For most patients: 21 mg/24 hours ……… Then 14 mg/24 hours … Then 7 mg/24 hours ….	4-6 weeks 2-4 wks 2-4 wks	Nicoderm CQ® Nicotrol® Habitrol® Generic Patches (Available prescription & OTC)
Nicotine Gum	• Mouth soreness • Jaw ache • Dyspepsia • Hiccups	• Can use with patches to control urge in addicted smokers • User controls dose • No prescription needed- OTC • May delay weight gain	• Caution with dentures; proper technique required • Do not use with acidic beverages during use • Contraindications: Pregnancy Category D; TMJ disease. Also see contraindications for patch.	1-24 cigarettes/day 2mg gum 25+ cigarettes/day 4mg gum Chew each piece slowly 30 minutes, up to 24 pieces/day 10-12/day usually	Up to 12 Weeks Taper 7-12 weeks	Nicorette® Nicorette Mint® (All flavors OTC)
Nicotine lozenge	• Nausea • Throat irritation • Hiccups • Dyspepsia	• Easy to use and conceal • Can use with patches to control urge in addicted smokers • User controls dose • No prescription needed- OTC • May satisfy oral cravings	• Do not eat or drink 15 minutes before or during use • Acidic beverages limit absorption • Limit 20 in 24 hours • Gastrointestinal side effects (nausea, hiccups, and heartburn) may be bothersome • Contraindications: Pregnancy Category D. Also see patch.	If 1st cigarette more than 30 min. after waking – 2mg PRN If 1st cigarette less than 30 min. after waking- 4mg PRN Up to 20 lozenges/day	Up to 12 weeks	Commit® Generic (All OTC)
Nicotine Inhaler	• Local irritation of mouth and throat • Mild cough and rhinitis initially	• Can be used with patches to control urges in addicted smokers • User controls dose • Mimics hand-to-mouth ritual of smoking	• Prescription needed • Do not use with acidic beverages • Frequent continuous puffing needed for up to 20 minutes per cartridge • Does not work in cold (<40 degrees F) • Contraindications: Pregnancy Category D; Reactive airway disease. Also see patch.	6-16 Cartridges/day PRN Inhale 80 times/cartridge 20 minutes/cartridge Taper dosage after 3-6 months	Up to 6 mos.	Nicotrol Inhaler® (Prescription only)
Nicotine Nasal Spray	• Nasal irritation • Dyspepsia • Sneezing • Red, watery eyes initially	• Can use with patches to control urges in addicted smokers • User controls dose • Most rapid nicotine delivery; simulates smoking • Highest effectiveness of nicotine products	• Prescription needed • Localized adverse effects limit use • Change in sense of smell or taste • Dependence can result • Patients with chronic nasal disorders should not use • Contraindications: Pregnancy Category D; Reactive airway disease. Also see patch.	Recommend 1-2 doses/hr PRN 5 doses/hr, 40 doses/day maximum One dose equals two sprays, one spray in each nostril (nearly equals nicotine from one cigarette)	3 to 6 mos.	Nicotrol NS® (Prescription only)
Varenicline	• Nausea/ Vomiting • Insomnia • Abnormal dreams • Dry mouth	• Easy to use (pill) • Blocks nicotine & therefore pleasure of smoking • No drug interactions • An oral formulation with twice-a-day dosing • Offers new mechanism of action for persons who previously failed using other medications • Early industry-sponsored trials suggest agent is superior to bupropion SR	• Prescription needed • Do not use while nursing • Precautions: Pregnancy Category C; • Avoid in chronic renal failure • Post-marketing data just emerging- new warning about rare but important psychiatric symptoms; hard to distinguish from nicotine withdrawal. Monitor for changes in mood, behavior, psychiatric symptoms or suicidal ideation	Begin 1-2 weeks before stop date Days 1-3: 0.5 mg tablet every morning Days 4 – 7: 0.5 mg tablet twice daily Days 8 to end of treatment: 1 mg tablet twice daily	3 to 6 mos.	Chantix® (Prescription only)

Section 3: Prescribing Pharmacotherapy

Table 2. Suggested Initial Dosages for Nicotine Replacement Therapy

Patient Characteristics	Nicotine Replacement Therapy
1-10 cigarettes/day; smokes 1 hour after waking.	14 mg/24 hr patch and/or 2 mg gum or lozenges PRN.*
11-24 cigarettes/day; smokes 1 hour after waking.	21 mg/24 hr patch.* Consider combining with 2 mg gum or lozenge PRN.
> 25 cigarettes/day; smokes within 30 minutes of waking. **Has condition that complicates treatment.**** **Prior failed quit attempts despite NRT or bupropion.**	21 mg/24 hr patch and PRN 4 mg gum and/or lozenges strongly recommended. Consider combining patch and nasal spray if patient has a psychiatric condition. See **Table 1** and **Issues That May Complicate Treatment** below.

