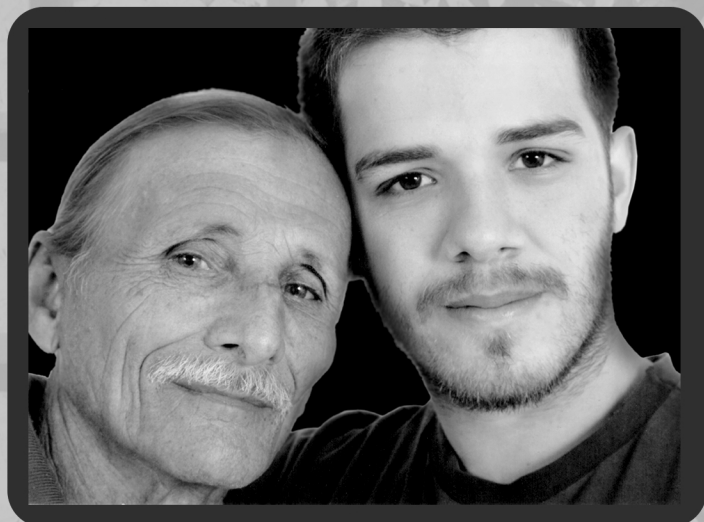


Smoking Cessation in the Public Health Setting



A guide & resource on
how to establish a
**smoking cessation
program** in your
business or agency.



Prepared by the Columbia/Boone County Health Department
Columbia, MO



Public Health
Prevent. Promote. Protect.

Smoking Cessation in the Public Health Setting

*A Guide and resource on how to establish
a smoking cessation program
in your business or agency*

by
Linda Cooperstock, MPH

for
Columbia/Boone County Health Department
2008



Public Health
Prevent. Promote. Protect.

Acknowledgements:

Our appreciation goes to all the reviewers of this document, to Deidre Wood, our Public Information Specialist for designing the cover, and to all staff of the Columbia-Boone County Health Department who helped make this cessation service a reality.

We thank our partners at University of Missouri including the Wellenss Resource Center, Campus Community Alliance for Smoke-free Environment (CASE), Peers Advocating Smoke Free Solutions (PASS), Dr. Kevin Everett, Dr. Linda Bullock, and Dr. Daniel Vinson for their training, support, and assistance in developing a new smoking cessation program in the Health Department.

We are grateful to the MU students who participated either as coaches, telephone surveyors, or who entered data:

Michael Puricelli
Karisha Trentham
Traci Harr
Katanna Clark

Our sincere gratitude goes to the Missouri Foundation for Health for their generous funding of this project.

Table of Contents

Introduction.....	5
1. Your Community	6
Need and Readiness	6
Policy	6
Brief Policy Lesson.....	6
2. Planning a New Program	8
Who Should be Involved	8
Timeline	9
Funding a Cessation Program	10
3. Staff Training.....	11
Brief Counseling Method.....	11
Additional Help in Clinic.....	12
4. Client Focus for Your Cessation Services	13
5. The Clinic Process	14
Repeaters.....	17
6. Practical Tips	18
Advertising the Program	18
Resource Management.....	19
Ensuring People are Ready to Quit.....	19
Secondhand Smoke	20
7. Evaluation	20
8. Lessons Learned.....	21
Appendix A: SCENARIOS.....	23
APPENDIX B: STUDENT DOCUMENTS	25
Application.....	25
Student Confidentiality Statement	27
Student Work Agreement	28
Student Sign-in Sheet.....	29
APPENDIX C: QUIT KIT	30
Quit Kit	30
APPENDIX D: CHART	31
Chart.....	31
Other printed materials	31
Intake Form.....	32
Summary of Key Points	34
APPENDIX E: Follow-up survey	35
APPENDIX F: CARBON MONOXIDE ANALYZER	40
APPENDIX G: CESSATION SUPPORT PRODUCTS	41
APPENDIX H: ADS.....	42
Radio Ads.....	42
Postcard Announcement	43
APPENDIX I: TRACKING LOGS	44
NRT Received Log	44
NRT Dispensed Log	44
NRT Log Form	45

APPENDIX J: SPANISH LANGUAGE MATERIALS	46
Cuando Los Fumadores Dejan De Fumar.....	46
Programa para Cesar de Fumar.....	48
Resumen de los Puntos Importantes	50
Parche de Nicotina	51
APPENDIX K: RESOURCES.....	52
AHCPR Supported Clinical Practice Guidelines.....	52
Websites.....	56
CDC Materials for Consumers.....	57
CDC Materials for Clinicians	57
Missouri Department of Health and Senior Services.....	57
APPENDIX L: SECONDHAND SMOKE.....	58

Introduction

- More than 4 out of 5 smokers say they want to quit smoking.
- Most smokers who want to quit want help.
- Many smokers think nicotine replacement therapy (NRT) is too expensive.
- The bottom line is the local health department can provide a desperately needed service by offering stop smoking resources.

The Columbia/Boone County Health Department (CBCHD) received a grant from Missouri Foundation for Health to address smoking cessation. This manual is based on our experiences in a county of approximately 144,000 people. Establishing a smoking cessation program or any other new program in the public health setting requires thought, planning, and above all, communication with everyone on staff who will be affected by the change. This manual attempts to point out as many elements as possible. We describe both positive outcomes and challenges so that perhaps you can avoid some pitfalls or delays.

You can feel confident in knowing that stopping smoking is the one most important action a person can take to improve his/her health. Smoking and secondhand smoke contribute to more deaths and diseases than any other substance or event. Source: Centers for Disease Control and Prevention

Our program was written to accommodate 405 people per year. In the first year we enrolled approximately 1,000 people who wanted to quit smoking. Not every person completed the 8-week treatment course. Some of those who dropped out said they felt they could quit “cold turkey” and did so. At their follow-up survey they indicated they hadn’t smoked a single cigarette since their quit date.

Others are lost to follow-up for many reasons including they moved, phone was out of service, or they refused to complete the telephone survey. When we started offering incentives for responding to the survey, we increased the number of completions.

Of those we could reach, we saw a 22.5% quit rate 30 days after the 8-week program. We continue to make improvements and learn ways to keep people returning for their visits in hopes of dramatically increasing the stop smoking rate in Boone County.

1. Your Community

Need and Readiness

Is your community ready for a smoking cessation program? At first blush, the answer may seem obvious. Some influencers of readiness are policy, major events, celebrity causes, and response to new funding source. It is wise to associate the smoking cessation program with the major readiness factor in your community and target the audiences most linked with this cause.

Policy

Offering an affordable stop smoking service goes hand-in-hand with introduction of smoke-free policies and attempts to provide a reasonable means to comply with the new policy. Often policy is set at the corporate level in the form of a local large business going smoke-free, or a school or college campus, or local hospital announcing a smoke-free campus. When it becomes more difficult for employees to take quick smoke breaks, or having to walk several yards away from the building or out to one's car, workers often decide to quit smoking.

Local ordinances also drive the increased need for smoking cessation services. If the entire community has enacted a smoke-free ordinance that applies to restaurants, and/or bars and other worksites, greater numbers of workers will make the decision to quit smoking.

Finally, the largest demand for quit smoking services will come with a full statewide smoke-free law.

Brief Policy Lesson

When comprehensive smoke-free policies are enacted people will grumble about their personal rights, rights of businesses, loss of business, and many other complaints that do not stand up to statistical or public health scrutiny. The real message is that tobacco is the ***single most preventable*** cause of disease and death.

A fair policy includes all worksites (remember, anyplace that has an employee is a worksite including schools, bars, bowling alleys, doctors' offices, etc). If all worksites are included, no single business or proprietor has an unfair advantage.

No individual has an inalienable right to smoke. This is a choice that is not governed in the Constitution, as are our other rights. Smokers are not a protected category under the Equal Protection Clause of the Constitution.

Smoke-free policies are not intended to keep a person from smoking a legal cigarette. Policies are intended to protect public health, which includes health of workers in every business as well as the general public who frequent a business.

When a state or city enacts a smoke-free law, the smoking rate and therefore the impact on chronic disease drops. Examples: the adult smoking rate in New York City is 17.5%, the rate in California is 13%, compared with the national average of 21% and Missouri's average of 24%.

Recent research shows that children are less likely to begin smoking when they live in smoke-free communities.

A local public health agency can provide a valuable “just-in-time” service by offering a quit smoking program.

2. Planning a New Program

Who Should be Involved

Starting a new program or changing an old system is tricky and any staff impacted by the change need to be involved or at least informed. The director or other overall responsible official must approve the new program, but probably doesn't need to be involved in every detail. The director needs to be aware and approve any changes that might have a fiscal impact.

The supervisors of the Clinic and of Nursing services must approve a program that changes the staff burden, system, and/or client management.

The medical director/advisor needs to be aware the program is starting and be available to answer questions about any atypical situations.

Nurses, nurse practitioners, social work staff, and office managers should help plan the workflow if it causes a substantial change in the clinic. Office support and receptionists need to understand any new procedures for taking calls, scheduling, and charting. The financial office needs to be aware of expenditures related to smoking cessation, depending on your administrative system.

Who should be involved:

- ✘ Director
- ✘ Managers
- ✘ Supervisors
- ✘ Medical Director
- ✘ Nursing staff
- ✘ Social work staff
- ✘ Office Staff

Timeline

A new program requires approximately 6 months to address details, provide training, order materials/supplies, and announce or advertise the service. The following is an example of a suggested timeline:

Program Week → Action ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Admin approval																				
Supervisor approval																				
Communicate with staff																				
Bid for patches																				
Purchase patches																				
Posters, announcements																				
Train Staff																				
Develop medical protocol for NRT Get medical approval																				
Prepare counselor manual																				
Recruit students or other volunteers																				

Program Week → Action ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Purchase materials/brochures																				
Issue press release or hold media event																				
Disperse fliers, information cards																				
Evaluation – surveys or user satisfaction cards																				

Funding a Cessation Program

The Community Guide is a systematic review of effectiveness of public health interventions. It recommends that successful quit smoking programs incorporate multiple components, including counseling (which may be via telephone), and it recommends lower out of pocket costs for cessation program. (www.thecommunityguide.org) Your program can offer some level of nicotine replacement therapy (NRT), but the most important aspect is the accompanying counseling.

