Training for Healthcare Providers

Treating Tobacco Use and Dependence
Acknowledgements

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This manual was developed as a resource to complement the provider training program. Any other use of these materials should be pre-approved by the faculty.

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**PRIMARY EDUCATIONAL OBJECTIVE**

To increase the frequency with which providers deliver the PHS Guideline-based interventions (5As) from baseline (pre-training) to follow-up (6-months after training).

**LEARNING OBJECTIVES**

- Describe Clinical Practice Guideline and how it is implemented
- Identify FDA-approved medications for tobacco use
- Describe how medications are used, including the importance of counseling
- Describe how to refer to the quitline
Christine Sheffer, PhD

Dr. Sheffer is faculty at the University of Arkansas for Medical Sciences College of Public Health and a clinical psychologist licensed in Arkansas and Mississippi. She has extensive experience training health care providers in Arkansas and across the country with colleagues at the University of Mississippi Medical Center ACT Center. She also has extensive experience implementing and managing statewide programs that deliver brief and intensive interventions for tobacco dependence to large numbers of participants, with a particular emphasis on primary care environments and other health care settings. She served as the Vice President of the international organization, the Association for the Treatment of Tobacco Use and Dependence (ATTUD), has been a member of the ATTUD Board of Directors for several years, and recently spearheaded the development of an international Tobacco Treatment Specialist Training Accreditation program. Dr. Sheffer’s interests are in the development and dissemination of evidence-based treatments for tobacco dependence.

Claudia P. Barone, EdD, RN, LNC, CPC, CCNS-BC, APN

Dr. Barone is the Dean of the University of Arkansas for Medical Sciences College of Nursing and a licensed advanced practice nurse. She has served on the faculty of the College of Nursing for 20 years. A sought-after speaker, Dr. Barone has long championed the treatment of tobacco use and dependence in health care settings. She has also participated in Summer Institutes for Tobacco Control Practices sponsored by Georgetown University School of Nursing and Health Sciences and teaches a graduate level course in tobacco cessation. Dr. Barone was appointed by Governor Mike Beebe to the Tobacco Prevention and Cessation Advisory Board in 2008. Dr. Barone’s interest in tobacco prevention and cessation includes educating all health care providers, counseling patients in her nursing practice, and conducting research on how best to assist patients with quitting tobacco use.

Michael Anders, PhD, MPH, RRT

Dr. Anders is an Associate Professor in the Department of Respiratory and Surgical Technologies in the College of Health Related Professions at the University of Arkansas for Medical Sciences and a licensed respiratory therapist. Dr. Anders is an accomplished educator and a sought-after speaker. He has trained a large number of health care providers in the treatment of tobacco use and dependence. Dr. Anders served as the Treasurer for the international association, Association for the Treatment of Tobacco Use and Dependence (ATTUD), is a member of the ATTUD Board of Directors, and serves as an ATTUD Tobacco Treatment Specialist Training Program Accreditation Commissioner. Dr. Anders’ interests are chronic disease management, addressing health care disparities, and the interdisciplinary adoption, implementation, and maintenance of evidence-based treatments for tobacco use and dependence in a wide variety of clinical settings.
Treating Tobacco Use and Dependence

Christine Sheffer, PhD
Claudia Barone, EdD, RN
Michael Anders, PhD, MPH, RRT

Supported by an educational grant from Pfizer, Inc.

Objectives

• Describe Clinical Practice Guideline & how implemented
• Identify FDA-approved medications for tobacco use
• Describe how medications are used, including importance of counseling
• Describe how to refer to the quitline

Health Care Team Has Professional & Ethical Responsibilities to Promote Quitting

• Tobacco use is deadly
• Evidence-based interventions are effective & cost-effective
• Addressing tobacco use increases patient satisfaction
• Failure to address implies:
  ✓ Quitting is not important
  ✓ Lack of confidence that users can quit
Smoking is the leading preventable cause of death in the U.S.

440,000 deaths / year

3 loaded 747s crash; no survivors; every day for 1 year

Tobacco use causes or exacerbates chronic diseases

- Heart Disease
- Cancer
- Stroke
- COPD
- Diabetes
- Oral diseases

You make a difference
Harmful Constituents of Tobacco

Particulate matter:
- Solid matter in smoke
- Spit tobacco "juice"
- Carcinogens
- Eye & respiratory irritants
- Mutagens

Carbon monoxide (CO):
- Colorless, odorless
- Binds to Hb; displaces O₂
- Causes atherosclerosis

Mechanism of Action of Nicotine in the Central Nervous System

The Cycle of Nicotine Addiction
Quitting Has Immediate Health Benefits

- Decreased CO
- Decreased risk of sudden cardiac death
- Decreased post-operative complications

Tobacco dependence is primarily:

1. Biological
2. Psychological
3. Behavioral
4. Social
5. All of the above

Tobacco Dependence Is Multidimensional

[Diagram showing overlapping circles for Biological, Behavioral, Social, and Psychological aspects]
**True or False:**
Most smokers want to quit.

1. True
2. False

---

**Most Smokers Want to Quit**

70% want to quit*

40% attempt each year

< 4% 1-year abstinence rates

* At any point, 20% are ready to make a quit attempt

---

**Clinical Practice Guideline for the Treatment of Tobacco Use & Dependence**

*5A’s*

1. Ask
2. Advise
3. Assess
4. Assist
5. Arrange
Ask about Tobacco Use

Tell me about your tobacco use

- Every patient
- Every visit
- Document thoroughly

Advise Tobacco Users to Quit

The most important thing you can do for your health is to quit using tobacco

- Strong, personalized
- Advice alone increases quit rates
- Increases smokers’ satisfaction with their health care

Advise Tobacco Users to Quit

The most important thing you can do for your gum disease is to quit using tobacco

- Strong, personalized
- Advice alone increases quit rates
- Increases smokers’ satisfaction with their health care
Advise Tobacco Users to Quit

The most important thing you can do for your COPD is to quit using tobacco

- Strong, personalized
- Advice alone increases quit rates
- Increases smokers’ satisfaction with their health care

Advise Tobacco Users to Quit

The most important thing you can do for your bronchitis is to quit using tobacco

- Strong, personalized
- Advice alone increases quit rates
- Increases smokers’ satisfaction with their health care

Assess Motivation to Quit

I can help you quit. On a scale of 0-10, with 0 being not at all and 10 being the most possible, how much do you want to quit?

<table>
<thead>
<tr>
<th>Not ready</th>
<th>Possibly Ready</th>
<th>Ready</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3</td>
<td>4 5 6</td>
<td>7 8 9 10</td>
</tr>
</tbody>
</table>
Assist: Those Who Are Not Ready

What’s good about using tobacco?

What’s not so good about using tobacco?

Assist: Those Who Are Possibly Ready

Sounds like you have given this some thought. Let me give you some information about effective treatments.
What are some of the challenges that keep you from quitting? Let’s try cutting down just a little bit, and let’s see how it goes.

Motivation Level

0 1 2 3 4 5 6 7 8 9 10

- Set quit date
- Encourage medications
- Anticipate challenges
- Facilitate social support

Sounds like you are ready to give this a try! Let’s set a quit date and talk about the times that you expect to want to use tobacco the most. How do you think we can handle those times?

Motivation Level

0 1 2 3 4 5 6 7 8 9 10

In the past, what has worked for you? Let’s develop a plan. What family or friends might help you?

Motivation Level

0 1 2 3 4 5 6 7 8 9 10
Arrange for Follow-up

Let’s have someone at the quitline call you. They can see how you are doing and provide assistance if you need help. I would like to see you back here too the week after your quit date.