* If patient exhibits moderate or severe withdrawal when stopping, increase dose, and/or add rescue NRT and/or add bupropion. See Minnesota Withdrawal Scale at http://www.uvm.edu/~hbpl/?Page=minnesota/default.html
** Conditions include depression, psychiatric conditions, alcohol and substance use, pregnancy, adolescence.

ISSUES THAT MAY COMPLICATE TREATMENT

Pregnancy: Intensive counseling is recommended as a first-line intervention. Patients who continue to smoke are usually highly addicted or have other co-morbid conditions; screen for alcohol and other drug use, depression and refer for treatment. The California Smokers' Helpline offers counseling for pregnant smokers.

NRT nicotine gum or lozenges or bupropion SR may be used during pregnancy when non-drug treatments have failed. Fetal risk from these drugs should be balanced against the greater risk of maternal smoking. Do not prescribe nicotine nasal spray because of higher peak levels of nicotine.

Adolescence: Screen pediatric and adolescent patients and their parents for tobacco use and strongly urge total abstinence from tobacco. Offer advice and medications to parents who smoke.

Long-term efficacy for bupropion SR in adolescents has not been established. Neither NRT nor bupropion SR is approved by the FDA for use in people 17 years of age and younger, so use clinical judgment.

Weight gain: Provide strategies for monitoring weight gain. Bupropion SR and NRTs, e.g., gum or patch, can delay weight gain, and should be considered for longer use in those with weight issues, diabetics, etc.

Psychiatric or substance abuse problems: Smoking prevalence is high (40-90%); treatment is more complicated and relapse is more common. Treat underlying psychiatric conditions concurrently.

When using NRT, care should be taken not to under-dose. In persons with schizophrenia, consider prescribing nicotine nasal spray, as its higher peak levels are the closest to inhaled smoke from a cigarette; evidence suggests that success is improved when NRT is combined with bupropion SR.

Because smoking induces cytochrome P450, psychotropic drug doses may need to be adjusted in patients who have stopped smoking. Closely follow patients with a history of depression; reduction or abstinence from nicotine may exacerbate depression and other psychiatric conditions.

Depression: Consider bupropion (unless contraindicated) alone or in combination with NRT.
Alcohol or substance abuse or a psychiatric condition: Consider bupropion with NRT.

Heavily addicted: Consider bupropion with NRT, patch plus rescue NRT, or varenicline. Consider bupropion in combination with NRT especially if patient also has depression, substance abuse, or a psychiatric condition.

Special populations: Interventions should be culturally, language, and educationally appropriate. In general, the treatments that were found to be effective in the guideline can be used with members of special populations, including hospitalized smokers, members of racial and ethnic minorities, older smokers, and others.

HEALTH INSURANCE COVERAGE FOR CESSATION AIDS

Medi-Cal Coverage:

Medi-Cal enrollees may receive coverage for medications to stop smoking. Medi-Cal alone covers the patch and bupropion, however coverage within different Medi-Cal plan formularies vary. All Medi-Cal plans cover various forms of NRT, such as the nicotine patch. Medi-Cal plans may also cover additional medications such as Zyban (Bupropion SR) or Chantix. Check with each plan to see what is covered and if the following are needed for each medication:

1. Prior authorization
2. Prescription
3. Certificate of enrollment from a behavior-modification program, such as the California Smoker's Helpline.

The California Smokers' Helpline will fax a certificate to the pharmacy when the patient enrolls. The smoker presents the prescription to the pharmacist, who then submits the request to Medi-Cal with the certificate.
http://www.californiasmokershelpline.org/quittingaids.shtml

Medicare Coverage:

Medicare Part B covers counseling and medications for tobacco use dependence. Formularies vary. Check the Medicare formulary. http://formularyfinder.medicare.gov/formularyfinder

Los Angeles County:

Department of Health Services, LA County Public-Private Partners (PPPs) and LA County Community Health Plan (CHP, the County's HMO for indigent patients): All plans cover various NRT options, such as the patch and/or bupropion as routine medications.