- Grant Funding. The level of service you offer is directly tied to available funding. A comprehensive grant can provide nearly 100% funding to start a program, including part time staff. However, plans must be in place to transition to other sources of funding when the grant ends. The initial grant-funded start up may be a pilot activity leading to a permanent service within the city or county government.
- Fee for service. Whether the cessation service is *de novo* or the self-sustaining activity of a post-grant program, you might consider charging a small fee for service. Another option is to charge a larger up-front fee, part of which is refunded at the successful completion of the program. (Success defined here as attending all counseling sessions).
- Partnership. A long-term corporate partnership might be developed that would pay for part of the materials and NRT while the personnel costs are absorbed by the health department.
- Limited service. The level of service might be limited to telephone counseling and an introductory supply of NRT, or a combination of counseling sessions (either in person or by phone) and NRT.
- Incentives. Clients who complete their cessation program are more likely to be cigarette-free 6 months post program. Incentives may encourage people to complete the program. Incentives may be partial refund of program fee, reimbursement for NRT or prescription drugs, gift cards, other gifts, memberships to gyms, etc. Incentives will be driven by the budget.

Key Points

- ✘ Grants
- ✘ Fees
- ✘ Partners
- ✘ Limit service
- ✘ Incentives

3. Staff Training



Brief Counseling Method

We used the *Missouri Model for Brief Smoking Cessation Training*, a 5-A's ([Ask](#), [Advise](#), [Assess](#), [Assist](#), [Arrange](#)) adaptation developed by Dr. Linda Bullock, Dr. Kevin Everett, and Mallory Moore at the University of Missouri-Columbia. We use the terms counselor and cessation coach interchangeably.

The main goals of the training are to:

- Provide counselors (coaches) with information on tobacco effects on health
- Discuss the stages of readiness for quitting tobacco
- Help the client develop a plan for quitting and set a quit date
 - How relevant to the client is quitting
 - What are the risks of continued smoking
 - What does the client anticipate as potential benefits of quitting
 - Ask the client to identify barriers (withdrawal, fear of failure, enjoyment of tobacco)
 - How will the client deal with barriers and triggers to smoking
- Present the variety of treatment options including NRT and prescription drugs
- Discuss the evidence based approach to cessation, that counseling combined with NRT or pharmacotherapy increases the likelihood of quitting
- Review the 5 A's
- Discuss motivational interviewing
 - Empathy
 - Support self-efficacy
 - Roll with resistance
 - Don't argue
- Introduce several scenarios and time for roll play
- Emphasize the role of habit, not just nicotine addiction in the cessation process
- Provide tools including lists of responses to common questions posed by clients, common side effects of NRT, suggestions for dealing with temptations (triggers), online resources.
- Emphasize the importance of empathy

Nurses, nurse practitioners, clinic staff, employee health staff of local corporations and Universities, school health nurses, and graduate students may be invited to attend the training.

This helps the greater community understand the stop smoking concepts and perhaps offer them at their settings.

Manuals and materials need not be extensive. The 5-A method can be found at the CDC website and adapted for your community. An important part of the training is to practice various scenarios. We have listed a number of such scenarios in the Appendix.

Speakers from the professional smoking cessation community may be invited to present their practical tips. These speakers might include American Lung Association, American Heart Association, American Cancer Society, the local hospital or clinic that offers smoking cessation, or another local health department. Using local speakers greatly reduces the cost of the training.

Finally, it is important to regularly check one or two tobacco control websites that may provide information about funding for onsite training. Some of these include Missouri Foundation for Health www.MFFH.org , Center for Tobacco Policy Research <http://ctpr.slu.edu/links.php> ,and others.

Additional Help in Clinic



Health departments may have a sudden increase in clients when an affordable stop smoking program is announced. This is an ideal opportunity to invest in your working relationships with colleges, universities, nursing schools, etc. Students, especially at the graduate level require field experience. They can be trained to provide some of the counseling or data collection and entry.

It is important to have a process for accepting students. The process could include an application, resume, letter from instructor, work plan with expectations, and most important – input into the student's evaluation. (See [Appendix B](#) for sample documents)

4. Client Focus for Your Cessation Services



The focus of your cessation program may depend in part on your community's situation. If the community has recently passed a comprehensive smoke-free ordinance (this impacts worksites), you might focus your announcements toward restaurants, bars, large employers, and places where the new non-smoking environment may increase demand for stop smoking resources.

If you have no new smoke-free policies in place, you would focus on the community in general. A health department can have messages geared toward clinic and WIC clients. You can create small cards with the announcement of the stop smoking service and your phone number. These may be distributed at local businesses, grocery stores, health providers' offices, hospitals, etc.

We have partnered with the colleges in our community in such a way that their student health staff attended our Brief Counseling training and then provided the stop smoking services in their institutions.

Your community demographics will dictate whether you need materials in other languages. Almost all materials we found in catalogs and from Agency for Health Research Quality, CDC, etc are available in Spanish as well as English. Materials are also available in several other languages (see [Appendix A](#)).

5. The Clinic Process



Having a workflow plan is advantageous and provides clear lines of responsibility. Your clinic may simply take in clients who want to quit smoking the same way it takes in clients who need well-baby checks, etc. As smokers' charts are tagged, nurses and other providers can ask at each visit whether the client has considered stopping smoking: this is the **ASK** step of the 5 A's.

At the point a client indicates readiness to quit is when your workflow plan would come into play. The following items should be considered in planning the workflow:

1. How much time should be devoted to the person's first stop smoking visit? The first visit should be a short pre-planning discussion in which someone talks to the client about getting the house/car ready by removing ashtrays and other triggers, telling friends and family about the decision, reading about the quitting process, and setting a quit date.
2. Patient Log. How does the receptionist log smoking cessation clients into your clinic system? Will return visits be by appointment or on a walk-in basis?
3. Materials and NRT. Where will materials, quit kits, incentives, and NRT be stored? Who is responsible for ordering and stocking materials and for assembling quit kits?
4. Files/charts. Will a file or chart be started for each person who wants to quit smoking or will this information and intake form be included in the existing clinical charting system? If separate files, where will they be stored, numbered, recorded, pulled for return visits?
5. Carbon Monoxide testing. People who are quitting are motivated by watching their progress with CO testing. This is similar to a scale is for someone trying to lose weight. Details about purchasing a Carbon Monoxide breath analyzer are in [Appendix F](#).
6. Schedule for offering smoking cessation. To streamline the clinic workflow special days or hours may be set aside for smoking cessation clients. Such scheduling makes more efficient use of specialized staff or those concentrating on cessation activities.
7. Evaluation. How will the program be evaluated? Are you interested in a 1 month or a 6 month follow-up to learn whether each client has remained off cigarettes? If so, who will make the calls? This can be very time consuming because clients change addresses, phone numbers, callers reach disconnected/non-working numbers, busy signals, and answer machines. We've learned that many people choose not to answer the questions. However, in order to make the case for future funding from any source you will need data including number of people who entered the program, number of boxes of NRT distributed, number who completed the program, number who quit. Who will enter this data into a tracking system? What tracking system will be used? It can be as simple as an Excel spread sheet.

8. Youth under 18 and Pregnant women. While NRT is not recommended for youth under 18 years of age or for pregnant women, it is still feasible to counsel these smokers. Some physicians may send a written note approving NRT for pregnant women who smoke. The policy needs to be in place before these situations arise. The clinic's medical director should be consulted in preparation for this policy.

Likewise, a policy should be in place for those under 18 who are accompanied by a parent who approve the use of NRT. The clinic's medical director can help with this policy.

9. Drop-outs and repeaters. Many smokers have good intentions of quitting smoking but find they can't break some habits and rather than admit this they drop out of the program. Your clinic should have a policy for drop outs. Perhaps a phone call soon after the missed appointment will be enough to bring them back, explaining that quitting is very difficult and they should take each day as a new start.

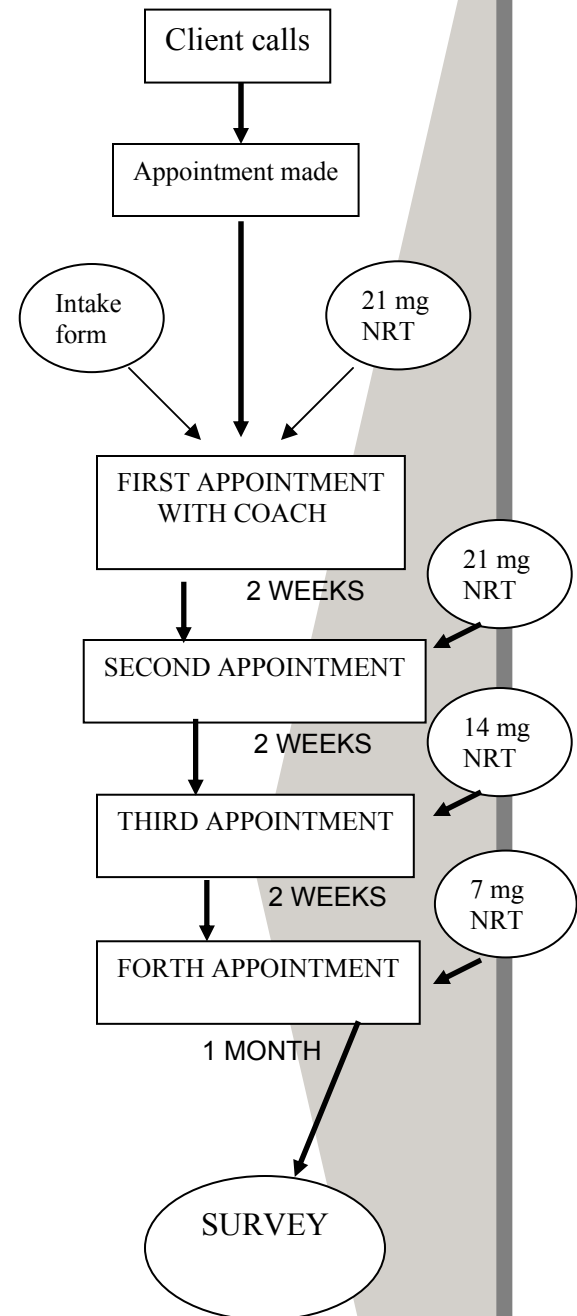
Others will simply be lost to follow-up. They may want to restart the program at a later time. Usually personnel and material resources are very limited and a qualification policy is necessary to stipulate when a person may re-enter the program.

You may also set a limit of number of times a person may re-enter the program within a period of time, 2 years for example. It must be easy to locate information on anyone who has entered the cessation program.

However, if clients are paying for the services, the need for limits may not be needed. An option is to offer services at no cost the first time, then charge a fee for re-enrollment.