Motivation Level

1-800-Quit Now
The 5 A’s

Follow-up

Dose-Response of Contacts

% Quit

0 5 10 15 20 25

0-1 2-3 4-8 > 8

Contacts
Combining Medications & Counseling Is Most Effective

<table>
<thead>
<tr>
<th>Medication Status</th>
<th>Behavioral Counseling Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Medication</td>
<td>10%</td>
</tr>
<tr>
<td>None or placebo</td>
<td>5%</td>
</tr>
</tbody>
</table>

Hughes, 2000

Medications

- Relieves withdrawal symptoms
- Reduces cravings
- Reduces satisfaction
- Helps control weight gain

Nicotine Replacement Therapy

<table>
<thead>
<tr>
<th>Medication</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patch</td>
<td>Wear 24 or 16 hours/day</td>
</tr>
<tr>
<td></td>
<td>Over the counter or by prescription</td>
</tr>
<tr>
<td>Gum or Lozenge</td>
<td>Scheduled &amp; as needed</td>
</tr>
<tr>
<td></td>
<td>Over the counter or by prescription</td>
</tr>
<tr>
<td>Inhaler</td>
<td>Scheduled &amp; as needed</td>
</tr>
<tr>
<td></td>
<td>By prescription</td>
</tr>
<tr>
<td>Nasal spray</td>
<td>High dose</td>
</tr>
<tr>
<td></td>
<td>By prescription</td>
</tr>
</tbody>
</table>

See medication chart for details
**Bupropion SR (Zyban)**

- Inhibits dopamine re-uptake in nucleus accumbens
- Nicotine antagonist in ventral tegmental area
- Effectiveness is independent of antidepressant qualities

See medication chart for details

**Varenicline (Chantix)**

- Partially agonizes α4β2 nicotinic acetylcholine receptors in ventral tegmental area
- Antagonizes nicotine at same site

See medication chart for details

**Varenicline (Chantix): Post-marketing Concerns**

- Adverse event reports of behavior changes:
  - Agitation
  - Depression
  - Suicidal thoughts
- Insufficient scientific evidence that a causal relationship exists between varenicline & behavior changes
- Monitor patients for serious adverse events related to behavior changes
Combining Medications

- Nicotine replacement therapy (patch) + Nicotine replacement therapy (pm)
- Bupropion (zyban) + Nicotine replacement therapy

Hospital-initiated Interventions Are Effective

- Tobacco-free hospital stay
- Teachable moment
- Fax a referral to the quitline

Make Your System Work for You

- Systematically identify, advise, & inform tobacco users
  - Electronic medical record
  - Super bill design
  - Processes
- Role for each staff member
- Provide information
- Fax referrals
- Document, document, document!!!
What if You Are the Only Health Care Provider with Training?

- Role model
- Mentor
- Train the entire staff: www.uams.edu/TreatTobacco

Implement Reimbursement Strategies

- Apply appropriate codes
- Medicare & Medicaid
  - Counseling
  - All medications
- Related screens
  - Exhaled carbon monoxide
  - Spirometry
- Documentation is key

What should you expect when you help someone to quit tobacco?

1. Most patients will relapse at some point.
2. Some patients will relapse at some point.
Tobacco Dependence Is a Chronic Disease

- Requires repeated interventions
- Requires multiple attempts
- Requires consistent identification and treatment

Summary

- Tobacco dependence is a chronic disease
- Evidence-based treatments are effective
- Systems strategies support clinicians’ efforts
- The health care team plays a vital role in treatment

You Make a Difference
ATTUD
Association for the Treatment of Tobacco Use and Dependence

An organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user.

