

Tobacco Cessation Referral Policy Handbook

For Managers and Lead Personnel of Health and Social Services

TOBACCO EDUCATION PROGRAM



SACRAMENTO COUNTY



**PUBLIC
HEALTH**

Promote • Prevent • Protect

TABLE OF CONTENTS

TOPIC	PAGE #
Why is this important?	3
How to Implement a Tobacco Cessation Referral Policy	4
Tobacco Use Assessment Questions	4
How to Talk to Clients or Patients About Quitting Tobacco (Ask, Advise, Refer)	5-6
How to Utilize an Online Referral System	7
Free Educational Materials for Clients and Patients	8
Free Cessation Helplines for Patients	9-10
Top 10 Tips to Help Smokers Quit	11
Nicotine Replacement Therapy (NRT)	12
Tobacco Products: the new definition	13
E-Cigarettes: what you need to know	13
Addressing Tobacco among Populations with Mental Health and Substance Use Disorders	14
Sacramento County Tobacco Education Program Contacts	15
References	16



Why is this important?

- Assessing tobacco use and referring patients to FREE, evidence-based resources **improves patient and client health outcomes**
- The CA Smokers' Helpline FREE telephone counselling **DOUBLES your patient/client's chances of quitting for good**
- Studies show that continuously asking patients about tobacco use **improves patient satisfaction**. When patients or clients are not asked, satisfaction with your service decreases^{1,2}

Cigarette smoking is the leading preventable cause of death in the United States.³

Tobacco smoke contains a deadly mix of more than 7,000 chemicals; hundreds are harmful, and about 70 can cause cancer. Smoking increases the risk for serious health problems, many diseases, and death.⁴

Smokers with **mental health and/or additional substance use disorders** have improved health outcomes and **fewer substance abuse relapses** when they quit smoking.⁵

Stopping smoking is associated with the following health benefits:⁶

- Lowered risk for lung cancer and many other types of cancer.
- Reduced risk for heart disease, stroke, and peripheral vascular disease.
- Reduced heart disease risk within 1 to 2 years of quitting.
- Reduced respiratory symptoms, such as coughing, wheezing, and shortness of breath. While these symptoms may not disappear, they do not continue to progress at the same rate among people who quit compared with those who continue to smoke.
- Reduced risk of developing some lung diseases (such as COPD, one of the leading causes of death in the United States).
- Reduced risk for infertility in women.
- Women who stop smoking during pregnancy also reduce risk of having a low birth weight baby.

For additional information, visit:

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm

How to Implement a Tobacco Cessation Referral Policy

- 1) Incorporate Tobacco Use Assessment questions into your patient or client protocol (Page 3)
- 2) Train staff in the Ask, Advise, Refer Method and Motivational Interviewing (Page 4-5)
 - Training provided by the Sacramento County Tobacco Education Program
- 3) Utilize a FREE Online Referral System (Page 6)
- 4) Obtain free Tobacco Cessation educational materials for clients and patients (Page 7)
 - Provided by the Sacramento County Tobacco Education Program

Tobacco Use Assessment Questions

How would you describe your use of tobacco products?

Tobacco products include E-cigarettes, vaping devices, hookah, cigarettes, cigarillos, cigars, little cigars, and chew. This does NOT include Nicotine Replacement Therapy such as nicotine patches.

- A. I have never used tobacco
- B. I previously used tobacco
- C. I currently use tobacco (some days)
- D. I currently use tobacco (every day)

For Current Tobacco Users:

Are you ready to quit tobacco?