The following is a sample workflow pattern based on the CBCHD program:

1. Person calls clinic to express interest in quitting smoking. The receptionist sets up a first appointment (30 minutes).
 - a. Before the appointment a chart is started. (see Appendix D.)
 - b. At the first visit the coach (trained nurse, NP, or other) discuss readiness for quitting, a plan, and a quit date with the client. This might also be done on the phone by the cessation assistant or other clinic staff. A second appointment is made based on the quit date.
 - c. On the next visit the cessation coach sees the patient, discusses options for treatment, gives the patient a Quit Kit (see Appendix C), and 1 box of patches at the appropriate dose for the amount of cigarettes used per day.
 - d. The materials in the Quit Kit include websites for additional information/support and the Missouri 1-800-QUIT-NOW information.
 - e. The assistant may call the clients during the week after they receive their first NRT to ask how they are doing.
2. The patient returns in 2 weeks on a walk-in basis to speak briefly with a cessation coach to discuss problems, successes, and to receive 2nd box of NRT patches. This is repeated until 8 weeks (4 boxes of patches) have been completed.
3. During each visit the patients' Carbon Monoxide level is measured. This is a simple way to show the patient's progress, much like a scale for weight loss
4. 30 days after treatment we call all patients to conduct a survey (see Appendix E). You may call just to ask whether the person is still cigarette-free.



Repeaters

People who were unsuccessful in their current attempt to quit smoking should not be labeled as failures. They fall into the “Repeater” category because for many people it takes several quit attempts before they are truly cigarette-free. Limited resources will dictate your policy for accepting repeaters into your program.

If your program charges a fee for service, this may be at least a partially sustaining program and you may re-enroll people as your resources permit.

Your program may adopt the philosophy that the client was given a certain level of stop smoking supplies as an introduction to quitting. Any other attempts would be the responsibility of the client.

You can offer alternatives to your program, stating that using the exact same process might not be as effective as trying something new. Options are listed in [Appendix K](#).

6. Practical Tips

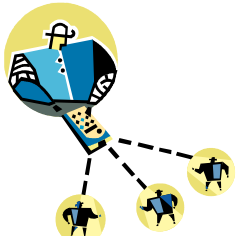
Advertising the Program



1. Print: Free advertising is available in many communities as Public Service ads (PSA's) provided by local newspapers, coupon flyers, flyers, and the many community newsletters.
2. Radio: Local radio stations often provide some free messages, especially for public health topics. If you have a high school or college in the community you can work with their radio station or communications classes to help script ads. The scripts of 4 radio ads used in Boone County are provided in the [Appendix H](#) and may be adapted to local communities.
3. TV: Local TV and cable stations will often air community announcements. These may not reach people effectively because they may be aired at "off" hours. If the ads are free, it's worth a try.
4. Flyers: In a smaller community, or for a targeted audience, post-card size flyers can describe your program and provide a phone number. Businesses are often very happy to make these available at the cash registers, in a display box on the counter, or other visible locations. A sample is available in the [Appendix H](#). This may be adapted as needed by local communities.

Flyers may be distributed to community organizations, fraternal organizations, churches, senior centers, and other places people congregate.

Be prepared for large numbers of clients within a short time after an advertising campaign, after New Year's day, with season changes, and associated with statewide or national messages.



Resource Management

The beauty of the Excel Spreadsheet! We manage all our cessation related supplies, project budget, client information, NRT purchases, med room supplies, and survey results in spreadsheets. It provides a simple way to tally, get simple statistics, and even create charts, if needed.

Supplies Your available funding will dictate the quantities and varieties of supplies you will use in the program. We provide incentives to quit smoking that include stress balls, twisty sticks (Bendeez), cost of smoking slide calculators, calorie calculators, quit brochures, and secondhand smoke brochures.

Staff Our nursing staff schedules are prepared by the nursing supervisor in the usual way nursing schedules are prepared for all services. Our nursing staff schedules are prepared by the nursing supervisor in the usual way nursing schedules are prepared for all clinic services. We have part time students who help coach, enter data, and make survey calls. The clinic scheduler is informed of the days the students will be available to coach clients and patients are scheduled accordingly. Our assistant works every afternoon on a consistent schedule.

Ensuring People are Ready to Quit

During the first visit or the first phone call, clients should be asked several questions to determine their readiness to quit. The following questions and possible answers based on the ETR Associates' *Tobacco Self-Test* brochure may help.

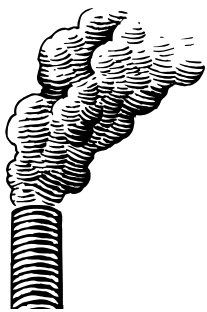
- Why do you smoke?
 - Pressure
 - With friends
 - After eating
 - To relax
 - other
- Why do you want to quit?
 - For my health
 - To stop smelling like smoke
 - Costs too much
 - To set a better example for my kids
 - Because someone I know is very sick or has died from smoking
 - other
- Are you ready?
 - I have a real reason
 - I am concerned about all the effects of smoking
 - It's for me and my decision
 - I have a plan
- Do you have a plan?

- I have a quit date
- Listed ways to avoid temptations or triggers
- My family and friends will support me
- I have talked with the cessation coach for more ideas

Secondhand Smoke

Most people already know the health hazards of smoking. Secondhand smoke is now recognized by the Surgeon General as a significant cause of disease and death. (Report available on CDC website at www.cdc.gov) This may be reason enough for pediatricians and obstetricians to strongly suggest their patients stop smoking. Many people have decided to not permit smoking

inside the house for this reason. Your smoking cessation program should include information about secondhand smoke. It can help people who are weak in their resolve to quit and it can be an incentive for those who have decided to quit. They know that they are creating a healthier environment for their family, friends, and co-workers.



Several booklets are listed in [Appendix L](#). Much secondhand smoke information is also available on various websites: CDC, American Lung Association, American Heart Association, Americans for Nonsmokers' Rights, and others.

7. Evaluation

The CBCHD conducts evaluations including a post-cessation telephone survey, data entry, and formal analysis. We believe in evidence-based public health and evaluation helps adjust programs to be more efficient and helpful. Our complete survey is available in [Appendix E](#). It may be used "as is" or with any modifications.

It is important for qualified individuals to help develop and review survey questions. It is also helpful for the survey analyst to help prepare the questions as he or she will know the numeric value to be assigned to each response to simplify the analysis. You may find such individuals in a university in or close to your community. A number of research firms that specialize in development and analyses of surveys are available however, they are usually too costly for a county health department to use within existing budgets.



8. Lessons Learned

Clinic programs: Inserting a new program into a clinic presents a significant challenge. Even with the approval and enthusiastic support of directors and managers, change is often difficult to accept. In already busy clinics it is often difficult to find time or staff to begin new activities. Because smoking cessation is the single most important decision a person can make for his/her health and because of many new policies and the change in the environment toward non-smoking, it is the responsible thing for a health department to offer some form of stop smoking assistance.

Decisions need to be made as to which section of the health department cessation is best suited. Depending on your health department's structure, cessation may fit into clinic, WIC, social services, or health education. Almost anyone with people skills can be trained in the brief smoking cessation method. The larger decision is budget based – what can a health department afford to offer?

CBCHD uses individual counseling (or coaching). This method was chosen to avoid the issues associated with the class-type programs. In our community classes were expensive and sporadic. They were offered only when enough people signed up, and often those who signed up didn't show up. Clients need to commit to attend the full set of classes, usually 6 or 7. Our program has 4 encounters, perhaps a more manageable number for most people.

It may be easier for some health departments to offer “group counseling.” In this way the health department might offer free group sessions with some incentives (brochures, stress balls, etc) as long as the clients purchase their own NRT, or an incentive at the completion of 8 sessions. By offering group sessions less staff time is needed for charts, phone calls, and appointments. Local businesses might provide incentives such as product/services coupons, movie tickets, gift cards, meals, and athletic club memberships.

Drop out rate: Fewer drop-outs might occur if more time is spent on the readiness to quit discussion with people who want to quit smoking. It is human nature to be attracted by free things, especially NRT. Care must be taken to have serious conversations about the potential difficulty of quitting. The first visit with a client should be a planning visit. A number of excellent planning books are available. As a take-home assignment, a person who wants to quit smoking will make lists of reasons to quit, how to avoid triggers, how to say “no thank-you,” engage support from family and friends etc. The clients will also get their environments ready by removing all ash trays, deodorizing home and car, perhaps moving some furniture around to avoid reminders of smoking. This helps a person anticipate difficulties and have a planned response. It is well worth the staff time and the cost of the booklet to do this before dispensing NRT.

Working the system: The health department should anticipate situations in which people try to repeat the program when they haven't finished the first time, get more or different level patches than they need, and/or say they have quit when they haven't.

Carbon Monoxide Testing: We use a Vitalograph Carbon Monoxide (CO) Analyzer to help chart the client's progress toward better health. As clients decrease their number of cigarettes per day, their CO level decreases. Most clients look forward to this test of their progress.

Adhere to the protocol: Clients often want to remain on 21mg patches much longer than the recommended time because they are afraid to reduce the nicotine level. Counselors (coaches) must see themselves as the health professionals and adhere to the protocol. The recommendations are in place to help a person stop smoking.

Smoking and patches: Clients often continue to smoke while using patches. It is important to strongly convey the message that a person should not regularly smoke and use patches. If a person slips, they can start anew the next day. But the idea of regularly smoking and using patches is an indication that the person is not ready to quit smoking. In this case, it is better to have them select a new quit date sometime in the future and discontinue the current program.

Counselors who smoke: I would discourage using an active smoker to coach clients who want to quit. The health professional must set a good example as a role model. Second, the smoker may demonstrate a stronger tendency to sympathize rather than empathize with the client or to be highly critical. Third, unless the smoking counselor does not smoke at all during the work day, clients will sense the aroma of smoke and it could cause them to want to smoke.

Counselors who don't smoke: Former smokers can be very good at helping clients stop smoking because they fully understand the feelings, desires, and potential for slips. On the other hand, never-smokers can be good as well. The key is in the training and people skills.

Follow-up: We've had a number of people refuse to answer the post-cessation survey. They sign a statement in the intake form agreeing to this call. We now remind clients at each visit about the call they will receive. This has decreased the refusal rate. Others are lost to follow-up for many of the usual reasons: they have moved, telephone service is disconnected or changed, perpetual busy signals, or they may use caller ID to screen calls.

Fear of quitting: People with the best resolve to quit smoking sometimes don't get there. In part it may be due to how they react to stress. The car breaks down, a child is sick, their job hours are changed, it rains ... may all be reasons a person goes right back to his/her best friend – the cigarette. The cigarette has seen them through tough times, is there when they are stressed is around when no one else is. The fear of giving up this comfort is huge and should be discussed.

Influencing others to quit: We've had several clients indicate that once they started the quit program others in their circles have also decided to stop smoking. This is a fine example of word of mouth education.

Cold Turkey: Quite a large number of people can quit smoking at will. They may attend the first coaching session then never return because they have quit cold turkey. We would like to hear from these people to learn of their successes and include them in our quit rates.