www.attud.org
# Pharmacotherapy for Tobacco Use

## Medications for Treating Tobacco Dependence

<table>
<thead>
<tr>
<th>Medication</th>
<th>Pros and Cons</th>
<th>Considerations</th>
<th>Recommended and “Off-Label” Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nicotine Replacement Therapy (NRT) - FDA Approved 1st Line Medications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>All NRT Products</strong></td>
<td>+ No new substance introduced</td>
<td>Interactions: Bupropion, caffeine, ergots, insulin, some antipsychotics</td>
<td>Recommended Usage • Stop tobacco</td>
</tr>
<tr>
<td></td>
<td>+ Attenuates weight gain</td>
<td><strong>Contraindications / Warnings:</strong> MI &lt; 6 weeks ago, serious CV disease (e.g., arrhythmias, unstable angina), pregnancy, uncontrolled HTN, uncontrolled DM</td>
<td>• Use for at least 9 – 12 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Side Effects: vivid dreams, insomnia, application site reactions, diarrhea / dyspepsia / nausea, dizziness, headache, treatment emergent HTN</td>
<td><strong>“Off label” Trends • Start 1-2 weeks prior to quit date</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Combine with other NRT or Bupropion; possibly varenicline</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Can use &gt; 12 weeks (6 months, possibly longer)</td>
</tr>
<tr>
<td><strong>Nicotine Transdermal Patch</strong></td>
<td>+ Simplest to use</td>
<td>Interactions: (see “All NRT”)</td>
<td><strong>Recommended Usage (see “All NRT”)</strong></td>
</tr>
<tr>
<td></td>
<td>+ Over the counter, low cost</td>
<td><strong>Contraindications / Warnings:</strong> (see “All NRT”)</td>
<td>• 1 per day, on awakening</td>
</tr>
<tr>
<td></td>
<td>+ Best adherence: once daily dosing</td>
<td><strong>Side Effects:</strong> (see “All NRT”), skin rash</td>
<td>• Start at 21 mg unless &lt;100 lbs or &lt;10 cigarettes per day</td>
</tr>
<tr>
<td></td>
<td>+ Steady, high plasma levels prevents withdrawal</td>
<td>Other: Membrane version may yield fewer skin-related side effects than non-membrane version, but may cost more; can be taken off at night if disrupts sleep; accurate placement important; can step down to lower patch dosages if patient prefers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Takes 1-2 hours to achieve maximum blood levels</td>
<td></td>
<td>**“Off label” Trends (see “All NRT”)</td>
</tr>
<tr>
<td></td>
<td>- Maximum dose may be insufficient for many</td>
<td></td>
<td>• &lt;15 cigarettes per day: 14 mg patch</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 40+ cigarettes per day: 42 mg (two 21 mg patches)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Can use &gt; 12 weeks (6 months, possibly longer if needed)</td>
</tr>
<tr>
<td><strong>Nicotine Polacrilex Gum</strong></td>
<td>+ Flexible dosing and use</td>
<td>Med Interactions: (see “All NRT”)</td>
<td><strong>Recommended Usage (see “All NRT”)</strong></td>
</tr>
<tr>
<td></td>
<td>+ Over the counter; various flavors; oral substitute</td>
<td><strong>Contraindications / Warnings:</strong> (see “All NRT”)</td>
<td>• 2 mg (≤ 24 cigarettes per day); 4 mg (25+ cigarettes per day)</td>
</tr>
<tr>
<td></td>
<td>+ Good for ‘irregular’ smokers</td>
<td><strong>Side Effects:</strong> (see “All NRT”), oral sores, jaw muscle ache</td>
<td>• No food or drink before or while using</td>
</tr>
<tr>
<td></td>
<td>+ Good as an addition to patch</td>
<td>Other: Nicotine absorbed best in mouth; should not be chewed vigorously, but parked to absorb; regular use throughout day is important.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>+ Non-stick, sugarless</td>
<td></td>
<td>• Chew and park for 30 minutes</td>
</tr>
<tr>
<td></td>
<td>- Must use regularly and on a schedule to prevent withdrawal</td>
<td></td>
<td>• 1 piece per 45 min – 2 hrs, maximum 24 / day</td>
</tr>
<tr>
<td></td>
<td>- Insufficient use is common</td>
<td></td>
<td>• Use as needed for high stress situations</td>
</tr>
<tr>
<td></td>
<td>- Chewing increases side effects</td>
<td></td>
<td>**“Off label” Trends (see “All NRT”)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Cut 4 mg in half to save money</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Can taper use</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Use as needed and less frequently for pregnant smokers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Can use &gt; 12 weeks if needed</td>
</tr>
<tr>
<td>Medication</td>
<td>Pros and Cons</td>
<td>Considerations</td>
<td>Recommended and “Off-Label” Use</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Nicotine Replacement Therapy (NRT) - FDA Approved 1st Line Medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicotine Inhaler</td>
<td>+ Flexible dosing and use&lt;br&gt;+ Oral substitute most like cigarette&lt;br&gt;+ Lower level of delivery&lt;br&gt;+ Good for ‘irregular’ smokers&lt;br&gt;+ Good as an addition to patch&lt;br&gt;- Requires frequent puffing&lt;br&gt;- Prescription only</td>
<td>Med Interactions: (see “All NRT”)&lt;br&gt;Contraindications / Warnings: (see “All NRT”), caution with reactive airway disease&lt;br&gt;Side Effects: (see “All NRT”), throat/mouth irritation, coughing, rhinitis&lt;br&gt;Other: Nicotine absorbed in mouth; use as puffer more than inhaler</td>
<td>Recommended Usage (see “All NRT”)&lt;br&gt;• 6 – 16 cartridges per day&lt;br&gt;• Puff into mouth; do not inhale&lt;br&gt;• 1 cartridge yields 20 minutes of puffing&lt;br&gt;• Cartridge good for 24 hours once opened&lt;br&gt;“Off label” Trends (see “All NRT”)</td>
</tr>
<tr>
<td>Nicotine Nasal Spray</td>
<td>+ Flexible dosing and use&lt;br&gt;+ High nicotine delivery good for highly dependent users&lt;br&gt;+ Can be used in addition to patch&lt;br&gt;- Prescription only</td>
<td>Med Interactions: (see “All NRT”)&lt;br&gt;Contraindications / Warnings: (see “All NRT”), caution with reactive airway disease&lt;br&gt;Side Effects: (see “All NRT”), nasal congestion, nasal tract irritation, temporary change in smell and taste</td>
<td>Recommended Usage (see “All NRT”)&lt;br&gt;• 1-2 doses per hour maximum 5 per hour or 20 per day&lt;br&gt;• Most average 1 dose per hour (1 dose = 1 spray in each nostril)&lt;br&gt;• Do not inhale while spraying&lt;br&gt;• Spray towards outer nasal walls&lt;br&gt;“Off label” Trends (see “All NRT”)</td>
</tr>
<tr>
<td>Nicotine Lozenge</td>
<td>+ Flexible dosing and use&lt;br&gt;+ Over the counter; various flavors; oral substitute&lt;br&gt;+ Good for ‘irregular’ smokers&lt;br&gt;+ Good as addition to patch&lt;br&gt;+ 25% higher nicotine delivery than gum&lt;br&gt;- Consuming too fast increases side effects</td>
<td>Med Interactions: (see “All NRT”)&lt;br&gt;Contraindications / Warnings: (see “All NRT”), caution with reactive airway disease&lt;br&gt;Side Effects: (see “All NRT”), mood and behavioral effects, other medications that lower seizure threshold, brain lesions, abrupt discontinuation of alcohol or sedatives</td>
<td>Recommended Usage (see “All NRT”)&lt;br&gt;• 2 mg: 1st cig &gt; 30 min after awakening&lt;br&gt;• 4 mg: 1st cig &lt; 30 min after awakening&lt;br&gt;• No food or drink before or while using&lt;br&gt;• Park and let dissolve&lt;br&gt;• Maximum 6 per 5-hour period, 20 per day&lt;br&gt;“Off label” Trends (see “All NRT”)</td>
</tr>
<tr>
<td>Non-Nicotine Products - FDA Approved 1st Line Medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bupropion (Zyban, Wellbutrin, Bupropion SR or XL)</td>
<td>+ Ease of use&lt;br&gt;+ Mood elevating effect&lt;br&gt;+ Attenuates weight gain&lt;br&gt;• 1-2 weeks to achieve therapeutic effect</td>
<td>FDA BOXED WARNING&lt;br&gt;Med Interactions: MAOIs, TCAs, NRT, protease inhibitors&lt;br&gt;Contraindications / Warnings: seizure risk, pregnancy, eating disorder, psychosis&lt;br&gt;Side Effects: Insomnia, depressed mood, suicidal ideation/attempt/completion, changes in thinking or behavior, hostility, agitation, worsening pre-existing psych illness, anxiety, dry mouth, shakiness, sedation, HTN&lt;br&gt;Evaluate seizure risk: any history of seizures, anorexia/bulimia, head trauma, loss of consciousness, other medications that lower seizure threshold, brain lesions, abrupt discontinuation of alcohol or sedatives</td>
<td>Recommended Usage&lt;br&gt;• Sustained Release (SR): 150 mg once per day for first 3 days, twice day 7-12 weeks&lt;br&gt;• Extended release (XL): once daily dosing&lt;br&gt;• Set quit date for 7 days after starting&lt;br&gt;• Can use up to 24 weeks; Tapering not necessary&lt;br&gt;• Discontinue if no progress in 7 weeks&lt;br&gt;“Off label” Trends&lt;br&gt;• Set quit date for 14 days after starting&lt;br&gt;• Can use up to 12 months&lt;br&gt;• Combine with NRT</td>
</tr>
<tr>
<td><strong>Medication</strong></td>
<td><strong>Pros and Cons</strong></td>
<td><strong>Considerations</strong></td>
<td><strong>Recommended and “Off-Label” Use</strong></td>
</tr>
<tr>
<td>----------------</td>
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<td>-------------------------------------</td>
</tr>
</tbody>
</table>
| **Varenicline** (Chantix) | + Ease of use  
+ No liver concerns; minimal renal concerns  
+ No known drug-drug interactions  
+ Starter and continuation dose-packs available  
- 1-2 weeks to achieve therapeutic effect | **FDA BOXED WARNING**  
*Med Interactions*: none  
*Side Effects*: Changes in thinking/behavior/mood, hostility, agitation, depression / depressed mood, suicidal thoughts/ actions, anxiety/panic, aggression, anger, mania, abnormal sensations, hallucinations, paranoia, confusion, worsening psych symptoms; sleep disturbance; vivid dreaming; serious / life-threatening skin reactions (rash, swelling, redness, peeling), allergic reactions (swelling of face, mouth, throat), blisters in mouth, caution driving/operating machinery nausea, insomnia, abnormal dreaming, flatulence, constipation, vomiting | **Recommended Usage**  
• 0.5 mg per day for 3 days, then 0.5 mg twice per day for 4 days, then 1mg twice per day for 11 weeks  
• If quit at 12 weeks, consider additional 12 weeks  
• Eat a meal and drink full glass of water with each dose  
**“Off label” Trends**  
• Can safely use for 1 year  
• Combine with NRT |

NRT=Nicotine Replacement Therapy; MI= Myocardial Infarction; CV=cardio-vascular disease; HTN= Hypertension; DM=Diabetes mellitus; MAOI=Monoamine oxidase inhibitor; TCA=tricyclic antidepressants.
Arkansas Tobacco Quitline
Fax Referral Form
Fax Number: 1-888-827-7057
Fax Sent Date: ______/_____/_____

Clinic/Employer/Organization Name: ____________________________________________
Address: _____________________________________________________________________
Contact Person: _______________________________________________________________
Fax: (______) _______ - _____________ Phone: (______) ______ - __________

Health Care Provider Information:
The Arkansas Tobacco Quitline is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). The Quitline will only be able to share service outcome information with you as the provider if you verify that your organization is a HIPAA-covered entity and that the use of information is for treatment purposes as permitted by HIPAA.