Private Insurance Coverage:

Individual plans vary.

Section 4: What Else Can Providers Do to Help Patients Stop Smoking?

Follow up with patients who are trying to stop smoking.
Your concern emphasizes the importance of stopping. Reinforce the use of the California Smokers' Helpline and other counseling sources. Assess for abstinence at all subsequent contacts.

Educate all patients about the dangers of secondhand smoke and encourage patients to maintain a smoke-free home. Secondhand smoke increases the risk of serious respiratory problems, e.g. a greater number and severity of asthma attacks and lower respiratory tract infections or an increased risk for middle ear infections in children. Inhaling secondhand smoke can cause lung cancer and coronary heart disease in nonsmoking adults. **Smokers are up to ten times more likely to successfully stop if their home is smoke-free**.

Prevent and treat relapse.
Former users who stopped in the last 6 months are at risk of relapse. Many patients alternate between thinking about stopping, making attempts to stop smoking, relapsing, and trying to stop again over the course of years. Relapse is not a sign of personal failure of the tobacco user or the clinician; it often takes multiple tries to successfully stop smoking. Most smokers who relapse want to try again soon. A relapse should be viewed as a learning experience. When the patient relapses, he or she can become aware of their triggers, their reasoning (e.g. one cigarette won't hurt) and the steps that led to picking up that first cigarette.

- Ask patients if they are willing to make another attempt to stop smoking.
- Discuss the circumstances surrounding the relapse and help patients determine what worked and what didn't work at their last attempt. Refer to the California Smokers' Helpline and/or other counseling resources again.
- Suggest additional medication or a different medication at next attempt: a longer course of NRT or other medication, or a combination of medications, e.g. bupropion plus nicotine replacement therapy, or nicotine patch plus a short acting nicotine (gum, lozenge or spray). Varenicline (Chantix®) may have a higher successful quit rate than a single form of NRT or bupropion alone.
- Suggest using additional cessation resources such as Nicotine Anonymous Meetings.

For tobacco users unwilling to stop smoking
Reiterate that **"stopping smoking is the most important thing you can do to protect your health."** Give them the phone number of the California Smokers' Helpline. If possible, provide the "5 R's": Relevance, Risks, Rewards, Roadblocks, and Repetition to motivate smokers who are unwilling to stop smoking at this time.

5 "R's" FOR TOBACCO USERS UNWILLING TO STOP SMOKING

Relevance: Make your advice personally relevant to the patient, being as specific as possible.

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 their barriers and note elements of treatment (problem solving, pharmacotherapy) to address barriers.

Repetition: Repeat the motivational intervention at every visit. Inform them that most people make repeated attempts to become free of tobacco before they are successful.

Ask-Advise-Refer

Intervention Cues

STEP 1: ASK patients about tobacco use at every visit.

- Systematically ask every patient about tobacco use at every visit.
- Determine if the patient is current, former, or was never a tobacco user.
- Determine what form of tobacco is used.
- Determine frequency of use.
- Document tobacco use status in the patient's medical record.
- Determine if others in the household also use tobacco.

Step 1 Sample Intervention Cues

For the patient who never regularly used tobacco:

- "Congratulations, you have made a wise choice to protect your health."

For the patient who quit using tobacco:

- "Congratulations on quitting tobacco use. We have some good programs to help you remain tobacco-free. I can give you the contact information for the program."

For the patient who uses tobacco:

- "How many cigarettes per day do you smoke?"
- "How many cigars per day do you smoke?"

STEP 2: ADVISE tobacco users to stop.

- In a clear, strong, and personalized manner, urge every tobacco user to quit.
- Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.
- Employ the teachable moment: link health issues with advice.

Step 2 Sample Intervention Cues

For the patient who currently uses tobacco:

- "Make it a priority to quit smoking – It is important for your health."
- "I can help you stop smoking. Let me give you the phone number for the California Smokers' Helpline. You can receive free counseling on how to stop and remain tobacco-free."

STEP 3: REFER patients to resources.