Appendix A: SCENARIOS

Scenario	Suggested Approach
<p>#1. 24-year old female, moderately overweight says: “Won’t I gain weight if I stop smoking? Maybe I should go on a diet while I’m trying to quit smoking.”</p>	<ul style="list-style-type: none"> ▪ I hear you say that you’re concerned about your weight. That is a health issue. Smoking is a very serious health issue. Let’s work on one problem at a time. I can help you address the smoking problem. We can work to minimize the amount of weight you might gain by carefully choosing your snacks while you are trying to quit smoking. ▪ Not every person who stops smoking gains weight ▪ Exercise is effective to cope with nicotine withdrawal and to avoid weight gain.
<p>#2. 42 year old female who has smoked for 24 years: “ I don’t have the willpower to stop smoking.”</p>	<ul style="list-style-type: none"> ▪ More than 3 million Americans break their nicotine habit every year ▪ Not everyone succeeds the first time, but many are successful after several attempts. ▪ There are a variety of tips to help you in the written materials I will give you. ▪ I will give you all the support I can. ▪ I will give you several additional sources of coaching support, feel free to use as many different sources as you want.
<p>#3. 32 year old male: “I want to quit smoking but my wife smokes and doesn’t want to quit.”</p>	<ul style="list-style-type: none"> ▪ I see how you might be concerned about being successful if your spouse smokes. You can show her some of the support materials and let her know that she is a very important part of your success. If she doesn’t smoke inside the house or car and doesn’t offer you cigarettes, she can go a long way to being supportive. ▪ Often we hear that when one person in the family decides to quit, it’s not long before the other members make their own decision to quit. Without making any mandates of her, you can show her your materials and the things you are doing to try to quit. She may become interested. If you are both comfortable with it, she may accompany you to one or more of your appointments ▪ Seek out support from others as well, such as co-workers and other friends.
<p>#4. 45 year old male: “I work in a close group and several of them smoke. They tend to all go out on smoke breaks together and I feel like I want to smoke when that</p>	<ul style="list-style-type: none"> ▪ It can be difficult to stand by and watch others smoking at times or in places you used to smoke. Often if you let them know you are trying really hard to quit, they will try to be less tempting. ▪ You might take breaks with the members of your group

happens.”	<p>who don’t smoke. You could go for a 5 minute walk.</p> <ul style="list-style-type: none"> ▪ If you can change the time you take your breaks it may take away one of the triggers for you to smoke.
#5. Mother of 3 children under the age of 5: “ I’m so stressed, when the kids are napping is the time I would relax and take a smoke break. What do I do now?”	<ul style="list-style-type: none"> ▪ Young children can be challenge at times. I will help you come up with several other ways to take a restful break without a cigarette. ▪ Change where you go when the kids are napping. If it used to be the back porch, go to the kitchen instead. Do something different to break the habit of thinking of smoking while you are resting. ▪ Have plastic containers of cut veggie sticks, cherry tomatoes, or other quick snacks you can have instead of a cigarette. Use flavored tooth picks, sugarless gum, a cup of coffee or tea – the trick is to put something else in your mouth instead of a cigarette.
#6. “ I started the program 4 weeks ago. Once in a while I have a really strong urge to smoke. The other day I smoked a couple. Am I a failure?”	<ul style="list-style-type: none"> ▪ I’m so glad you told me of your slip. It’s so important to get some support when this happens and not feel like a failure. ▪ When you slip or relapse, stop using tobacco immediately and get rid of any tobacco products you may have. ▪ A slip is a small setback and it’s good to recognize it. This doesn’t put you back to square one. ▪ Start your next day as if it were a new day – think positive thoughts, practice your trigger avoidance like keeping hands busy. ▪ Avoid situations where people smoke. ▪ Call a friend who doesn’t smoke and chat a few minutes about your feelings and minor setback. ▪ Re-read some of your materials ▪ Think of how important you are and how important this decision is to your long-range health.
#7.”My husband (wife, mother-in-law, son, etc.) smokes and I want him to quit. How do I make him quit?”	<ul style="list-style-type: none"> ▪ I understand how important it is for you to want your loved ones to not smoke. They have to be ready to quit. ▪ You can share some materials, but don’t overload him with lots of articles and data. ▪ Show him some materials about secondhand smoke and let him know you’re worried about your own health. ▪ Let him know how good you feel now that you’ve quit (or if you never smoked). But try not to be judgmental. ▪ Do establish some ground rules such as not smoking in the house or car because the secondhand smoke is dangerous to you. ▪ Empathize with him, telling him you understand how difficult it might be to quit, but there is help.

APPENDIX B: STUDENT DOCUMENTS

Application

Columbia-Boone County Health Department Intern Interest / Inquiry Form

Student Contact Information

Name: _____
Local Address: _____
Email address: _____
Phone: (____) _____

Interest areas at Health Department: *(indicate top 3 from 1-3. 1 represents first choice.)*

- | | |
|--|--|
| <input type="checkbox"/> Clinical Health | <input type="checkbox"/> Health Education/Health Promotion |
| <input type="checkbox"/> Disaster Planning | <input type="checkbox"/> Tobacco prevention Cessation |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Epidemiology/Communicable Disease | <input type="checkbox"/> Women's and Child Health, WIC |

Time period you are applying for: ☐ Fall Semester ☐ Spring Semester ☐ Summer

Have you worked for the City of Columbia in the past? ☐ NO ☐ YES
When? _____)

I am:

- ☐ High School Student (specify): _____
- ☐ College Undergraduate Student (specify): _____
- ☐ College Graduate Student(specify): _____
- ☐ Other(specify): _____

Interests/Area of Study: _____

Major:

Specialty Area:

Degree Sought:

of semesters completed toward degree: _____

Major Professor: Name: _____ Email: _____
Intern Coordinator: Name: _____ Email: _____

Where did you hear about intern opportunity at the Columbia-Boone County Health Department?

In two or three sentences, explain why you are seeking an internship opportunity with the Columbia-Boone County Health Department.

List knowledge, skills or abilities which you believe may be relevant as a health department intern. (e.g. languages spoken; knowledge of specific software applications; laboratory techniques; certifications; etc.)

Please send a copy of this form and a current CV or resume to the attention of Intern Coordinator.

Mailing Address:
Internship Program
Columbia-Boone County Health Department
1005 W. Worley St, Columbia, MO 65203

Phone: 573-874-7345

Fax: 573-874-7756

Student Confidentiality Statement

COLUMBIA-BOONE COUNTY HEALTH DEPARTMENT CONFIDENTIAL RECORDS AND THE REVELATION OF INFORMATION STUDENT

I, the undersigned, a student of _____ Performing clinical/practicum work at the Columbia-Boone County Health Department understand that personnel, vital records, environmental, health and human rights records compiled by staff of the Health Department, are considered confidential and may not be revealed except as provided under the law, regulation or policy. Records and information obtained by students and faculty may only be revealed with the express permission of the appropriate Local Health Agency representative. I further state that I have read and understand the following portion of the statutes of Missouri:

Disclosure of Records.

1. The records and files of the Bureau of Vital Statistics are open to inspection, subject to the provisions of this law and regulation of the department; but it is unlawful for any officer or employee of the city/county to disclose data contained in vital statistical records, except as authorized by this law and by the department.

I further certify that I am aware that all services of the Columbia-Boone County Health Department and its divisions are provided on a nondiscriminatory basis and that the policy of the Columbia-Boone County Health Department is to comply with Title VI of the Civil Rights Act of 1964.

Signature

email:

Student Work Agreement

Columbia-Boone County Health Department Student Work Agreement Internship

This INTERNSHIP AGREEMENT is made by and between (student)_____ and
COLUMBIA-BOONE COUNTY HEALTH DEPARTMENT (CBCHD).

The purpose of the affiliation is a cooperative agreement for mutual benefit of both the named student and CBCHD. CBCHD will provide a facility for the named student to obtain a high-quality practical training experience and the student will provide diligent, high-quality work to accomplish the specific goals of CBCHD.

CBCHD will provide the following:

1. A professional level staff person who will serve as preceptor and who has an interest in providing a useful public health experience to students.
2. An orientation to acquaint the student with the facilities, policies and procedures
3. Adequate facilities for the student to complete his/her duties with.

The Named Student will provide the following:

1. High degree of motivation and participation in the project/program determined by CBCHD.
2. Regular attendance and notification if an absence occurs.
3. Compliance with policies of the CBCHD and the City of Columbia.
4. Completion of evaluations and reports described in the work plan.
5. Final presentation to the group designated by the preceptor.

Student signature

Printed name

CBCHD Preceptor

Date

Student Sign-in Sheet

SIGN-IN SHEET -

DATE	TIME IN	TIME OUT	TOTAL HOURS (round to nearest half hour)	PROJECT

APPENDIX C: QUIT KIT



Quit Kit

Contents:

- ✘ You Can Quit Smoking, Consumer Guide, US Dept of Health and Human Services
1-800-358-9295
- ✘ You Can Quit Smoking, 5-day countdown, US Dept of Health and Human Services
- ✘ Protecting Children from Secondhand Smoke, Channing-Bete

#PS75758

- ✘ The Missouri Tobacco Quitline card – 1-800-QUIT-NOW
- ✘ Become an EX card: www.BecomeAnEx.org
- ✘ Stress Ball
- ✘ Assorted candy, gum, sugarless gum, cinnamon toothpicks
- ✘ 1 box of Nicotine Replacement Patches (14-day supply)

APPENDIX D: CHART

Chart

Contents:

- ✖ [Intake Form](#)
- ✖ [Summary of Key Points](#)
- ✖ Blank lined note paper for additional notes

Other printed materials

- ✖ Staying Smoke-Free, Channing-Bete #PS7-1852
- ✖ Tobacco Self-Test – Thinking About Quitting?, ETR Associates #H260
- ✖ Next Stop – When Former Smokers Slip, ETR Associates #R531
- ✖ Stop Smoking – Cope with Urges to Smoke (reversible in English and Spanish), ETR Associates #052
- ✖ Cost of Smoking Calculator
- ✖ Eating Smart for Busy People Slider
- ✖ Weight & Smoking, - How to Eat When You Quit, ETR Associates #315

Intake Form

Circle one CBCHD FHC Columbia College Other				Date	Client Number	How did you hear? <input type="checkbox"/> Radio <input type="checkbox"/> Poster <input type="checkbox"/> Friend/family/co-worker <input type="checkbox"/> Doctor/Nurse/medical <input type="checkbox"/> Food Handler's Class		
Last Name, First Name, Initial						Address		Phone
Birth Date (MM/DD/YY)		Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Am Indian or Alaskan Native			Ethnic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
I understand that the smoking cessation program involves 1 30-minute session and 3 shorter sessions, one every 2 weeks, some of which may be by phone. I agree to participate in all sessions, whether or not I choose to receive Nicotine Replacement Therapy. If I do not participate in all sessions I understand I can be discontinued from the program. I also agree to receive a follow-up phone survey call within 1 month after the 8 week session is over. (This will help us improve services and I understand my name will not be part of any information.)							Pregnant or Breastfeeding? <input type="checkbox"/> NO <input type="checkbox"/> YES	
X Signature							Date	