Please indicate whether your organization is a HIPAA covered entity:
My organization is a HIPAA Covered Entity. _____Yes _____No

Name of Physician or Health Care Provider: _______________________________________

Participant Information: Gender: _____Male _____Female Pregnant? _____Yes _____No
Participant Name: ____________________________ Birthdate: ______/_____/_______
Address: ________________________________ City: ________________ Zip: __________
Primary Phone: (______) _______ - _____________ TYPE: _____Home _____Work _____Cell _____Other
Secondary Phone: (______) _______ - _____________ TYPE: _____Home _____Work _____Cell _____Other

Language Preference (check one): _____ English _____ Spanish _____Other - ___________________
Tobacco Type (check ALL that apply): _____ Cigarettes _____ Smokeless Tobacco _____ Cigar _____ Pipe

I am ready to quit tobacco and request the Arkansas Tobacco Quitline contact me to help me with my quit plan.
(Initial)
I give my permission to the Arkansas Tobacco Quitline to leave a message when contacting me.
(Initial)

Participant Signature: ____________________________ Date: ______/_____/_____

The Arkansas Tobacco Quitline will call you. Please check the BEST time frame for the Quitline to reach you.

☐ 7am - 9am ☐ 9am - 12 Noon ☐ 12 Noon - 3pm ☐ 3pm - 6pm ☐ 6pm - 9pm

Within the above time frame, please contact me at (check one): ____Primary Phone ____ Secondary Phone

NOTE: The Arkansas Quitline is open 7 days a week. Call attempts on Saturday or Sunday may be made during time frames other than the one you select above.

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Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by calling the contact person listed at the top of this form and confidentially dispose of the material. Do not review, disclose, copy, or distribute.
## Coding Information Regarding the Diagnosis of and Billing for Tobacco Dependence Use

<table>
<thead>
<tr>
<th>Code #</th>
<th>Name of Code</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>301.5</td>
<td>Tobacco Use Disorder (Tobacco Dependence)</td>
<td>Cases in which tobacco is used to the detriment of a person’s health or social functioning or in which there is tobacco dependence. This excludes History of Tobacco Use (V15.82)</td>
</tr>
<tr>
<td><strong>V Codes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V15.82</td>
<td>History of Tobacco Use</td>
<td>This excludes Tobacco Dependence (305.1)</td>
</tr>
<tr>
<td><strong>Diseases of Oral Cavity, Salivary Glands and Jaws</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>523.6</td>
<td>Accretions on Teeth</td>
<td>Supragingival: Deposits on teeth: Tobacco</td>
</tr>
<tr>
<td><strong>Accidental Poisoning by Other Solids and Liquid Substances, Gases and Vapors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E869.4</td>
<td>Secondhand tobacco smoke</td>
<td></td>
</tr>
<tr>
<td><strong>Complications Mainly Related to Pregnancy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>649.0</td>
<td>Tobacco use disorder complication pregnancy, childbirth, or the puerperium</td>
<td></td>
</tr>
<tr>
<td><strong>Initial Comprehensive Preventive Medicine (New Patient)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99383</td>
<td>New Patient</td>
<td>Initial Comprehensive preventative medicine</td>
</tr>
<tr>
<td>99384</td>
<td>New Patient</td>
<td>Adolescent (age 12-17 years)</td>
</tr>
<tr>
<td>99385</td>
<td>New Patient</td>
<td>Adult (age 18-39 years)</td>
</tr>
<tr>
<td>99386</td>
<td>New Patient</td>
<td>Adult (age 40-64 years)</td>
</tr>
<tr>
<td>99387</td>
<td>New Patient</td>
<td>Adult (age 65 years and older)</td>
</tr>
<tr>
<td><strong>Periodic Comprehensive Preventive Medicine (Established Patient)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99393</td>
<td>Established Patient</td>
<td>Periodic comprehensive preventative medicine</td>
</tr>
<tr>
<td>99394</td>
<td>Established Patient</td>
<td>Adolescent (age 12-17 years)</td>
</tr>
<tr>
<td>99395</td>
<td>Established Patient</td>
<td>Adult (age 18-39 years)</td>
</tr>
<tr>
<td>99396</td>
<td>Established Patient</td>
<td>Adult (age 40-64 years)</td>
</tr>
<tr>
<td>99397</td>
<td>Established Patient</td>
<td>Adult (age 65 years and older)</td>
</tr>
<tr>
<td>Code #</td>
<td>Name of Code</td>
<td>Brief Description</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>99401</td>
<td>Preventative Medicine, Individual Counseling</td>
<td>Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes</td>
</tr>
<tr>
<td>99402</td>
<td></td>
<td>Approximately 30 minutes</td>
</tr>
<tr>
<td>99403</td>
<td></td>
<td>Approximately 45 minutes</td>
</tr>
<tr>
<td>99404</td>
<td></td>
<td>Approximately 60 minutes</td>
</tr>
<tr>
<td>99406</td>
<td>Smoking Cessation Counseling</td>
<td>For intermediate visit of between 3 and 10 minutes</td>
</tr>
<tr>
<td>99407</td>
<td></td>
<td>For an intensive visit lasting longer than 30 minutes</td>
</tr>
<tr>
<td>99411</td>
<td>Preventative Medicine, Group Counseling</td>
<td>Preventative Medicine counseling and/or intervention; To treat the risk factor of tobacco use provided to an individual (separate procedure); approximately 30 minutes</td>
</tr>
<tr>
<td>99412</td>
<td></td>
<td>Approximately 60 minutes</td>
</tr>
</tbody>
</table>
# Common Issues and Effective Provider Responses

**Ask about Tobacco Use at Every Visit**

Tell me about your tobacco use

- Every patient
- Every time
- Document thoroughly

<table>
<thead>
<tr>
<th>Patient Response</th>
<th>Possible Issues</th>
<th>Suggestions for Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, I don't smoke</td>
<td>○ Uses another form of tobacco</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ Lying</td>
<td>○ Ask about tobacco</td>
</tr>
<tr>
<td></td>
<td>○ Minimizing low levels of usage</td>
<td>○ Use your relationship with patient to reduce defensiveness</td>
</tr>
<tr>
<td></td>
<td>○ CO exposure from another source (secondhand smoke, lawn mower, car, faulty central heat, faulty kerosene heater, fireplace, other fire)</td>
<td>○ Review and stress personal benefits</td>
</tr>
<tr>
<td></td>
<td>○ Cotinine exposure from another source (secondhand smoke)</td>
<td>○ Any significant exposure to a source of CO is a health risk and should be eliminated as much as possible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Careful not to provide an easy excuse for elevated biochemical levels</td>
</tr>
</tbody>
</table>

Tell me about your tobacco use

No (but there is evidence to the contrary – yellow fingers, smell of smoke, biochemical data – COa level or cotinine level)
The most important thing you can do to help your gum disease is to quit smoking.

- **Strong, personalized**
- **Advice alone increases quit rates**
- **Increases smokers’ satisfaction with their health care**

<table>
<thead>
<tr>
<th>Patient Response</th>
<th>Possible Issues</th>
<th>Suggestions for Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response</td>
<td>O Not interested</td>
<td>O ‘Whenever you feel ready…’</td>
</tr>
<tr>
<td></td>
<td>O Embarrassed</td>
<td>O ‘Have you had some difficulty in trying to quit in the past?’</td>
</tr>
<tr>
<td>‘Thanks, but no thanks’</td>
<td>O Interested, but not ready to proceed</td>
<td>O ‘Whenever you feel ready…’</td>
</tr>
<tr>
<td></td>
<td>O Feels treated ‘like a child’</td>
<td>O Assure you will not harass – it’s good medical practice for you to know tobacco use status and offer an intervention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O Clarify the only way an intervention will work is if patient is interested</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O Assure confidentiality from family, etc.</td>
</tr>
</tbody>
</table>
**Assess Willingness to Make a Quit Attempt**

I can help you quit. On a scale of 0-10, with 0 = not at all and 10 =the most possible, how much do you want to quit?