- Give them a California Smokers' Helpline Gold Card/Brochure.
- Give them information (fact sheets or brochures) on smoking or tips to help them stop.
- Discuss using pharmacotherapy.
- Document in patient's medical record.

Step 3 Sample Intervention Cues

For the patient who currently uses tobacco:

- "I know stopping smoking is very difficult. Most people who want to stop are successful. Sometimes it takes more than one try. I know you can do it. Let me refer you to the California Smokers' Helpline, they can help you stop."

Local Cessation Resources

California Smokers' Helpline: 1-800-NO-BUTTS or 1-800-662-8887

http://www.californiasmokershelpline.org/

Section 5: Resources for Providers

Tobacco Impacts on Medical Specialties

All Specialties
Sleep Disorders (longer latency, less total sleep time, lighter sleep, daytime sleepiness)
Desired wound healing
Post-surgical infections
Increased irritability while in hospital
Many medication interactions

Circulatory Diseases
Myocardial infarction
Angina pectoris/lschemic heart disease
Congestive heart failure
Strokes
Transient ischemic attack
Atherosclerosis
Aortic aneurysm
Peripheral vascular disease
Low HDL
High triglyceride levels

Dermatology
Skin aging
Palmoplantar pustulosis
Psoriasis (OR 1.4-2.4)
Pustular psoriasis (OR 10)
Premature hair loss
Premature grey hair
Yellow fingers

Dental (Also see ENT)
Stained teeth
Bad breath (halitosis)
Periodontal disease
Tooth loss
Oral cancers
Reduced lower jaw bone density

Emergency Medicine
Asthma/COPD exacerbations
Burn injuries
Hip and other fractures
Mls/CHF/ Strokes/TIAs
Pneumonia

Endocrinology
Insulin resistance/metabolic syndrome
Increased Diabetes Type 2
Diabetes complications: amputations

ENT
Hearing loss
Oral cavity, pharynx, head & neck cancers
Obstructive sleep apnea
Snoring
Increased respiratory infections

ENT (cont.)
Smell & taste disturbances
Bad breath (halitosis)

Gastroenterology
GI cancers: esophagus, stomach, pancreas
Stomach ulcers
Increased HCV viremia

Hematology/Oncology
Polycythemia
High leukocyte count
Higher lead level in lead workers

Cancers:
Lung, bronchus
Pharynx, larynx, oral cavity
Esophagus
Stomach
Urinary bladder
Kidney, renal pelvis
Acute myeloid leukemia
Penile
Cervix uteri
Breast (OR 1.4-1.8 Premenopausal)

HIV/AIDS
Increased HIV viremia, lower CD4 counts
Joint occurrence oral candidacies and hairy leukoplakia
Increased symptom burden
Increased Pneumocystis colonization
Accounts for 60% of cardiovascular risk

Infectious Diseases
Tuberculosis
Influenza
Pneumonia (pneumococcal and others)
Worse outcomes in disseminated cryptococcosis

Nephrology
Onset of progression of lupus nephritis
Progression of chronic kidney disease in diabetics, polycystic kidney disease, IgA nephropathy, other chronic kidney disease

Ob-Gyn
Cervical cancer
Infertility, miscarriage, stillbirth
Premature, low birth weight
Ectopic pregnancy
Early menopause
Osteoporosis
Pre-menopausal breast cancer

Ophthalmology
Macular degeneration
Cataracts
Retinal arterial and venous occlusions

Orthopedics
Hip fractures
Increased other fractures
Osteoporosis

Pediatrics
Short gestation/low birth weight
Respiratory distress syndrome
Other respiratory- newborn
Cleft lip/palate
SIDS
Food and inhalant allergies

Psychiatry/Neurology
Sleep Disorders (longer latency, less total sleep time, lighter sleep)
Obstructive sleep apnea
Daytime sleepiness
Highest rates of smoking in schizophrenics, bipolar, depression, anxiety disorders, ADHD, drug abuse
Large contribution to early death rate in chronic mental illness
Relative risk of suicide compared to former smokers: double to triple
Risk of signing out AMA
Reduced levels of some epilepsy meds

Pulmonary
Cough, shortness of breath
Asthma onset, attacks more frequent and severe
Lung cancer
Pneumonia, pneumococcal & others
Influenza
Bronchitis, emphysema, COPD
Pneumocystis colonization