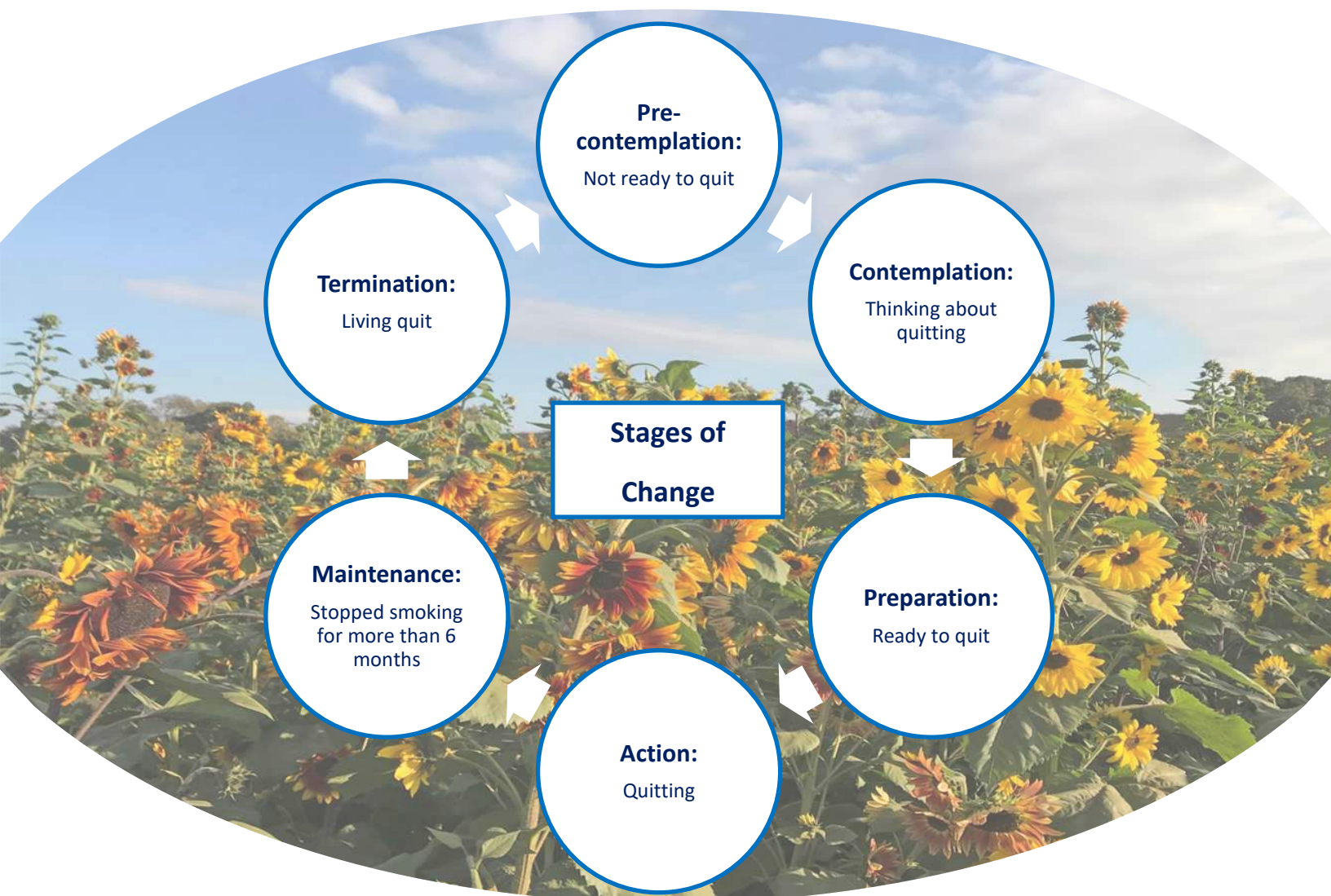
- A. Not interested in quitting
- B. Thinking about quitting at some point
- C. Ready to quit

How to Talk to Clients or Patients about Quitting Tobacco

Things to remember, according to the American Lung Association⁷

- Everyone can quit.
- No one has to quit alone.
- **It takes most smokers several tries before they are able to quit for good (8-12 times on average).**
- One size doesn't fit all (there are a variety of quitting methods).
- Be respectful, empathetic, and positive. Roll with resistance.
- Don't be judgmental, confrontational, or argumentative.
- Smokers with mental health and/or additional substance use disorders have improved health outcomes and fewer substance abuse relapses when they quit smoking.⁵

Not everyone is ready to quit, and that is OK. It is important to meet the client or patient at the stage that they are at (see below) and give recommendations and resources accordingly.