<table>
<thead>
<tr>
<th>Patient Response</th>
<th>Possible Issues</th>
<th>Suggestions for Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>I smoke / use so little tobacco</td>
<td>☐ Belief that tobacco can be used safely</td>
<td>☐ Not true: Even using a little tobacco can increase health risks.</td>
</tr>
<tr>
<td></td>
<td>☐ Not true: Even using a little tobacco can increase health risks.</td>
<td>☐ Unlikely one can sustain low rate usage over an extended period (for patients who have reduced)</td>
</tr>
<tr>
<td></td>
<td>☐ Not true: Even using a little tobacco can increase health risks.</td>
<td>☐ Second-hand smoke exposures to family</td>
</tr>
<tr>
<td>I can’t quit; there’s too much going on in my life</td>
<td>☐ High level of stress</td>
<td>☐ If accurate AND recent onset problems, patient may be right – consider postponing treatment for a short while</td>
</tr>
<tr>
<td></td>
<td>☐ If chronic, ongoing situation(s), there will probably never be a good time, so move forward with intervention</td>
<td>☐ While smoking may reduce stress on a short-term basis, evidence indicates smokers actually experience higher overall stress levels</td>
</tr>
<tr>
<td></td>
<td>☐ Fear of failing</td>
<td>☐ Evaluate adequacy of previous quit attempts</td>
</tr>
<tr>
<td></td>
<td>☐ Fear of failing</td>
<td>☐ Inform that repeated efforts to quit increase likelihood of success</td>
</tr>
<tr>
<td></td>
<td>☐ Fear; Helplessness</td>
<td>☐ Patient may need referral to an intensive program</td>
</tr>
<tr>
<td>I can’t quit; I’m too addicted / too old</td>
<td>☐ Fear; Helplessness</td>
<td>☐ Examine history of quit attempts</td>
</tr>
<tr>
<td></td>
<td>☐ Reassure that medications decrease withdrawal symptoms</td>
<td>☐ Reassure that medications decrease withdrawal symptoms</td>
</tr>
<tr>
<td></td>
<td>☐ Many older individuals can and do quit</td>
<td>☐ Everyone benefits from quitting, regardless of age</td>
</tr>
<tr>
<td></td>
<td>☐ Everyone benefits from quitting, regardless of age</td>
<td>☐ Everyone benefits from quitting, regardless of age</td>
</tr>
</tbody>
</table>
**ASSIST THOSE WHO ARE READY**

- Set quit date
- Encourage medications
- Anticipate challenges
- Facilitate social support

---

**Patient Response**

<table>
<thead>
<tr>
<th>Possible Issues</th>
<th>Suggestions for Intervention</th>
</tr>
</thead>
</table>
| I don't need to set a quit date; I'll just stop when it 'feels right' | ○ Questionable commitment  
○ Underestimates difficulty in quitting | ○ Review personal reasons for quitting  
○ Increased likelihood of success associated with setting a specific target quit date  
○ Not an “all or nothing” venture - TRY |
| Medications don’t work | ○ Prior unsuccessful quit attempts (self or friends)  
○ Belief based on faulty information | ○ Briefly review evidence  
○ Check for adequacy of previous trials  
○ Consider a different medication |
| Doesn't want to use medications | ○ Concern regarding safety  
○ Questionable commitment | ○ Review safety evidence  
○ For NRT: Nicotine is already in tobacco  
○ No CO or tar in any medication  
○ Indicate medications generally make quitting easier  
○ Approach as an experiment – and do not anticipate total success on first attempt  
○ Viewed as a crutch | ○ Short-term strategy to get patient ‘over the hump’  
○ No need to make it even harder on oneself  
○ Medications are helpful, but the patient is still doing the majority of the work  
○ Evaluate other patient expectations and address |

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Sounds like you are ready to give this a try! Let's set a quit date and talk about the times that you expect to want to use tobacco the most.

In the past, what has worked for you? Let's develop a plan. What family or friends might help you?
Let's have someone at the quitline call you. They can see how you are doing and if you need help.

<table>
<thead>
<tr>
<th>Motivation Level</th>
<th>Patient Response</th>
<th>Possible Issues</th>
<th>Suggestions for Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3</td>
<td>Doing well, wants to stop medications early</td>
<td>○ Underestimating relapse risk</td>
<td>○ Outcome best when program is completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Ongoing or new stressors</td>
<td>○ Evaluate; if appropriate, extend medications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Fear of relapse</td>
<td>○ Normalize these concerns</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ Encourage; focus on success thus far</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ Assure that quit plan can be changed as needed</td>
</tr>
<tr>
<td></td>
<td>Doesn't want to decrease medication dosage or stop (as appropriate)</td>
<td>○ Lacks understanding</td>
<td>○ Review: steady blood levels offer protection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Doesn't believe they help</td>
<td>○ Helps with 1st use in a.m. (NRT)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Setting oneself up for failure</td>
<td>○ Remind that consistent use is needed to reduce likelihood of long-term relapse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ Review personalized benefits of quitting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ Mobilize additional environmental supports</td>
</tr>
<tr>
<td>Patient Response</td>
<td>Possible Issues</td>
<td>Suggestions for Intervention</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Family members use tobacco</td>
<td>☐ Patient believes success under these conditions unlikely</td>
<td>☐ Reaffirm this factor increases risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Believes this is irrelevant</td>
<td>☐ Negotiate with family for smoke-free areas of house</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Invite family members to join patient in treatment</td>
<td></td>
</tr>
<tr>
<td>Difficult to schedule for follow-up</td>
<td>☐ May be having problems, and doesn’t want to come in</td>
<td>☐ Make efforts to contact by alternate means</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Normalize any difficulties</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Focus on long-term outcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ If significant difficulties, may need to put treatment on ‘hold’, but encourage to maintain any gains</td>
<td></td>
</tr>
<tr>
<td>Testing self with occasional use</td>
<td>☐ Giving oneself an excuse</td>
<td>☐ Review personalized benefits of quitting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Prove one can ‘handle it’</td>
<td>☐ Many ‘natural’ test will occur, no need for more</td>
<td></td>
</tr>
<tr>
<td>Has slipped</td>
<td>☐ Difficult situation</td>
<td>☐ Facilitate examination of situational determinants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Feels ‘weak’, ‘helpless’, etc</td>
<td>☐ Develop new coping plan next time</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Focus on prior successes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Emphasize examination of lapse situations</td>
<td></td>
</tr>
<tr>
<td>Undermining own efforts</td>
<td>☐ Doesn’t believe they can maintain abstinence</td>
<td>☐ Have a patient focus on step-by-step approach</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Process is more important than outcome</td>
<td></td>
</tr>
</tbody>
</table>
## Types of Tobacco Products

<table>
<thead>
<tr>
<th>Types</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cigarettes</strong></td>
<td>First developed in 1800s using “flue-cured” tobacco leaf, making it easier to inhale. Extremely effective method to facilitate nicotine uptake. Rolled in flame-retardant paper; filter usually added.</td>
</tr>
<tr>
<td><strong>Cigars</strong></td>
<td>Tobacco rolled in tobacco leaf. Engineered for absorption in the mouth. Can deliver as much nicotine as 5-20 cigarettes.</td>
</tr>
<tr>
<td><strong>Pipe</strong></td>
<td>Tobacco is chopped, flavored, and scented. Not intended for inhalation, but usually is. High level of nicotine delivery.</td>
</tr>
<tr>
<td><strong>Smokeless Chew</strong></td>
<td>Plug or loose form. Flavored. Held in mouth. Very high levels of nicotine. Smokeless, dry, snuff-scented fine powder. Snorted into nose.</td>
</tr>
<tr>
<td><strong>Smokeless Wet Snuff</strong></td>
<td>Also called dip. Finely chopped, moist and flavored. Held in mouth.</td>
</tr>
<tr>
<td><strong>Snus</strong></td>
<td>Finely ground, pasteurized tobacco in small pouches designed to be held between the lip and gum. It is designed to be spit free and is marketed as a “safer” tobacco product. Low level of nicotine delivery. Health risks are poorly understood.</td>
</tr>
<tr>
<td><strong>Bidis</strong></td>
<td>Considered “cool” by younger smokers, these are very strong, flavored cigarettes. May produce three times as much nicotine and five times as much tar as regular cigarettes.</td>
</tr>
<tr>
<td><strong>Herbal Cigarettes</strong></td>
<td>Produce tars and CO, and often have tobacco mixed in.</td>
</tr>
<tr>
<td><strong>Dissolvable products</strong></td>
<td>Products designed to dissolve in the mouth. Available in tablets or orbs (not to be confused with lozenges for nicotine replacement), strips and sticks. These products likely carry the same risks as smokeless tobacco.</td>
</tr>
</tbody>
</table>
## Other Resources for Health Care Providers