Session 1:

Counselor

History	Are you ready to quit smoking in the next 2 weeks? <input type="checkbox"/> YES <input type="checkbox"/> NO								
1. Number of cigarettes smoked per day <input type="checkbox"/> less than 10 <input type="checkbox"/> 10 (half pack) <input type="checkbox"/> 20 (1 pack) <input type="checkbox"/> 30 (1 ½ pack) <input type="checkbox"/> 40 (2 packs) <input type="checkbox"/> more <input type="checkbox"/> Chew Tobacco									
2. Smokes how soon after waking <input type="checkbox"/> within 5 minutes <input type="checkbox"/> 6 - 30 minutes <input type="checkbox"/> 31 – 60 minutes <input type="checkbox"/> after 60 minutes									
3. Attempted to quit (check one) <input type="checkbox"/> past month <input type="checkbox"/> past 3 months <input type="checkbox"/> past 6 months <input type="checkbox"/> more than 6 months ago <input type="checkbox"/> never							4. Currently using medication to quit? <input type="checkbox"/> NO <input type="checkbox"/> YES		
5. Which cessation meds <input type="checkbox"/> Nicotine gum <input type="checkbox"/> Nicotine patch <input type="checkbox"/> Nicotine nasal spray <input type="checkbox"/> Nicotine inhaler <input type="checkbox"/> Zyban/Wellbutrin <input type="checkbox"/> Chantix									
6. Smoking allowed in the home <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Only in certain rooms <input type="checkbox"/> Outdoors only							7. Other smokers in the home? <input type="checkbox"/> NO <input type="checkbox"/> YES		
8. Confidence level in ability to quit now (circle one)									
Not confident 1 2 3 4 5 6 7 8 9									Very confident 10
9. Importance for quitting now (circle one)									
Not important 1 2 3 4 5 6 7 8 9									Very important 10
NRT dosage given today: <input type="checkbox"/> 21 mg <input type="checkbox"/> 14 mg <input type="checkbox"/> 7 mg									
Consent (if given NRT): I have been given the package insert for nicotine replacement therapy (NRT). I understand the benefits of quitting smoking and the possible side effects of NRT. I understand that NRT is not recommended for women who are pregnant or breastfeeding and that I must protect myself from pregnancy while using the patch.									
X Signed _____							Date _____		

Notes: REMIND ABOUT FOLLOW-UP SURVEY CALL

Session 2:

Counselor	Date	Quit Date:
Used tobacco since quit date? <input type="checkbox"/> NO <input type="checkbox"/> YES		Currently use tobacco? <input type="checkbox"/> NO <input type="checkbox"/> YES
Symptoms: <input type="checkbox"/> Loss of appetite <input type="checkbox"/> weight gain <input type="checkbox"/> sleep problems		Points to cover: <input type="checkbox"/> coping with urges to smoke <input type="checkbox"/> environmental triggers <input type="checkbox"/> relapse prevention <input type="checkbox"/> discussion of NRT use <input type="checkbox"/> social support
Follow-up session scheduled? <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	NRT: Dosage given today <input type="checkbox"/> 21 mg <input type="checkbox"/> 14 mg <input type="checkbox"/> 7 mg	

Notes: REMIND ABOUT FOLLOW-UP SURVEY CALL

Session 3:

Counselor	Date	Quit Date:
Used tobacco since quit date? <input type="checkbox"/> NO <input type="checkbox"/> YES		Currently use tobacco? <input type="checkbox"/> NO <input type="checkbox"/> YES
Symptoms: <input type="checkbox"/> Loss of appetite <input type="checkbox"/> weight gain <input type="checkbox"/> sleep problems		Points to cover: <input type="checkbox"/> coping with urges to smoke <input type="checkbox"/> environmental triggers <input type="checkbox"/> relapse prevention <input type="checkbox"/> discussion of NRT use <input type="checkbox"/> social support
Follow-up session scheduled? <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	NRT: Dosage given today <input type="checkbox"/> 21 mg <input type="checkbox"/> 14 mg <input type="checkbox"/> 7 mg	

Notes: REMIND ABOUT FOLLOW-UP SURVEY CALL

Session 4:

Counselor	Date	Quit Date:
Used tobacco since quit date? <input type="checkbox"/> NO <input type="checkbox"/> YES		Currently use tobacco? <input type="checkbox"/> NO <input type="checkbox"/> YES
Symptoms: <input type="checkbox"/> Loss of appetite <input type="checkbox"/> weight gain <input type="checkbox"/> sleep problems		Points to cover: <input type="checkbox"/> coping with urges to smoke <input type="checkbox"/> environmental triggers <input type="checkbox"/> relapse prevention <input type="checkbox"/> discussion of NRT use <input type="checkbox"/> social support
Follow-up session scheduled? <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	NRT: Dosage given today <input type="checkbox"/> 21 mg <input type="checkbox"/> 14 mg <input type="checkbox"/> 7 mg	
NOTE: Remind about follow-up call		

Summary of Key Points

- Nicotine Replacement Therapy (NRT) should not be used by pregnant or nursing women.
- NRT should not be used by a person who has had a heart attack within the last 2 weeks.
- NRT package does not recommend the use of 2 forms of cessation medications together.
- Use one patch per day.
- If you remove the patch at night use a new one the next morning.
- You may experience some skin irritation where the patch is. You can help treat this by putting the patch in a different place every day and by using cortisone cream on the reddened area.
- Do not smoke while using the patch.
- If you have one cigarette during your cessation you haven't failed. Just stop smoking and continue using the patch daily.
- If you have questions about the patches you may call either a pharmacist, your physician, or the health department.
- Realize that quitting smoking is a lifestyle change. Try to anticipate smoking triggers and ways to avoid them.
- Avoid situations that may tempt you to smoke.
- Talk to people who have quit and ask for tips.
- Get support from family, friends, and co-workers.
- Plan to manage stress so you don't resort to smoking.
- If possible, go for a walk to remove yourself from a tempting situation.
- To help with the need to have something in your mouth keep a supply of sugarless gum, tooth picks, plastic straws or coffee stirrers, carrot or celery sticks, hard candy, and other things to chew.
- Keep busy.
- You may have withdrawal symptoms during the first 2 weeks after quitting. Remind yourself that they are temporary and a sign that your body is starting to heal.
- Remember, that each day without a cigarette brings health improvements. Some you will notice like improved sense of smell, having more energy, warmer hands and feet (increased circulation).
- Make plans for the money you will save and treat yourself to small rewards weekly.
- Take time for yourself.

APPENDIX E: Follow-up survey

Tally Sheet for smoking cessation follow-up surveys

Caller ID:

Mike 1	Bret 8
Traci 2	Katanna 9
Karisha 3	Other 10
Erin 4	
Tiffany 5	
Vivian 6	
Brad 7	

Date	Date	Date	Date	Date
Time	Time	Time	Time	Time
Caller ID	Caller ID	Caller ID	Caller ID	Caller ID
CM				
AM				
BZ				
NW				
Call Back: Date: Time:	Call Back: Date: Time:	Call Back: Date: Time:	Call Back: Date: Time:	Call Back: Date: Time:

CM: completed

AM: answer machine

BZ: busy signal

NW: non-working number

Information from intake Form:

Primary Clinic: <input type="checkbox"/> CBCHD (1) <input type="checkbox"/> FHC (2) <input type="checkbox"/> Col College (3) <input type="checkbox"/> Stephens (4) <input type="checkbox"/> Other (5) _____		Date 	Client Number
Last Name, First Name, Initial 		Address 	
Birth Date (MM/DD/YY) [Age as subgroup]	Race <input type="checkbox"/> White (1) <input type="checkbox"/> Black (2) <input type="checkbox"/> Asian or Pacific Islander (3) <input type="checkbox"/> Am Indian or Alaskan Native (4)	Ethnic Origin <input type="checkbox"/> Hispanic (1) <input type="checkbox"/> Not Hispanic (2)	Sex <input type="checkbox"/> Male (1) <input type="checkbox"/> Female (2)

2. Number of cigarettes smoked per day <input type="checkbox"/> less than 10 (1) <input type="checkbox"/> 10 (half pack) (2) <input type="checkbox"/> 20 (1 pack) (3) <input type="checkbox"/> 30 (1 ½ pack) (4) <input type="checkbox"/> 40 (2 packs) (5) <input type="checkbox"/> more (6)
1b. <input type="checkbox"/> Chew Tobacco (1 if yes, 0 if no) [You can select cigarettes AND Chew as responses]
2. Smokes how soon after waking <input type="checkbox"/> within 5 minutes (1) <input type="checkbox"/> 6 - 30 minutes (2) <input type="checkbox"/> 31 – 60 minutes (3) <input type="checkbox"/> after 60 minutes (4)

Smoking Cessation Follow-up Survey

Caller's script:

Hello, my name is [first name] and I am calling from the --Health Department to ask about your experience with the smoking cessation program you participated in. Is this a good time to ask you some questions?

[If no, ask for a better time to call _____]

If yes:

This is the follow-up survey call you agreed to receive when you signed up for the smoking cessation program. Your answers will help us improve the program for others. Your name will not be used in any way. Once you complete the survey your name will be entered for a chance to win a \$25 gift card (if you like). Your answers will not affect the prize drawing.

The first few questions deal with the program in general and your decision to quit smoking.

1. Have you smoked a single cigarette since you began your quit attempt? ☐ YES (1) ☐ NO (2)

On a scale of 1-5 with one being not very confident and 5 being very confident please answer the following:	1	2	3	4	5	NA (99)
2. If you have quit smoking: How confident are you that you can remain quit?						
3. If you are not smoking, when was your last cigarette? _____(mm/dd/yy)						

[If not smoking skip to Q 10]

	# of Cigs	NA (No Answer)
DATA ENTRY VALUES:	(number)	(99)
4. If you smoke every day about how many cigarettes are you smoking per day right now? [IF NUMBER GIVEN GO Q# 6)		
5. If you smoke occasionally, how many cigarettes do you smoke per week?		