Ask, Advise, Refer

- **Ask** clients or patients whether they use tobacco and if they are ready to quit
- **Advise** clients or patients who use tobacco to quit, and:
- **Refer** to evidence-based cessation resources such as the California Smoker's Helpline

ASK

"Do you currently use tobacco products?"

If YES

If NO

ASK

"Have you thought about quitting in the future, or are you ready to quit?"

If YES

If NO

"That's great to hear. Keep it up!"

ADVISE

- "Quitting isn't easy but it is possible, and it's the best thing you can do for yourself and for your loved ones."

REFER

- "I know that the California Smokers Helpline has some great free resources to help you quit – let me tell you about them..."

FOLLOW UP (if possible)

- "I'm going to put a note so we remember to talk about this next time. It's OK if you haven't quit by then, but let's keep working toward this goal together."

ADVISE

- "It can be a little daunting, but quitting is the best thing that you can do for yourself and for your loved ones."
- "Quitting isn't easy, and you have to be ready. I'll check back with you again in the future, and you can always reach out to me if you want to talk about it."

REFER:

- "In the meantime, here are some resources to learn more..."

These statements are recommended by the American Lung Association (2018).

How to Utilize an Online Referral System (for healthcare providers)

California Smokers' Helpline Referral Systems

Free Provider Referral Link

- Register your health care organization here:
<https://bit.ly/2ZK3gVR> (case sensitive)
- Once registered, refer patients using this online form (with their consent):
www.bit.ly/referto helpline (case sensitive)

Fee-for-Service Referral Options

- **DIRECT/Secure Email:** Utilizing the Direct Project, (launched in 2010 as a part of the Nationwide Health Information Network), health professionals can utilize easy and affordable clinical messaging to send patient referrals to the Helpline. Direct email messages are secure (providers can send patient information to the Helpline and individual level referral data can be sent back to the health professional). Messages sent through the Direct Project *may* help contribute to Meaningful Use.
- **Other Internet Options:** For health professionals who utilize **Electronic Health Records**, the Helpline can set up a secure, HL7 2.X type interface so that patient referrals are sent securely to the Helpline, and individual level referral data can be sent back to the health professional. Transport options supported include LLP, TCP/IP, SFTP, and web services. Any of these options *may* help contribute to Meaningful Use.

For cost estimates and more information, visit: <https://www.nobutts.org/helpline-referral-options> or contact: Lesley Phillips at (858) 300-1051 or lcopeland@ucsd.edu.

Free Educational Materials for Clients or Patients

Sacramento County Tobacco Education Program

The Sacramento County Tobacco Education Program provides **quit kits and educational materials (including flyers and brochures)** free of charge.

Translation of materials is also available.

Contact:

Sacramento County Health Education Unit
Tobacco Education Program
(916) 875-5869

California Smokers' Helpline 1-800-NO-BUTTS

The California Smokers' Helpline also provides smoking cessation **brochures and flyers** free of charge.

www.nobutts.org, click "FREE MATERIALS" or <https://www.tecc.org/california-smokers-helpline-order-form/>

Tobacco Education Clearinghouse of California

TECC provides free material through an online order form.

Materials found on this website can also be printed by TEP and shipped to your organization free of charge.