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association for the Treatment of Tobacco Use and Dependence (ATTUD)</td>
<td><a href="http://www.attud.org">www.attud.org</a></td>
</tr>
<tr>
<td>Action on Smoking and Health</td>
<td><a href="http://www.ash.org">www.ash.org</a> (202) 659-4310</td>
</tr>
<tr>
<td>American Cancer Society</td>
<td><a href="http://www.cancer.org">www.cancer.org</a> 1-800-227-2345</td>
</tr>
<tr>
<td>American Heart Association</td>
<td><a href="http://www.americanheart.org">www.americanheart.org</a> 1-800-AHA-USA1</td>
</tr>
<tr>
<td>American Lung Association</td>
<td><a href="http://www.lungusa.org">www.lungusa.org</a> 1-800-548-8252</td>
</tr>
<tr>
<td>Centers for Disease Control Tobacco</td>
<td><a href="http://www.cdc.gov/tobacco">www.cdc.gov/tobacco</a></td>
</tr>
<tr>
<td>Cochrane Collaboration</td>
<td><a href="http://www.cochrane.org">www.cochrane.org</a></td>
</tr>
<tr>
<td>National Cancer Institute</td>
<td><a href="http://www.cancer.gov">www.cancer.gov</a> 1-800-4-CANCER</td>
</tr>
<tr>
<td>2008 Public Health Service Clinical Practice Guidelines: Treating Tobacco Use and Dependence Update</td>
<td><a href="http://www.surgeongeneral.gov/tobacco">www.surgeongeneral.gov/tobacco</a></td>
</tr>
<tr>
<td>Professional Assisted Cessation Therapy</td>
<td><a href="http://www.endsmoking.org">www.endsmoking.org</a></td>
</tr>
<tr>
<td>Society for Research on Nicotine and Tobacco</td>
<td><a href="http://www.srnt.org">www.srnt.org</a> 608-443-2462</td>
</tr>
<tr>
<td>Tobacco Cessation Leadership Network</td>
<td><a href="http://www.tcln.org">www.tcln.org</a></td>
</tr>
<tr>
<td>TreаТobacco</td>
<td><a href="http://www.treatobacco.net">www.treatobacco.net</a></td>
</tr>
<tr>
<td>Surgeon General</td>
<td><a href="http://www.surgeongeneral.gov">www.surgeongeneral.gov</a></td>
</tr>
<tr>
<td>Center for Tobacco Cessation</td>
<td><a href="http://www.ctcinfo.org">www.ctcinfo.org</a></td>
</tr>
<tr>
<td>Tobacco Free Living</td>
<td><a href="http://www.tobaccofreeliving.org">www.tobaccofreeliving.org</a></td>
</tr>
<tr>
<td>American Academy of Family Physicians</td>
<td><a href="http://www.aafp.org">www.aafp.org</a></td>
</tr>
<tr>
<td>Arkansas Tobacco Quitline</td>
<td>1 800 QUIT NOW</td>
</tr>
</tbody>
</table>
**Medication Assistance for Patients without Prescription Coverage**

<table>
<thead>
<tr>
<th>Medications</th>
<th>Programs</th>
<th>Web site</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine patch</td>
<td>Arkansas Tobacco Quitline</td>
<td><a href="http://www.stampoutsmoking.com/quitline.html">www.stampoutsmoking.com/quitline.html</a></td>
<td>1-800-Quit-Now 1-800-784-8669</td>
</tr>
<tr>
<td>Nicotine lozenges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chantix</td>
<td>Connection to Care</td>
<td><a href="http://www.pfizerhelpfulanswers.com">www.pfizerhelpfulanswers.com</a></td>
<td>1-866-706-2400</td>
</tr>
<tr>
<td>Nicotrol nasal spray and inhaler</td>
<td>Pfizer Pfriends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zyban</td>
<td>Bridges to Access</td>
<td><a href="http://www.bridgestoaccess.com">www.bridgestoaccess.com</a></td>
<td>1-888-788-7921</td>
</tr>
<tr>
<td>Chantix</td>
<td>Together Rx Access</td>
<td><a href="http://www.togetherrxaccess.com">www.togetherrxaccess.com</a></td>
<td>1-800-444-4106</td>
</tr>
<tr>
<td>Zyban</td>
<td></td>
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</tr>
</tbody>
</table>
**Medicines That Can Help You Quit Using Tobacco**

- Some medicines replace the nicotine you have been getting from tobacco.
- Some medicines do not contain nicotine and help you in other ways.

**Using Medications to Help You Quit Tobacco**

Many people are uncomfortable when they quit using tobacco. That’s natural. The body and brain get used to a supply of nicotine. When that supply stops, it can feel unpleasant. Some people get depressed or jumpy. Some find it hard to concentrate. Most people gain at least a few pounds. Sometimes quitting can feel so bad that many people start using tobacco again. Medication, combined with behavioral therapy, can help a person get past these bad feelings and make it easier to quit. Expect to continue using any kind of medication for two or three months.

The nicotine patch sends a steady flow of nicotine to the body while it is on the skin. Other nicotine replacement products (gum, lozenge, inhaler, and nasal spray) deliver a dose of nicotine only when you use them. You should not use tobacco of any kind when you are using nicotine replacement.

The other medications, Bupropion SR (Zyban) and Varenicline (Chantix) work in different ways than nicotine replacement. They contain no nicotine.

*Talk to your doctor before you use any medications!*

**The Patch**

The nicotine patch is paper-thin and the size of a small cookie. Most people put on a fresh patch every morning. It goes on a different non-hairy spot every day, always above the waist.

Most people use patches for two to three months. They come in different strengths. That makes it possible to taper off by moving to less powerful patches.

The patch keeps a fairly steady amount of nicotine in the blood. It can take a couple of hours for the nicotine level to reach its peak. Do not cut the patches.

Make sure you put the patch on a different place each day and talk to your doctor if you are bothered by skin irritation. Some people have vivid dreams while using the patch. If your dreams are making you uncomfortable, talk to your doctor about it.

**Dosage:**
Most people start with a 21 mg patch. You might start with a 14 mg patch if you are smoking less than 10 cigarettes a day, if you weigh less than 100 pounds, or if you have side effects from the 21 mg patch. Use a 7 mg patch if you have side effects from the 14 mg patch or to taper off. Most people use one patch per day, and put on a fresh patch first thing in the morning. Some people sleep better if they remove the patch before going to sleep.

**Advantages:**
Most people can use the patch and usually use it the way they should. It’s easy and maintains a steady nicotine level.

**Disadvantages:**
You don’t control the dosage, and the highest dose won’t be enough for some people. The patch takes an hour or two to reach the desired level.
Gum and Lozenge

Some people do better with methods that give them a quick dose of nicotine. Up-and-down changes in nicotine levels are more like the pattern people get from smoking. The nicotine gum and lozenge deliver nicotine in small doses through the mouth.

Here’s how to use Polacrilex “gum.” Chew it only a few times, park it between your teeth and gum, and let it release the nicotine. The gum is not made for a lot of chewing. Don’t eat or drink anything for 15 minutes before using the gum. The gum is non-stick and sugarless. It comes in several flavors.

The lozenge works the same way as the gum except you don’t chew on it at all. Park the lozenge between your teeth and gums and let it release the nicotine. The lozenge is not made for sucking on like a piece of candy.

Dosage:
Nicotine gum and lozenge come in two strengths.
- 2 mg can be used up to 30 times a day.
- 4 mg can be used up to 20 times a day.

Advantages:
• These methods allow for adding a little more nicotine in high-risk situations.
• They’re more flexible than the patch.
• Most people can use them safely.
• They come in several flavors.
• They are sugarless.