6. If you have not quit smoking, what are your intentions about quitting?
- ☐ Thinking about quitting in the next month (1)
- ☐ Thinking about quitting in the next 6 months (2)
- ☐ Not interested in quitting in the next 6 months (3)

7. Are you currently taking any medicine to help you stop smoking?

☐ YES (1) ☐ NO (2)

[yes = 1, no= 0]

- ☐ 7a. Nicotine Patches
- ☐ 7b. Nicotine gum or lozenges
- ☐ 7c. Chantix
- ☐ 7d. Zyban/Wellbutrin
- ☐ 7e. Nicotine nasal spray
- ☐ 7f. other
- ☐ 7g other (specify) _____

8. Who supported you in your smoking cessation attempt [**check all that apply; yes = 1, no = 0**]

- ☐ 8a. Physician/health provider
- ☐ 8b. Children
- ☐ 8c. Parents
- ☐ 8d. Spouse/significant other
- ☐ 8e. Other family/whole family
- ☐ 8f. Friend
- ☐ 8g. Work (co-workers or employee health)
- ☐ 8h. Group (such as religious or club)
- ☐ 8i. Self (usually stated when other categories were not supporting)
- ☐ 8j. No one (no support for cessation attempt)
- ☐ 8k. OTHER:

8l. Other (specify): _____

9. Who was the **most important** in your decision to quit smoking: [who influenced you the most to quit] [**check one**]

- ☐ Physician/health provider (1)
- ☐ Children (2)
- ☐ Parents (3)
- ☐ Spouse/significant other (4)
- ☐ Friend (5)
- ☐ Work (co-workers or employee health) (6)
- ☐ Group (such as religious or club) (7)
- ☐ Other (8)

Other Most Important influence (specify): _____

10. How did you hear about the smoking cessation program? [**check all that apply; yes = 1, no = 0**]

- ☐ 10a. Radio
- ☐ 10b. TV
- ☐ 10c. Newspaper
- ☐ 10d. Family member or friend
- ☐ 10e. My health provider
- ☐ 10f. Twilight Festival or other event
- ☐ 10g. I saw the flyer at a business or store
- ☐ 10h. Other

10i. Other (specify): _____

11. Which **ONE** of the following most influenced you to sign up for this smoking cessation program?

- ☐ Free patches (1)
- ☐ Counseling (2)
- ☐ Materials (3)
- ☐ Personal attention (4)
- ☐ Convenience (5) (on the bus route, you could walk to it, you use the Health Department for other things, etc)
- ☐ It was at the Health Department (6)
- ☐ Other (7)

Other specify: _____

12. If you missed a smoking cessation appointment, please tell us the reasons [check all that apply; yes = 1, no = 0]

- ☐ 12a. Have not missed
☐ 12b. Forgot
☐ 12c. No transportation
☐ 12d. Inconvenient time
☐ 12e. Illness (either you or family)
☐ 12f. Other

12g. Other specify: _____

13. Did the Columbia smoke-free ordinance influence you to quit smoking? ☐ YES (1) ☐ NO (2)

14. On a scale of 1-5 with one being not very confident and 5 being very confident how satisfied are you with your progress in quitting smoking at this time?	1	2	3	4	5	na
---	---	---	---	---	---	----

The next questions are about your satisfaction with the staff and the care you received

On a scale of 1-5 with one being not very satisfied and 5 being very satisfied please answer the following:	1	2	3	4	5	na
15. Services were provided in a confidential and private manner						
16. Health department staff treated you with respect						
17. The quality of care						
18. The counselor seemed knowledgeable about smoking cessation						
19. You could understand the information that staff gave you about quitting smoking						
20. The materials were easy to read and understand						
21. The counselor gave you opportunities to ask questions						
22. The counselor spent enough time with you						
23. Your phone calls were returned promptly						
24. How likely are you to recommend this smoking cessation service to others? [you can explain – not very likely to very likely as the 1-5]						

The last few questions help group our responses. All information will be strictly confidential.

25. What is your preferred reading language

- ☐ English (1)
☐ Spanish (2)
☐ Other (3) (please name _____)

26. What is your highest level of education:

- ☐ Did not complete highschool (1)
☐ High school graduate/GED (2)
☐ Some college/vocational school (3)
☐ College Graduate (4)
☐ Some post graduate (5)
☐ Graduate/professional degree (6)

27. What type of health insurance do you have? [Type of coverage doesn't matter]

- ☐ MC +/-Medicaid (1)
☐ Private insurance (2) (insurance from work or that you bought yourself)
☐ No health insurance (3)

28. How would you describe your employment status?

- ☐ Student (1)
- ☐ Employed outside the home (2)
- ☐ Employed at home (3)
- ☐ Homemaker (4)
- ☐ Unemployed (5)
- ☐ Retired (6)
- ☐ Unable to work (disability) (7)
- ☐ Declined to answer/refused (99)

29. Do you have children under age 19 in your home?

☐ YES (1)

☐ NO (2)

30. If yes, how many are:

- ☐ Birth to 5 years _____ ☐ 6-10 years _____ ☐ 11-18 years _____

31. Do you have any additional comments?

Would you like to be entered for the \$25 gift card drawing? ☐ YES

☐ NO

Thank you very much for your time.

[Note: the numbers next to responses indicate numeric rank of responses for analysis purposes.]

APPENDIX F: CARBON MONOXIDE ANALYZER

Carbon Monoxide levels: Breath CO concentration provides an easy, noninvasive, and immediate way of assessing a patient's smoking status. A reading > 6 ppm strongly suggests that an outpatient is a smoker.

<http://www.chestjournal.org/cgi/content/abstract/117/3/758>

Monitor

Measures Breath CO ppm

Hand held unit

Battery operated

Easy-to-read display

Reliable calibration

Inexpensive, hygienic operation



Overview

Smoking cessation can be a success with the motivation provided by the BreathCO carbon monoxide monitor. The BreathCO provides visual proof to the smoker of the dangerous CO levels in their lungs

Showing smokers the poison they are carrying in their blood and damage they are doing to their bodies as a result of their habit is an excellent motivator.

Let Vitalograph's BreathCO be a part of your successful smoking cessation program!

http://www.vitalograph.com/products/smoking_cessation.php

APPENDIX G: CESSATION SUPPORT PRODUCTS

Product/material	Source
Bendeez – bendable stick, stress reliever	Garrett Specialties http://www.garrettspecialties.com/ search for Bendeez
Stress balls HEDGE ODD BALL size: 70mm item: BABHE75 price: \$5.40/DZ. minimum: 1/DZ. SQUEEZE SMILE FACE BALL Squeeze Balls 2" BASQUS2 SMILY STRETCH BOUNCE BALL size: 2.5" item: BASTSMI price: \$9.00/DZ. minimum: 1/DZ.	Rhode Island Novelty http://rinovelty.com/ I don't recommend any of the squish balls filled with gels. They break.
Sugarfree gum, Sugarfree lifesavers	http://www.candywarehouse.com/
Breath Carbon Testing We use: Breath Carbon Monoxide Monitor model 2970 Related Products 20202 mini-mouthpieces (200) 29040 mini-mouthpieces (40) 29504 CO Calibration Kit (Hazardous shipping charge applies) 29506 CO Calibration Gas Refill (Hazardous shipping charge applies) 29512 T-Valves (10)	www.vitalograph.com select "Smoking Cessation" button
Quitting for Life; a Self-Care Handbook Item# 93646	Channing-Bete http://store.channing-bete.com/ Search: Public Health>Alcohol and Substance abuse>Tobacco>Cessation
Cost of smoking calculator guide. You can add your phone number. I also get nutrition slide guides to help with weight gain.	www.artpromos.com select "Health and Wellness" >slideguides
Materials in 17 languages	Tobacco Education Clearing House http://www.tobaccofreecatalog.org/
Tobacco prevention items: rulers, bookmarks	www.buttout.com/

APPENDIX H: ADS

Radio Ads

Ad #1: Trusting male voice:

Smoking costs a lot. Are you thinking about quitting because of your health, or because there's a new baby in the house? Maybe you want to set a better example for your kids. Or, you've just realized that 2 packs a day at about \$4 a pack could buy a high def TV in less than a year. Or, well, just because you want to take control of your own life, for a change. Whatever your reason, we're here to help. The xxxxxxxxxxxx County Health Department will give you 4 brief smoking cessation counseling sessions AND 8 weeks of free nicotine patches...FREE. Yes, that's no cost – just to help you get on with your life, and maybe watch a movie or a game with someone special on that new TV. Call us at XXX-XXXX to get started. Or, just walk in – we're here Monday through Friday 8 to 4:30.



Ad #2: Young adult male voice:

Smoking costs a lot. And you know it, but now you've make up your mind. This is it, and you want to quit. When you're ready to quit the xxxxxxxxxxxx County Health Department will give you 4 brief smoking cessation counseling sessions AND 8 weeks of free nicotine patches...FREE. Yes, that's no cost – just to help you get on with your life. Call us at XXX-XXXX to get started. Or, just walk in - we're here Monday through Friday 8 to 4:30.

Ad #3: Female voice:

Smoking costs a lot. And I know it's not good to smoke around my kids. Well, you know, I think I'm ready to call it quits. For me, it will save about \$25 a week – that's a new outfit for my baby. Yes, I'm ready.

Announcer: When you're ready to quit the xxxxxxxxxxxx County Health Department will give you 4 brief smoking cessation counseling sessions AND 8 weeks of free nicotine patches...FREE. Yes, that's no cost – just to help you get on with your life. Call us at XXX-XXXX to get started. Or, just walk in – we're here Monday through Friday from 8 to 4:30.

Ad #4: High school (or young college) boy's voice:

Smoking costs a lot. My girl says my breath and clothes smell awful. I've been on the scene – I've tried it and ya know, it's not all THAT great. I could fund pizza and a movie for the two of us, a few times, with what I'd save in a month if I quit smoking. Announcer: When you're ready to quit the xxxxxxxxxxxx County Health Department will give you 4 brief smoking cessation counseling sessions AND 8 weeks of free nicotine patches...FREE. Yes, that's no cost – just to help you get on with your life. Call us at XXX-XXXX to get started. Or, just walk in – we're here Monday through Friday from 8 to 4:30. If you're under 18 you may need parental permission to receive the patches.

Postcard Announcement



*Columbia/Boone County
Health Department*

FREE Stop Smoking Service

- ☺ **Who:** Anyone in Boone County
Who is ready to quit smoking
- ☺ **What:** 4 brief visits with a
Nurse/counselor and
Free Nicotine Patches for
8 weeks
- ☺ **Why:**
Tired of burning money
Health Reasons
To set example for your kids
BECAUSE YOU CAN!
- ☺ **How:** Call for day or evening
Appointment **573-874-7356**

*Also sponsored by Missouri Foundation for
Health and Wal-Mart Pharmacy on Broadway*

These may be printed 4 to a page.