Visit the website to explore educational material: www.tecc.org

California Smoker's Helpline (1-800-NO-BUTTS)

www.nobutts.org

- **Telephone Counseling**
 - For smokers, tobacco chewers, pregnant smokers, teens, and e-cigarette users.
 - Counselors are available weekdays, 7 a.m. to 9 p.m. and Saturday, 9 a.m. to 5 p.m.
 - English: 1-800-NO-BUTTS (1-800-662-8887)
 - Chinese: 1-800-838-8917
 - Korean: 1-800-556-5564
 - Spanish: 1-800-45-NO-FUME (1-800-456-6386)
 - Vietnamese: 1-800-778-8440
 - Tobacco Chewers: 1-800-844-CHEW (1-800-844-2439)
 - To Quit Vaping call: 1-844-8-NO-VAPE
- **Text Messaging**
 - TEXT “NoVapes” to 66819
 - Receive texts each day during the first important weeks of quitting. Send questions at any time, and a counselor will respond within one business day.
- **Self-Help Materials:** Call or go online to receive a free packet of quitting materials.
- **Online Help & Referral to Local Programs**
 - Use the website to develop a quitting plan or find a face-to-face program in your area.
- **Nicotine Patches**
 - Asian-language speakers and Helpline callers who live with children ages 5 and under may be eligible for free nicotine patches, sent directly to their home. To see if you qualify, call 1-800-NO-BUTTS. If you have Medi-Cal insurance, see www.nobutts.org for more information.
- **The No Butts Mobile App**
 - Personalized quit plan and information on effective quitting aids.
 - Other features: log smoking triggers, motivating reminders, and quitting tips.
 - Questions: nobuttsmobileapp@ucsd.edu.

American Lung Association (1-800-LUNG-USA)

www.Lung.org/ffs

www.Freedomfromsmoking.org

- **Freedom From Smoking Plus**
 - Create a personal quit plan on your desktop/tablet/smartphone
 - Interactive features including videos, quizzes, and activities
 - Support from Lung Helpline counselors and other quitters through the online community
 - See a free demo of this program online at FreedomFromSmoking.org
- **Freedom From Smoking In-Person Group Clinics**
 - Includes eight sessions with a small group of 8 to 16 people, led by a certified facilitator
 - Step-by-step plan for quitting smoking and transitioning to a smoke-free lifestyle
 - Each session is designed to help smokers gain control over their behavior
- **Freedom From Smoking: The Guide to Help You Quit Smoking**
 - Work through a quit smoking attempt on your own time, at your own pace
 - Available in English and Spanish
 - Support of Lung Helpline and online community as needed
 - Call 1-800-LUNGUSA to order
- **Lung Helpline**
 - Staffed by respiratory therapists and certified tobacco treatment specialists
 - Answers any questions – whether you're looking to start a quit smoking attempt, or want to learn more about services
 - Offers telephone counselling throughout your journey to quit smoking
- **Online Support Community**
 - Chat and connect with other quitters who understand what you are going through on the Inspire.com online community
 - Allows you to share your quit date and connect with others who are quitting at the same time
 - Signing up for a profile is quick, easy and free to access at any time
 - Moderated by Lung Helpline staff

TOP 10 TIPS TO QUIT SMOKING

Counselors from the
California Smokers'
Helpline provide
their top 10 tips to
quit for good.



Enroll online at
www.nobutts.org

This material made possible by the California
Department of Public Health and First 5 California.

1.

FIND A REASON TO QUIT

Do you want to breathe easier? Be around longer for your family? Save money? Whatever gets you fired up, write it down. A strong reason can get you started. And it will help you stay quit when you're tempted to smoke.

2.

MAKE A PLAN

Think about what triggers you to smoke. Is it stress? Being around smokers? Alcohol? Or something else? Plan to get through those times without smoking. Keep your hands busy and your mind off cigarettes. Examples: drink water, wash the dishes, talk to a nonsmoker.

3.

CALL 1-800-NO-BUTTS

People who call the Helpline are twice as likely to quit for good. A trained counselor will help you make a personal plan and offer support along the way. It's free, and it works!

4.

GET SUPPORT

Research shows that support while quitting can really help. Talk with your family and friends about your plan to quit. Let them know what they can do to help you.