Disadvantage:
People tend to forget to use as much as they need.

Inhaler and Nasal Spray

The inhaler produces nicotine vapor when you draw air through the tube and hold the air in your mouth. The nicotine enters the blood through the mouth and throat, not the lungs. The inhaler usually delivers a lower dose of nicotine at a slower pace than the gum, lozenge, and nasal spray.

The nasal spray delivers the quickest dose of nicotine. The nicotine enters the blood through tissues in the nose. People who use the nasal spray have to follow the instructions carefully. The spray delivers a strong dose of nicotine and can irritate the nose.

Dosage:
With the inhaler, the dosage depends on how frequently and how hard the user puffs on it. That’s similar to smoking. A cartridge will last for 20 minutes of continuous puffing. The maximum suggested dose is 16 cartridges a day.

Dosage:
The dose for the spray is one spray in each nostril. Maximum recommended use is 5 doses per hour or 40 per day.

Advantages:
Both the inhaler and the nasal spray allow flexible dosing. They can mimic the nicotine dosing pattern of smoking. The nasal spray delivers a large dose of nicotine quickly.

Disadvantages:
The inhaler requires 80 puffs to get the full dose in the cartridge. The nasal spray can cause nasal irritation.
Non-Nicotine Medicines

Your doctor may prescribe other medicines to help you quit tobacco. **Bupropion SR (Zyban)** and **Varenicline (Chantix)** affect your brain chemistry in ways that may make quitting easier. When using these medicines, it’s important to tell your doctor about other medicines you take. You should also ask about any changes in your health while you use them.

### Bupropion SR (Zyban)

- **Advantages:** You can take Zyban while using tobacco. It tends to control weight gain and improve mood.
- **Disadvantages:** It takes time for Zyban to begin helping you. It interacts with some other drugs, and there are some side effects.

**Dosage:**

For the first 3 to 7 days the dose is usually 150 mg a day. After that, it goes up to 300 mg per day. You should talk with your doctor after taking Zyban for 7 weeks about how it’s working for you.

### Varenicline (Chantix)

- **Advantages:** Chantix reduces the satisfaction people get from smoking.
- **Disadvantages:** Side effects include headache, sleep disturbance, and nausea.

**Dosage:**

You should start taking Chantix at least a week before you quit using tobacco. Expect to use Chantix for 3 to 6 months. Like Zyban, it takes a while for Chantix to build up to a helpful level.

It’s best to take Chantix after a meal, to reduce the chance of it making you sick to your stomach. It may also disturb your sleep patterns and cause unusual dreams.

- **Dosage:**
  
  You should take .5 mg of Chantix on days 1 to 3 in the morning. Then on days 4 to 7 take .5 mg in the morning and .5 mg in the evening. On day 8 start taking 1 mg in the morning and 1 mg tablet in the evening.

### Things to Think About

A pregnant or nursing woman should not use any of these medicines without a thorough discussion with her doctor. All the medications for quitting tobacco affect your body.

Nicotine is a powerful chemical. It has strong effects on the body chemistry of users. When you quit using tobacco, you should talk with your health care provider. Quitting tobacco may change the way your other medications work for you.
## Positive Health Effects of Quitting

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After 20 minutes</strong></td>
<td>Blood pressure and pulse rate return to normal</td>
</tr>
<tr>
<td><strong>After 8 hours</strong></td>
<td>Carbon monoxide and oxygen levels in your blood return to normal</td>
</tr>
<tr>
<td><strong>After 24 hours</strong></td>
<td>• Carbon monoxide is now eliminated from the body</td>
</tr>
<tr>
<td></td>
<td>• Lungs start to clear out mucus and other smoking debris</td>
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<tr>
<td></td>
<td>• Decreased chances of a heart attack</td>
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<tr>
<td><strong>After 48 hours</strong></td>
<td>• No nicotine is left in the body</td>
</tr>
<tr>
<td></td>
<td>• Nerve endings start to re-grow</td>
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<tr>
<td></td>
<td>• Ability to smell and taste is improved</td>
</tr>
<tr>
<td><strong>Over the long-term these benefits are magnified</strong></td>
<td>• Improved breathing</td>
</tr>
<tr>
<td></td>
<td>• More personal energy</td>
</tr>
<tr>
<td></td>
<td>• Cleaner air for your family and friends</td>
</tr>
<tr>
<td></td>
<td>• Cleaner smell in your home and car</td>
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<tr>
<td></td>
<td>• Better skin tone</td>
</tr>
<tr>
<td></td>
<td>• More money</td>
</tr>
<tr>
<td></td>
<td>• Reduction in the risks of smoking-related diseases and illnesses, such as:</td>
</tr>
</tbody>
</table>
**Myth** – Smoking relieves stress and helps me feel calm and relaxed.

**Fact** – Once you have stopped smoking, evidence clearly shows you will be calmer and happier. Ex-smokers and non-smokers feel less anxious, less depressed and less stressed than smokers. In the long term, nicotine depresses the ability of the brain to experience pleasure.

**Myth** – I am unlikely to get a smoking related disease.

**Fact** – About half of regular smokers will eventually be killed by their addiction.

**Myth** – My smoking doesn’t harm anyone else. Passive smoking is not a problem.

**Fact** – Second hand smoke is a very real danger. Non-smokers have between a 20% and 30% risk of contracting lung cancer from exposure to other people’s smoke. It is also a cause of respiratory disease, sudden infant death syndrome, middle ear infections and asthma attacks in children. Non-smokers who are exposed to passive smoking in the home have a 25% increased risk of heart disease and lung cancer.

**Myth** – Smoking does not harm my looks.

**Fact** – Smoking ages the skin by dehydrating it, depleting it of essential nutrients and depriving it of oxygen. The more a person smokes, the greater the risk of premature wrinkling as it increased production of an enzyme that breaks down collagen in the skin. Smokers in their 40s often have as many facial wrinkles as non-smokers in their 60s. Smoking also stains your teeth and makes them yellow.

**Myth** – Smoking helps me stay thin and fit.

**Fact** – It is true that most people put on weight when they stop smoking. Smoking is more damaging to your health than being slightly overweight. You would have to have a BMI of 35 or more to have the same risks as smoking. Smoking certainly does not keep you fit. It reduces physical fitness and endurance by reducing the amount of oxygen available in the body and forcing the heart to work harder. It also increases fatigue during and after exercise.

**Myth** – I only smoke cigars, not cigarettes, so I am not at any health risk.

**Fact** – Cigars and pipes are just as dangerous a form of smoking as cigarettes.

**Myth** – Smoking is not harmful for me as I never smoke cigarettes, but only use a hookah (also known as shisha, bubble-bubble pipe and waterpipe).

**Fact** – Inhaling tobacco smoke from anything is extremely dangerous. It contains high concentrations of toxins and cancer-causing chemicals.
Myth – Herbal cigarettes are tobacco-free and nicotine-free so they must be risk-free.

Fact – Herbal cigarettes are far from risk free. The herbs they contain are harmful once they are set on fire. According to a report by the US Federal Trade Commission herbal cigarettes produce the same toxins found in tobacco smoke including tar and carbon monoxide. In April 2000, the commission ordered herbal cigarette manufacturers to add the following warning to all packages: “Herbal cigarettes are dangerous to your health. They produce tar and carbon monoxide.”

Myth – Smoking “light” brands will protect my health.

Fact – “Light” cigarettes are just as harmful as regular brands. When smoking “light” brands, smokers puff and inhale more and block the ventilation holes that would otherwise dilute the smoke.

Myth – I exercise regularly and eat healthily, so it is okay to smoke.

Fact – Eating lots of fruit is good for your health and even moderate amounts of exercise are beneficial. But these protective effects are very small compared to the damaging effects of smoking. If you are a smoker, then keeping fit and eating healthily is not going to cancel out your increased risk of cancer or other smoking-related diseases.

Myth – I am okay because I roll my own cigarettes.