Rheumatology
Increased onset and complications of autoimmune diseases; rheumatoid nodules & multiple joint involvement in rheumatoid arthritis, digital ischemia in systemic sclerosis & Reynaud's, nephritis and dermatologic manifestations in SLE

Urology
Penile cancer (OR 4.5)
Erectile dysfunction
Kidney cancer
Lower sperm count and concentration
Abnormally shaped sperm-teratozoospermia

Section 5: Resources for Providers

CME Course Listing for Providers

1. Medscape: Challenges of Treating Tobacco Users in High-Risk Populations (Slides With Audio) by Linda H Ferry, MD, MPH Charles J Bentz, MD, November 2007. The American College of Preventive Medicine designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™.
http://www.medscape.com/viewarticle/565309

2. Medscape Smoking Resource Center
Six additional online CME activities plus links to other helpful resources.
http://www.medscape.com/resource/smoking

3. NY City Treating Nicotine Addiction CME April 2005
CME must be printed out and mailed in.
http://www.nyc.gov/html/doh/downloads/pdf/chi/chi24-4.pdf

4**. Rx Consultant: CE for pharmacists.** "Smoking Cessation for the Busy Clinician" covers NRT and oral medications with CE questions to mail in with $7.50 for CE.
http://www.rxconsultant.com/issues/0709smoking.pdf

Online Resources for Providers

1. Rx for Change provides materials to facilitate the training of clinicians
http://rxforchange.ucsf.edu/faculty

2. Treatobacco.net by the Society for Research on Nicotine and Tobacco www.srnt.org
PowerPoint presentations on tobacco cessation medication efficacy and safety
http://www.treatobacco.net/resource_library/slide_kits.cfm

3. University of California San Francisco Smoking Cessation Leadership Center
http://smokingcessationleadership.ucsf.edu/Resources.html

4. California Smokers' Helpline: Information for physicians and materials for physicians to give their patients.
http://www.californiasmokershelpline.org/Healthcare%20Provider%20Subpage.shtml

5. Surgeon General's Treating Tobacco Use and Dependence
http://www.surgeongeneral.gov/tobacco/clinpack.html

6. AHRQ Supported Clinical Practice Guidelines
Clinical Practice Guideline: *Treating Tobacco Use and Dependence*
http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

7. An Algorithm for Optimal Smoking Cessation Treatment by John.Hughes@uvm.edu John R Hughes, University of Vermont with PowerPoint presentation at 2007 UK National Smoking Cessation Conference.
http://www.uknscc.org/2007_UKNSCC/presentations/john_hughes.html

8. Redefining the Role of Tobacco Cessation Specialists by John Hughes
http://www.uknscc.org/2007_UKNSCC/presentations/john_hughes_web.html

9. Varenicline: Implications for the field by Alex Bobak, GP
http://www.uknscc.org/2007_UKNSCC/presentations/alex_bobak_web.html

Section 6: Patient Education Fact Sheets

For reproducible education resources, see the following pages:

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Free Smoking Cessation Materials Available from the California Smokers' Helpline

Gold Card
"Take Charge of your life" says this referral tool. A mock credit card, the Gold Card lists the smoke, chew, and TDD/TTY phone numbers.

General Audience Brochure
For smokers interested in quitting, provides service information including hours of operation, phone numbers, and what to expect when you call. Available in English, Spanish, Chinese, Vietnamese, and Korean.

American Indian Brochure
This culturally relevant brochure provides service information including hours of operation, phone number, and what to expect when you call.

Teen Provider Brochure
Designed for adults who want to help a teen quit smoking. Includes questions frequently asked by adults who refer teens to the Helpline and answers questions about free services.

Chew Tobacco Brochure
For chew tobacco users interested in quitting. Provides service information including hours of operation, phone numbers, and what to expect when you call.

For a complete listing of FREE promotional materials available from the California Smokers' Helpline and information about how to order, visit http://www.californiasmokershelpline.org/Order.php

Smoking and Your Health

Stopping smoking is hard because Nicotine is a very powerful drug. For some people, it can take several tries before they can stop smoking. But each time you try to stop smoking, the more likely you will be able to stop for good.

Smoking hurts almost every organ of the body. It causes many diseases and hurts the health of smokers in general:

Cancer

- Smoking causes cancers of the bladder, mouth, pharynx, larynx, esophagus, cervix, kidney, lung, pancreas, and stomach, and causes leukemia.