5.

USE A QUITTING AID

Quitting aids, like nicotine patches and gum, and other FDA-approved medications are helpful. They can cut withdrawal symptoms and increase your chance of quitting for good. Your health plan or Medi-Cal benefits may cover these products. Talk with your doctor about which quitting aids are right for you.

6.

MAKE YOUR HOME & CAR SMOKE-FREE

Having smoke-free areas can help you stop smoking. And your friends and family will enjoy cleaner air and a longer, happier life - with you still in it!

7.

SET A QUIT DATE

Choose a date when you will quit. This shows you're serious. And you're more likely to give it a try.

8.

QUIT ON YOUR QUIT DATE

Sounds obvious, right? But what good is a quit date unless you actually try to stop smoking? Planning is good, doing is even better.

9.

PICTURE BEING A NONSMOKER

After you quit, you have a choice to make. Are you a smoker who's just not smoking for now? Or are you a nonsmoker? For nonsmokers, smoking is not an option in any situation. Choose to see yourself as a nonsmoker.

10.

KEEP TRYING

Most people try several times before they quit for good. Slips don't have to turn into relapses - but if they do, remember each time brings you closer to your goal.

If you keep trying, you will succeed!

Nicotine Replacement Therapy (NRT)

About NRT:⁸

- NRT is the most commonly used family of quit smoking medications.
- Contains a small controlled amount of nicotine to help satisfy cravings and reduce the urge to smoke (does not contain other dangerous chemicals found in cigarettes).
- Many studies have shown using NRT can nearly **double the chances of quitting smoking**.

Types of NRT and how to get them:⁹

NRT Types	How to Get Them
Patch	Over the Counter
Gum	Over the Counter
Lozenge	Over the Counter
Inhaler	Prescription
Nasal Spray	Prescription

(smokefree.gov, 2017)

Medi-Cal:

Certificates are NO LONGER REQUIRED to receive NRT from pharmacies.

Asian-language speakers and Helpline callers who live with children ages 5 and under may be eligible for free nicotine patches, sent directly to their home.

To see if you qualify, call 1-800-NO-BUTTS.¹⁰

In most cases, Medi-Cal members can get quitting aids from their pharmacy. The following NRT quitting aids are on the Medi-Cal Contract Drug List.

- NicoDerm CQ® patches
- Nicorette® gum
- Nicorette® lozenges
- Zyban®
- Chantix®

Tobacco Products: The new definition

California state law expanded the **definition of tobacco products**. A tobacco product is:

- (1) any product containing, made, or derived from tobacco or nicotine that is intended for human consumption,
- (2) **any electronic vaping device (whether or not it contains nicotine)**, or
- (3) any component, part, or accessory of a tobacco product, whether or not sold separately.

Products that are FDA approved for as a cessation product or for other therapeutic purposes such as nicotine patches are not included. *[Revenue and Taxation Code Section 30121 (d)]*.¹¹

E-Cigarettes: What you need to know

What's the Bottom Line?¹²

- E-cigarettes are not safe for youth, young adults, pregnant women, or adults who do not currently use tobacco products.
- If you've never smoked or used other tobacco products or e-cigarettes, don't start.
- **E-cigarettes are not currently approved by the FDA as a quit smoking aid.**



Health Effects of Using E-Cigarettes:¹²

- Most contain **nicotine**, which is highly addictive, toxic to developing fetuses, and can harm adolescent brain development.
- E-cigarette aerosol can contain **cancer-causing chemicals** and tiny particles that reach deep into lungs.
- Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries.

For additional information, visit: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm

Addressing Tobacco among Populations with Mental Health and Substance Use Disorders

It is essential to refer clients or patients with mental or behavioral health disorders to smoking cessation resources. Here is what you need to know.