Fact – Roll-ups are just as unhealthy as manufactured cigarettes.

Myth – I only smoke occasionally, so that doesn’t cause any health risks.

Fact – Occasional smoking is also dangerous, the risk of lung cancer is more than doubled and the risk of heart attack is increased by 50%. People who smoke just 1 to 4 cigarettes a day have much greater risks of dying from lung cancer or heart disease than non-smokers. Even occasional smokers, who have never smoked daily, have higher risks of most cancers, and double the risk of bladder cancer.

Myth – It doesn’t matter if smoking gives me wrinkles as I can always have a facelift when I get older.

Fact – A facelift may not be the answer as any form of plastic surgery is not so successful in people who smoke. Smoking results in impaired wound healing and poor surgical results.

Myth – Smoking makes you sexy.

Fact – Male smokers are twice as likely as non-smokers to suffer impotence. Women who smoke take longer to conceive. Among smokers, the chance of conceiving falls by up to 40% per cycle.

Myth – Starting smoking in your early teens does no long term damage so long as you quit in your thirties.

Fact – Teenage smoking stops your lungs from growing correctly. You grow up but your lungs don’t. For a girl, her lungs stop growing at 18 and if she smokes before this age her lungs will never develop properly. For a boy, it is even worse as his lungs aren’t fully developed until he is 24 and any smoking before this age causes permanent damage.
Myth – Whenever you stop smoking your lungs will repair themselves.

Fact – If you stop smoking when you are in your 30s you can expect your lung function to improve. Stopping smoking before the age of 30 avoids more than 90% of the risk of lung damage attributable to smoking. However, for older people, if your lungs have already been damaged by smoking, improvement is not possible although quitting will slow down further deterioration.

Myth – Coughing is normal for a smoker.

Fact – So called smoker’s cough is often the first sign that something is seriously wrong with your lungs. You should go to the doctor and get your lungs tested.

The Truth about Stopping Smoking

Myth – It is best to rely on willpower alone when trying to stop smoking.

Fact – Willpower alone gives you the lowest chance of success of any method. Nicotine Replacement Therapy (NRT) and prescription medications improve your chances of stopping as does joining a stop smoking group and talking to a Tobacco Treatment Specialist. If you use medication and support you can quadruple your chances of success.

Myth – I have been smoking for so long it is not worth giving up.

Fact – No matter how long you have been smoking, it is worth quitting. Within a year, the risk of heart attack reduces and the risk of cancer is frozen at the level it was when you stopped. Every year that stopping smoking is postponed after the age of 40, life expectancy is reduced by 3 months. People who stop smoking before age 50 cut their risk of dying in the next 15 years in half compared with those who keep smoking.

Myth – I already have emphysema so there is no point in quitting smoking. The damage has been done.

Fact – Although stopping smoking will not cure emphysema, it will stop the disease from getting any worse and those who quit smoking while still young can expect their lung function to improve.

Myth – I can smoke one cigarette and still maintain my quit program.

Fact – If only this were true. Unfortunately, all the evidence shows that one cigarette leads to another and before you know it you are back to smoking regularly again.

Myth – I would never be able to cope with the withdrawal symptoms. They are so awful.

Fact – The withdrawal symptoms, which include mood disturbance, difficulty concentrating and increased appetite, can be controlled with nicotine patches, gum, or other medications such as Varenicline.
Myth – Nicotine replacement products are bad for you as they still put nicotine into your body.
Fact – Nicotine does not cause cancer. It is the tar, carbon monoxide and other 4,000 toxic chemicals found in cigarettes that damage your health, not the nicotine.

Myth – I will get addicted to nicotine patches.
Fact – Nicotine from patches is absorbed at a much slower rate into the body than from a cigarette, and there is little evidence that people can become addicted to them.

Myth – It is dangerous to use more than one nicotine replacement product at a time.
Fact – Using more than one product often increases the likelihood of success especially if you have previously tried and failed using the patch alone. The patch provides background nicotine replacement while nasal sprays, inhalers, chewing gum, tablets that dissolve under the tongue and lozenges, are all forms that can be used if you get a sudden cigarette craving.

Myth – I've had a heart attack, so I can't use stop smoking products.
Fact – Nicotine Replacement Therapy is suitable for most people, but because nicotine can increase the heart rate and blood pressure, people with a history of heart attack or heart problems (such as angina or irregular heartbeats) should take care when using the nicotine patches and check with their doctor first.

Myth – I can't use stop smoking products because I have diabetes.
Fact – Nicotine Replacement Therapy is suitable for most people but you should discuss the situation with your doctor first and monitor your blood sugar levels more closely when you start using NRT.

Myth – Non-NRT products such as Bupropion and Varenicline are unsafe as users become depressed and suicidal.
Fact – For most people these drugs are perfectly safe if taken correctly. Your health care provider can advise you if these forms of treatments are safe for you.

Myth – If I cut the patch in half it will be better for me.
Fact – All NRT patches provide a controlled amount of nicotine to help protect you from cravings and withdrawal symptoms when you stop smoking. They come in a wide range of strengths. If you are unsure which strength is right for you, call 1-800 QUIT NOW to get expert advice from a counselor. When you feel that you need less nicotine, step down to a lower strength.

Myth – If I use nicotine replacement it will stop me from wanting to smoke.
Fact – Nicotine Replacement Therapy reduces cravings and withdrawal symptoms but it does not make them go away completely.
**Myth** – I can save money by only using my nicotine replacement products occasionally when I feel a particular urge to smoke.

**Fact** – Don’t try to save money by seeing how long you can last between gum or puffs on your inhaler, by cutting patches in half or by stopping use of NRT early. Irregular use means your nicotine levels won’t be steady, which could make your cravings come back or even get worse. It’s important to complete the whole course to ensure you are properly weaned off nicotine. For the best results you need to use the right amount of the right NRT product for the right length of time.

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**The Truth about Smoking and Pregnancy**

**Myth** – I’ve been smoking because I didn’t know I was pregnant, so I might as well continue.

**Fact** – It’s never too late to stop smoking. Every time you smoke a cigarette, it makes your baby’s heart beat faster, so once you stop, you and your baby will feel the difference immediately. Smoking in the last four to five months of pregnancy is particularly harmful to the growth and health of your baby.

**Myth** – My mother smoked and I’m fine, so there’s no problem with me smoking.

**Fact** – Over the years, our knowledge and awareness of the dangers of smoking has grown considerably. Support to help mothers-to-be was not available in the way it is today. For help and advice, contact the tobacco quitline at 1-800 QUIT NOW.

**Myth** – The stress of quitting is worse for my baby than carrying on smoking.

**Fact** – Smoking is far more damaging for your health and your baby’s health than any stress that comes from quitting. You might be feeling stressed from time to time and you may feel that smoking helps you cope, but non-smokers usually have lower stress levels. Stopping smoking while you’re pregnant is the most important step you can take to benefit the health of your baby.

**Myth** – Using Nicotine Replacement Therapy is just as dangerous as smoking during pregnancy.

**Fact** – The nicotine used in NRT is less harmful than the chemicals in cigarettes, so if it is going to help you quit, NRT is a much better option than continuing to smoke. There are several options which are safe for pregnant women. If you are concerned about what medications to use during pregnancy, speak to your health care provider or call the quitline at 1-800 QUIT NOW.

**Myth** – The womb provides a protective bubble for the baby.

**Fact** – When you smoke a cigarette, the smoke passes through your lungs into your bloodstream, which is shared by your baby. The blood moves around your body and through the placenta and umbilical cord to your baby. Carbon monoxide in cigarettes restricts oxygen supply, meaning your baby gets less of the oxygen it needs to grow, which can affect his/her development.

**Myth** – Smoking will make giving birth easier as my baby will be smaller.

**Fact** – Being under-size as a baby is linked to serious illnesses all through life. Being small does not help with the birth either, because the size of the head is the same. In addition, smoking during pregnancy increases the chances of miscarriage, and raises the risk of premature birth.