Cardiovascular Disease (Heart and Circulatory System)

- Smoking causes heart disease.
- Smoking can double a person's risk for stroke.
- Smoking lowers the blood flow in the body. Smokers are 10 times more likely than nonsmokers to develop peripheral vascular disease, which is a disease that hurts blood flow.

Respiratory Disease and Other Effects

- Cigarette smoking increases the risk of dying from lung disease.
- Cigarette smoking causes about 90% of all deaths from lung diseases.

Secondhand Smoke

Secondhand smoke is a harmful mix of gases that is released into the air when tobacco products burn or when smokers blow their smoke out. Secondhand smoke can cause disease and early death in children and adults who do not smoke. Secondhand smoke affects us right away and can cause heart disease and lung cancer in adults who do not smoke.

Good Reasons to Stop Smoking

✓You will live longer and live better.

✓You will lower your chance of having a heart attack, stroke or cancer.

✓The people you live with, like your children, will have better health.

✓If you are pregnant, stopping smoking will give you a better chance of having a healthy baby.

✓You will have more money to spend on things other than cigarettes.

How Your Health Gets Better When You Stop Smoking

20 minutes:	Heart rate drops.
12 hours:	Carbon monoxide level in blood drops to normal.
48 hours:	Ability to smell and taste starts to improve.
2–3 weeks:	Chance of heart attack drops, circulation improves, walking becomes easier, and lung function improves.
1–9 months:	Coughing and shortness of breath decrease.
1 year:	Excess risk of coronary heart disease is half that of a smoker.
5 years:	Risk of stroke is reduced to that of a non-smoker.
10 years:	Lung cancer death rate is about half that of a smoker; Risk of cancer of the mouth, throat and esophagus decreases.
15 years:	Risk of coronary heart disease returns to that of a non-smoker.

5 Tips to Stop Smoking

Congratulations on taking the first step! As your health care provider, I'm here to help you stop smoking. Here are some things you can do to help you stop.

1. Get Ready.

- Set a date to stop smoking.
- Change the things around you. Get rid of cigarettes and ashtrays in your home, car, and workplace.
- Do not let people smoke in your home.
- If you have tried to stop smoking before, think about what worked and what did not work.

2. Get Help.

- Tell your friends, family, and coworkers that you are going to stop smoking. Ask them not to smoke around you or leave cigarettes out.
- Talk to your health care doctor or provider.
- Get counseling. The more counseling you have, the better your chances of stopping. Call 1-800-NO-BUTTS.

3. Learn New Ways of Living.

- Stay busy.
- Change the things that you do every day. Take a different road to work or eat in a different place.
- Let go of stress. Exercise is a good way to do this.
- Plan something fun to do every day.
- Drink a lot of water.

4. Use Medications in the Right Way.

- Talk to your health care provider, or doctor, about how to use medications.
- Read and follow the directions. Call your doctor if you have any questions.

5. Be Ready for Hard Work.

- Most people try to stop smoking several times before they finally stop.
- If you smoke again, think about what caused you to smoke. Try to stay away from those situations in the future. Do not give up. Try again!

Resources for Patients

L.A. Care (for information about coverage plans) 1-888-839-9909 www.lacare.org **The California Smokers' Helpline** 1-800-NO-BUTTS (1-800-662-8887) www.californiasmokershelpline.org **American Legacy Foundation** 202-454-5555 www.americanlegacy.org **It's Quitting Time LA!** www.laquits.com	**American Cancer Society** 1-800-ACS-2345 (1-866-228-4327) www.cancer.org **American Heart Association** www.americanheart.org 1-800-AHA-USA-1 or 1-800-242-8721 **American Lung Association of California** (510) 638-LUNG www.californialung.org Freedom From Smoking Online: www.lungusa.org/ffs/index.html-	**Nicotine Anonymous** 1-877-879-6422 http://www.nicotine-anonymous.org/ **Additional Online Resources:** **Tobacco Free California** http://www.tobaccofreeca.com/ **Quit Net** www.quitnet.com **National Cancer Institute** www.cancer.gov/cancertopics/smoking **VideoJug.com -- Videos and online discussion boards** http://www.videojug.com/tag/quit-smoking

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