Tobacco and Mental Health Disorders¹³

- One common misconception is that smoking helps people cope with their mental health conditions. However, this is not the case. **Smoking is associated with increases in depression and anxiety symptoms, hospitalization and suicidal behavior.**
- Research has shown that **mental health patients can quit smoking without worsening their psychiatric symptoms** with a combination of behavioral counselling, cessation medicine and monitoring.
- Smokers with serious mental health disorders have **increased risk for cancer, lung disease, and cardiovascular disease.**

Tobacco and Substance Use Disorders¹³

- Smoking causes more deaths among clients in substance use treatment than the alcohol or other drug use that brings them to treatment.
- If tobacco were addressed in chemical dependency treatment programs (with drugs and alcohol), relapse rates would decrease by 20%.¹⁴



Sacramento County Tobacco Education Program Contacts

Program Number: (916) 875-5869

Gail Brosnan, Health Program Coordinator
BrosnanG@saccounty.net

Tracie Chong-Borges, Health Education Assistant
Chong-BorgesT@saccounty.net

Macellina Amonoo, Health Education Assistant
amonoom@saccounty.net

Danica Peterson, Health Educator
petersonda@saccounty.net

Yessenia Haddad, Health Educator
HaddadY@saccounty.net

Ledaly Blandino, Health Educator
BlandinoL@saccounty.net



References

1. Holla, N., Brantley, E., & Ku, L. (2018). Physicians' Recommendations to Medicaid Patients About Tobacco Cessation. *American Journal of Preventive Medicine*, 55(6), 762–769.
<https://doi.org/10.1016/j.amepre.2018.07.013>
2. Conroy MB, Majchrzak NE, Regan S, Silverman CB, Schneider LI, Rigotti NA. (2005). The association between patient-reported receipt of tobacco intervention at a primary care visit and smokers' satisfaction with their health care. *Nicotine Tob Res* 7 Suppl 1:S29–S34.
3. Centers for Disease Control and Prevention (2020). Smoking and Tobacco Use.
https://www.cdc.gov/tobacco/basic_information/index.htm
4. United States Surgeon General. (2014). *The Health Consequences of Smoking -- 50 Years of progress: A Report of the Surgeon General: (510072014-001)* [Data set]. American Psychological Association.
<https://doi.org/10.1037/e510072014-001>
5. Lawn, S. and Campion, J.(2013). Achieving Smoke-Free Mental Health Services: Lessons from the Past Decade of Implementation Research. *International Journal of Environmental Research and Public Health*. doi:10.3390/ijerph10094224.
6. Center for Disease Control and Prevention. (2020). Smoking Cessation: Fast Facts.
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/smoking-cessation-fast-facts/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ftobacco%2Fdata_statistics%2Ffact_sheets%2Fcessation%2Fquitting%2Findex.htm
7. American Lung Association (2018). ALA as part of the UCSF Smoking Cessation Leadership Center Webinar: Comprehensive Tobacco Cessation in Public Housing Community Health Centers.
https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Documents/Webinars/Webinar70_final_presentation_7-20-17.pdf
8. American Cancer Society. (2017). *Nicotine Replacement Therapy for Quitting Tobacco*.
<https://www.cancer.org/content/dam/CRC/PDF/Public/8467.00.pdf>
9. Smokefree.gov. (2020). Using Nicotine Replacement Therapy. Retrieved from
<https://smokefree.gov/tools-tips/how-to-quit/using-nicotine-replacement-therapy>
10. California Smokers' Helpline (2017). www.nobutts.org
11. California Legislative Information. (2016). California Law-Code Section Group. Retrieved from
https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=RTC
12. Center for Disease Control and Prevention. (2020). Electronic Cigarettes. Retrieved from
https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm
13. California Department of Public Health (2017). Addressing Smoking in Your Behavioral and Mental Health Treatment Programs. Retrieved from Tobacco Education Clearinghouse of California.
14. National Tobacco Integration Project (2017). A Time to Lead: The Case for Integrating Treatment of Tobacco use in the Treatment of Other Substance Use and Mental Health Disorders.