APPENDIX I: TRACKING LOGS

NRT Received Log

NRT log received from Wal-Mart Broadway			
Contact:		PATCHES RECEIVED	
Date	mg	Lot #	Amt in (boxes)

NRT Dispensed Log

			PATCHES DISPENSED	
Date dispensed	Lot #	CBCHD med rm	to col college	to FHC
3/20/2007	21869102	9		
4/4/2007	21869102		5	
4/4/2007	21869102			9

NRT Log Form

Used in Medical Room

	Client Number	Patient Name	Strength	Lot	Date	Counselor Signature
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						
115						
116						

APPENDIX J: SPANISH LANGUAGE MATERIALS

Cuando Los Fumadores Dejan De Fumar

Dentro de los 20 minutos del último cigarro, el cuerpo comienza una serie de cambios que continúan por años

20 minutos

La presión sanguínea baja a nivel normal

El pulso baja a nivel normal

La temperatura de las manos y los pies vuelven a ser normales

8 Horas

El nivel de monóxido de carbon en la sangre baja a nivel normal

El nivel de oxígeno en la sangre vuelven a ser normales

48 Horas

Los extremos de los nervios vuelven a crecer.

Se realza la habilidad para oler y degustar.

1 a 9 meses

Decrece la tos, congestión nasal, fatiga, y la dificultad para respirar.

Se aumenta el crecimiento de los cilios en los pulmones, se realza la habilidad de controlar la mucosa, limpiando los pulmones y reduciendo las infecciones.

En general se aumenta la energía.

10 años

El promedio de mortalidad de cáncer a los pulmones se vuelve similar al del no fumador.

Las celulas pre cancerosas son reemplazadas

Decrece el riesgo de cáncer a la boca, garganta, esófago, vejiga, riñones y páncreas

Asociación
Americana
de Cáncer de
Missouri

1118 Hampton Avenue. St Louis MO 63139 314-645-5505 1800-LUNG-USA

Todos los beneficios se pierden fumado un cigarro al día

24 Horas

Se reduce el riesgo de ataque al Corazón.

2 semanas a 3 meses

Mejora la circulación

Es mas fácil caminar

Se incrementa funcionamiento de los pulmones en un 30%

1 año

El riesgo de enfermedad coronaria se reduce a la mitad

5 años

El promedio de muerte por cáncer al pulmón (fumador de 1 paquete por día) se reduce a la mitad.

El riesgo de paro cardíaco se reduce al igual que el no fumador

El riesgo de cáncer a la boca, garganta y esófago se reduce a la mitad del fumador

15 años

El riesgo de enfermedad coronaria es igual al del no fumador.

Programa para Cesar de Fumar

Experimente los beneficios de una vida libre de fumar a través de esta magnífica oportunidad que se ha abierto para los Residentes del Condado de Boone

Pasos del Programa

Llamar al Departamento de Salud de Columbia /Condado de Boone 573-874-7536 para darle información acerca del programa

Consulta 1

Aproximadamente 30 minutos para evaluar la historia del fumador (a). Establecer una fecha del cese de fumar y recibir un Paquete de Cese de Fumar.

Para aquellos(as) menores de 18 años y no embarazadas recibirán 2 semanas de parches de Reemplazo de Nicotina. (NRT)

Consulta 2

Cita breve de 15 minutos, consejos acerca del progreso o problemas

Recibe 2 paquetes de (NRT)

Consulta 3

Cita breve de 15 minutos, consejos acerca del progreso o problemas

Recibe 2 paquetes de (NRT)

Consulta 4

Cita breve de 15 minutos, consejos acerca del progreso o problemas

Recibe 2 paquetes de (NRT) Por un total de 8 semanas de NRT

Llamada de continuacion

Aproximadamente 2 semanas despues de la última consulta, se le llamara a Ud para saber como sigue.

La Terapia de Reemplazo de Nicotina está disponible para participantes mayores de 18 años de edad que no estan embarazadas. Ud puede escoger cesar de fumar sin NRT, usando solo 4 consultas y sesiones de soporte.

Este Programa es Gratuito

Auspiciado por la Fundación de Missouri para la Salud y la Farmacia de Wal Mart en Broadway.



Departamento de Salud de Columbia Condado de Boone

Programa para Cesar de Fumar

Experimente los beneficios de una vida libre de fumar a través de esta magnífica oportunidad que se ha abierto para los Residentes del Condado de Boone

Este Programa es Gratuito

Llamar al Departamento de Salud de
Columbia /Condado de Boone 573-874-XXXX
para darle información hacerca del programa

Usted recibirá 4 consultas cortas y 8 semanas de paquetes de
(NRT)

Este Programa es Gratuito

Auspiciado por la Fundación de Missouri para la Salud y la Farmacia de Wal Mart en Broadway.

Resumen de los Puntos Importantes

La Terapia de Reemplazo de Nicotina (NRT) no debe ser usado por mujeres embarazadas o mujeres que dan de mamar.

- NRT no debe ser usado por personas que han sufrido ataque al corazón dentro de las 2 últimas semanas.
- No se recomienda usar dos parches de NRT a la vez.
- Use 1 parche por día.
- Si retira el parche durante la noche, use uno nuevo en la mañana.
- Ud puede experimentar una irritación donde se coloca el parche. Ud puede corregir esto poniendose el parche en distinto lugar cada día y usar cortisona en la zona irritada.
- Ud no debe fumar mientras este usando el parche.
- Si Ud. fumó un cigarro durante el tratamiento, no ha fracasado, solo deje de fumar y continúe usando el parche diariamente.
- Si Ud tiene preguntas acerca del parche llame a su Farmaceutico, Doctor o el Departamento de Salud.
- Reconozca que dejar de fumar es un cambio de estilo de vida. Trate de anticiparse al deseo de fumar y piense en como evitarlo.
- Evite situaciones que lo pueden tentar a fumar.
- Hable con personas que han dejado de fumar y pregunte por sugerencias.
- Obtenga el apoyo de familiares, amigos y compañeros de trabajo.
- Tenga un plan para manejar el estrés de esa forma evita deseos de fumar.
- Si es posible vaya a caminar de esa forma Ud. evita una tentación.
- Para ayudarse a la costumbre de tener algo en la boca, tenga al alcance goma de mascar sin azúcar, palillos de dientes, palillos para mover el café, sorbets (popotes), zanahoria, apio,
- Mantengase ocupado (a).
- Ud puede tener síntomas de dejar el tratamiento durante las primeras 2 semanas de haber dejado
- Recuerde que cada día sin cigarro le trae mejora en su salud. Algunos notaran que hay una mejora en el sentido del olfato, mas energía, manos y pies más calientes (más circulación).
- Haga planes para el dinero que ahorrara y hagase Ud una recompensa semanal.
- Tome tiempo para Ud mismo (a).

Parche de Nicotina

Instrucciones

1. Solamente abra el empaque que está sellado cuando usted esté listo o lista para ponerse un parche.
2. Quítele la cubierta protectora al parche y bótela. Trate de no tocar la parte pegajosa del parche; es decir la parte que tenía la cubierta protectora.
3. Colóquese un parche en un área de piel limpia y seca de la parte superior de su cuerpo, que no esté recubierta con vello; tal como en el estómago, la parte superior del brazo o al lado. No se coloque el parche sobre piel quemada, cortada o adolorida.
4. Para aplicarse el parche coloque el lado pegajoso sobre su piel y presione firmemente con la palma de su mano durante 10 segundos. Asegúrese de que el parche quede plano y uniforme contra su piel.
5. Lávese las manos después de colocarse el parche. La nicotina en sus manos podría llegar hasta sus ojos o nariz y causarle picazón u otros problemas.
6. Use el parche durante la cantidad de tiempo que está indicada en el empaque. La mayoría de los parches se usan durante 16 ó 24 horas. Si usted tiene problemas para dormir mientras tiene el parche puesto, se lo puede quitar a la hora de acostarse y colocarse un parche nuevo en la mañana.
7. Cuando se quita el parche viejo dóblelo en dos con los lados pegajosos juntos. Coloque el parche viejo en el empaque del parche nuevo o en la bandeja para desecharlo que le han provisto. Coloque el empaque o la bandeja en la basura donde los niños y las mascotas no lo puedan encontrar.
8. Colóquese el parche siguiente en una área de piel diferente. Use una área diferente cada día. Después de esperar una semana usted puede usar una área usada previamente.

[Escrito por el personal editorial de familydoctor.org.](http://familydoctor.org)

Academia Estadounidense de Médicos de Familia

Revisado/Actualizado: 05/07

Creado: 02/04

APPENDIX K: RESOURCES



AHCPR Supported Clinical Practice Guidelines



[Treating Tobacco Use and Dependence \(revised 2000\)](#)

Evidence

Background

Over-the-Counter Pharmacotherapeutic Interventions

Recommendation: Over-the-counter nicotine patch therapy is more efficacious than placebo and its use should be encouraged. (Strength of evidence =B)

There were three placebo-controlled studies with six arms that met selection criteria for the analysis of pharmacotherapeutic interventions in over-the-counter (OTC) settings. These three studies specifically examined the effect of patch versus placebo. The only adjuvant treatments in these studies were a self-help manual, instructions contained in the package, or written directions for using the patch. As shown in Table 40, the use of the nicotine patch in OTC settings nearly doubles abstinence rates when compared against a placebo. There were too few studies done in the OTC setting to permit meta-analysis of the OTC effect of any other pharmacotherapy.

Nicotine Patch

Recommendation: The nicotine patch is an efficacious smoking cessation treatment that patients should be encouraged to use. (Strength of Evidence = A)

Twenty-seven studies met selection criteria and were included in the analysis comparing the nicotine patch to placebo. Results of this analysis are shown in Table 29. As can be seen from this analysis, the nicotine patch approximately doubles long-term abstinence rates over those produced by placebo interventions.

Suggestions for the Clinical Use of the Nicotine Patch

	Clinical use for the nicotine patch (FDA approved)
Patient selection	Appropriate as a first-line pharmacotherapy for smoking cessation.
Precautions	<i>Pregnancy</i> -- Pregnant smokers should be encouraged to quit first without pharmacologic treatment. The nicotine patch should be used during pregnancy only if the increased likelihood of smoking abstinence, with its potential benefits, outweighs the risk of nicotine replacement and potential concomitant smoking. Similar factors should be considered in lactating women. (FDA Class C)

	<p><i>Cardiovascular diseases</i> -- NRT is not an independent risk factor for acute myocardial events. NRT should be used with caution among particular cardiovascular patient groups: those in the immediate (within 2 weeks) postmyocardial infarction period, those with serious arrhythmias, and those with serious or worsening angina pectoris.</p> <p><i>Skin reactions</i> -- Up to 50% of patients using the nicotine patch will have a local skin reaction. Skin reactions are usually mild and self-limiting, but may worsen over the course of therapy. Local treatment with hydrocortisone cream (1%) or triamcinolone cream (0.5%) and rotating patch sites may ameliorate such local reactions. In less than 5% of patients, such reactions require the discontinuation of nicotine patch treatment.</p> <p><i>Other side effects</i> -- insomnia.</p>	
Dosage	Treatment of 8 weeks or less has been shown to be as efficacious as longer treatment periods. 16- and 24-hour patches are of comparable efficacy. Clinicians should consider individualizing treatment based on specific patient characteristics such as previous experience with the patch, amount smoked, degree of addictiveness, etc. Finally, clinicians should consider starting treatment on a lower patch dose in patients smoking 10 or fewer cigarettes per day.	
Availability	Nicoderm CQ, Nicotrol, generic -- OTC. Nicotine patches, generic (various doses) -- prescription.	
Brand	Duration	Dosage
Nicoderm CQ	4 weeks then 2 weeks then 2 weeks	21 mg/24 hours 14 mg/24 hours 7 mg/24 hours
Nicotrol	8 weeks	15 mg/16 hours
Prescribing instructions	<p><i>Location</i> -- At the start of each day, the patient should place a new patch on a relatively hairless location, typically between the neck and waist.</p> <p><i>Activities</i> -- No restrictions while using the patch.</p> <p><i>Time</i> -- Patches should be applied as soon as the patient wakes on their quit day. With patients who experience sleep disruption, have the patient remove the 24-hour patch prior to bedtime or use the 16-hour patch.</p>	

Clinical Guidelines for Prescribing Pharmacotherapy for Smoking Cessation

Who should receive pharmacotherapy for smoking cessation?	All smokers trying to quit, except in the presence of special circumstances. Special consideration should be given before using pharmacotherapy with selected populations: those with medical contraindications, those smoking fewer than 10 cigarettes/day, pregnant/breastfeeding women, and adolescent smokers.
What are the first-line pharmacotherapies recommended in this guideline?	All five of the FDA-approved pharmacotherapies for smoking cessation are recommended, including bupropion SR, nicotine gum, nicotine inhaler, nicotine nasal spray, and the nicotine patch.
What factors should a clinician	Because of the lack of sufficient data to rank-order these five

consider when choosing among the five first-line pharmacotherapies?	medications, choice of a specific first-line pharmacotherapy must be guided by factors such as clinician familiarity with the medications, contraindications for selected patients, patient preference, previous patient experience with a specific pharmacotherapy (positive or negative), and patient characteristics (e.g., history of depression, concerns about weight gain).
Are pharmacotherapeutic treatments appropriate for lighter smokers (e.g., 10-15 cigarettes/day)?	If pharmacotherapy is used with lighter smokers, clinicians should consider reducing the dose of first-line NRT pharmacotherapies. No adjustments are necessary when using bupropion SR.
What second-line pharmacotherapies are recommended in this guideline?	Clonidine and nortriptyline.
When should second-line agents be used for treating tobacco dependence?	Consider prescribing second-line agents for patients unable to use first-line medications because of contraindications or for patients for whom first-line medications are not helpful. Monitor patients for the known side effects of second-line agents.
Which pharmacotherapies should be considered with patients particularly concerned about weight gain?	Bupropion SR and nicotine replacement therapies, in particular nicotine gum, have been shown to delay, but not prevent, weight gain.
Are there pharmacotherapies that should be especially considered in patients with a history of depression?	Bupropion SR and nortriptyline appear to be effective with this population.
Should nicotine replacement therapies be avoided in patients with a history of cardiovascular disease?	No. The nicotine patch in particular is safe and has been shown not to cause adverse cardiovascular effects.
May tobacco dependence pharmacotherapies be used long-term (e.g., 6 months or more)?	Yes. This approach may be helpful with smokers who report persistent withdrawal symptoms during the course of pharmacotherapy or who desire long-term therapy. A minority of individuals who successfully quit smoking use ad libitum NRT medications (gum, nasal spray, inhaler) long-term. The use of these medications long-term does not present a known health risk. Additionally, the FDA has approved the use of bupropion SR for a long-term maintenance indication.
May pharmacotherapies ever be combined?	Yes. There is evidence that combining the nicotine patch with either nicotine gum or nicotine nasal spray increases long-term abstinence rates over those produced by a single form of NRT.

Recommendation: Combining the nicotine patch with a self-administered form of nicotine replacement therapy (either the nicotine gum or nicotine nasal spray) is more efficacious than a single form of nicotine replacement, and patients should be encouraged to use such combined treatments if they are unable to quit using a single type of first-line pharmacotherapy. (Strength of Evidence = B)

Overcoming Clinician Reluctance to Use Pharmacotherapy

Some clinicians are reluctant to recommend and prescribe pharmacotherapy for their patients who smoke. Several reasons have been cited for this reluctance, including clinician beliefs that are prevalent, but not supported by evidence. Examples of such beliefs are: smoking is a lifestyle choice and not a true dependence disorder; pharmacotherapy should be reserved for heavily dependent smokers, or used only in conjunction with an intensive cessation treatment; and smokers will be most successful if they first try to quit on their own.

Clinical and epidemiological data strongly counter these beliefs. A variety of findings show that tobacco dependence meets all accepted criteria for a drug dependence disorder. In most users, tobacco use produces tolerance, a well-characterized withdrawal syndrome, and an inability to control future use.²⁵ Thus, tobacco dependence warrants medical treatment just as do other drug dependence disorders and other chronic diseases.

Websites

This chart contains websites for Health Care Professionals (HCP), Patients, or both

Website	Primary Audience	Type of Materials
Agency for Healthcare Research and Quality (AHRQ): www.ahrq.gov	Both	Links to information, guidelines, ECD-9, self-help tools for patients
American Cancer Society (ACS) www.cancer.org	Both	Statistics, quit resources, slide presentations
American Heart Association http://www.americanheart.org/presenter.jhtml?identifier=4731	Both	Heart/stroke fact sheets, advocacy, Spanish and English materials
American Legacy Foundation www.americanlegacy.org	Patients	Support
American Lung Association Freedom from Smoking Online http://www.ffsonline.org/	Both	Smoking cessation, state legislative actions, section for research and tools
Campaign for Tobacco-Free Kids www.tobaccofreekids.org	Patients	Advocacy
National Cancer institute Smokefree www.smokefree.gov	HCP	Research, statistics
National Center for tobacco-free Older persons www.tcsg.org/tobacco.htm QuitNet www.quitnet.com	Both	Website links, help-lines and literature
National Institutes of Health www.nih.gov	HCP	Links to NIH institutes for drug abuse, heart disease, others
Office of the Surgeon General www.surgeongeneral.gov	HCP	Drug, counseling, clinician resources
QuitNet www.quitnet.com	Patients	Buddy support system
Smoking Cessation Leadership Center http://smokingcessationleadership.ucsf.edu	HCP	Office of the Robert Wood Johnson Foundation; links to toolkit for mental health provider
Tobacco Free Nurses Initiative www.tobaccofreenurses.org	HCP	Focused on helping nurses and student nurses to stop smoking

CDC Materials for Consumers (English and Spanish)

www.cdc.gov

[You Can Quit Smoking—Consumer Guide \(PDF File, 280 KB\)](#)

[Usted puede dejar de fumar—Guía del consumidor \(PDF File, 278 KB\)](#)

[5-Day Countdown \(PDF File, 50 KB\)](#)

[Prepárese en 5 días para dejar de fumar \(PDF File, 20 KB\)](#)

[You Can Quit Smoking—Pocket card \(PDF File, 39 KB\)](#)

[Usted puede parar de fumar—Tarjeta del bolsillo \(PDF File, 41 KB\)](#)

[Good Information for Smokers—You Can Quit Smoking \(PDF File, 111 KB\)](#)

[Información importante para fumadores \(PDF File, 115 KB\)](#)

[Quitting Helps You Heal Faster—Hospital card \(PDF File, 37 KB\)](#)

[Dejar de fumar le ayuda a sanar más rápido—Tarjeta del hospital \(PDF File, 38 KB\)](#)

[You Can Quit Smoking—Consumer packet](#)

[Quit Smoking: Consumer Interactive Tool for PDA Users](#)

CDC Materials for Clinicians

[Helping Smokers Quit: A Guide for Clinicians \(PDF File, 355 KB\)](#)

[Helping Smokers Quit: A Guide for Nurses \(PDF File, 109 KB\)](#)

[Treating Tobacco Use and Dependence: A Systems Approach \(PDF File, 108 KB\)](#)

Treating Tobacco Use and Dependence—Clinical Practice Guideline:

[Summary](#)

[Searchable Full Text \(PDF File, 1 MB\)](#)

[Treating Tobacco Use and Dependence: Quick Reference Guide for Clinicians \(PDF File, 599 KB\)](#)

Missouri Department of Health and Senior Services

Smoking and Tobacco: www.dhss.mo.gov/smokingandtobacco

Missouri Information for Community Assessment (MICA) - a resource for data on births, deaths, hospitalizations, etc. www.dhss.mo.gov/MICA/

APPENDIX L: SECONDHAND SMOKE

CDC Fact sheet on secondhand smoke

http://www.cdc.gov/tobacco/data_statistics/Factsheets/SecondhandSmoke.htm

2006 Surgeon General's Report on Secondhand Smoke

http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/index.htm

Channing-Bete Protecting Children from Secondhand Smoke

store.channing-bete.com

(75758)A

American Lung Association Secondhand Smoke website

<http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=39858>

Americans for Non-Smokers' Rights secondhand smoke website

<http://www.no-smoke.org/getthefacts.php?id=13>

Environmental Protection Agency website:

<http://www.epa.gov/smokefree/>



www.epa.gov/smokefree

Secondhand Tobacco Smoke and the Health of Your Family Brochure (Bilingual)



Protect Your Family

- o Make your home and car smoke-free.
- o Family, friends, and visitors should never smoke inside.
- o If you smoke, smoke only outside.
- o Ask your doctor for ways to help you stop smoking.

Secondhand Smoke is Dangerous

Everyone knows that smoking is bad for smokers, but did you know—

- o Breathing smoke from someone else's cigarette, pipe, or cigar can make you and your children sick.
- o Smoking inside a home or car is more dangerous because smoke gets trapped inside—even fans and open windows don't help.
- o Children who live in homes where people smoke get sick more often with coughs, breathing problems such as asthma, and ear infections.
- o Secondhand smoke is also linked to Sudden Infant Death Syndrome (SIDS).
- o Secondhand smoke can cause lung cancer in adults and is also bad for the heart.

EPA 402-F-06-004
March 2006

www.epa.gov/smokefree

The development and production of this manual is funded in part by:

Missouri Foundation for Health
“Improving the health of the people in the communities we serve”
1000 St. Louis Union Station, Suite 400
St. Louis, MO 63103

Ph: 314.345.5500 F: 314.345.5599
Toll free 1.800.655.5560
Grant # 06-0453 TC

And

Columbia/Boone County Health Department
1005 W. Worley St.
Columbia, MO 65203

Written by:
Linda R. Cooperstock, MPH, Public Health Planner
Columbia/Boone County Health Department
LRCooperstock@GoColumbiaMo.com