Tobacco Cessation Toolkit for **California Dental Providers**

UCSF School of Dentistry

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The Tobacco Cessation Toolkit for Dental Providers was created by the UCSF School of Dentistry California Oral Health Technical Assistance Center (COHTAC) in partnership with San Joaquin County Public Health Services Smoking & Tobacco Outreach and Prevention Program (STOPP) and Local Oral Health Program, and the California Department of Public Health, Office of Oral Health. Thank you to the UCSF Smoking Cessation Leadership Center for their review of this toolkit. This Toolkit was made possible by Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 under Contract 17-10592.

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For additional information on tobacco cessation resources, please visit: https://oralhealthsupport.ucsf.edu/our-programs/tobacco-cessation

The purpose of this toolkit is to support dental providers in California with tools and resources to guide their patients' journey to a smoke and tobacco-free life. The toolkit is designed to complement other tobacco cessation resources and is not a comprehensive guide on treating tobacco use and dependence.

Tobacco Use in California

- Over **2.8 million adults in California continue to smoke and 4 million currently use any form of tobacco**, a number that exceeds the total population of 23 other states.[1]
- Tobacco use causes numerous chronic health conditions and kills >35,000 Californians annually.[2]
- Youth are engaging in new forms of tobacco use. Data show that 27.5% of high school age youth nationwide were using e-cigarettes in 2019,[3] more than double since 2017 (13.2%). Tobacco marketing and various flavors, like bubblegum and strawberry, entice young non-tobacco users.[4]
- Tobacco use disproportionately affects the health and wellbeing of vulnerable populations, such as LGBT persons, racial minorities, those suffering from mental health disorders and substance use disorders, people with unstable housing, low-income earners, and residents of rural communities.[1,5] **These health inequities are avoidable, unfair, and unjust**.
    - The tobacco industry has used advertising and marketing tactics that disproportionately target communities of color resulting in disparities in smoking and smoking-related death and disease. African American or Black (17%) and American Indian (19%) groups have the highest smoking prevalence in California.[5]
    - Adult smokers on Medi-Cal account for 40% of all CA smokers. A 1% reduction in smoking prevalence in CA would reduce Medicaid costs by $630.2 million in one year.
    - Roughly 26.7% of individuals experiencing psychological distress, such as stress, anxiety, or depression use tobacco.[5]
    - While smoking prevalence overall is lower in CA than in most states, there are stark rural-urban disparities in smoking prevalence (Figure)

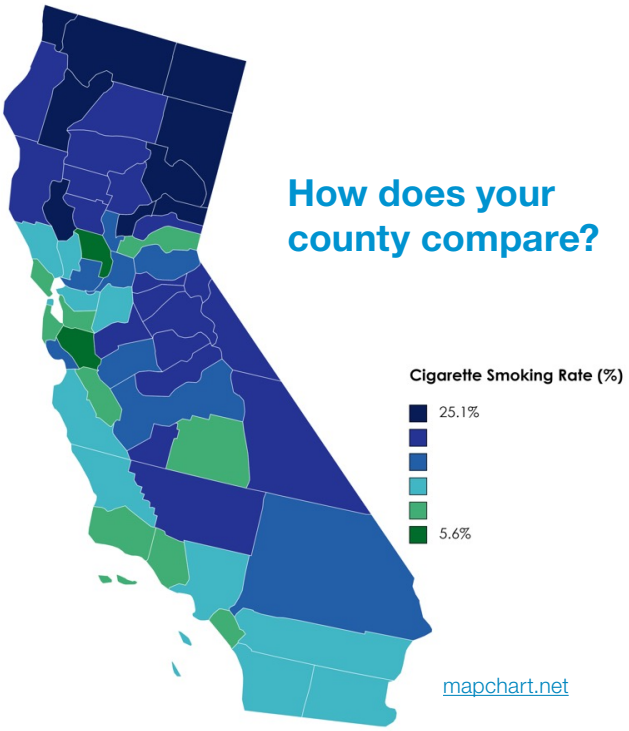

Figure. Prevalence of cigarette smoking among California adults by region. Note: Restricted to respondents aged 18 or older. Cigarette use is based on self-reported current use. Several counties were categorized together to produce stable estimates: (a) Alpine, Amador, Calaveras, Inyo, Mariposa, Mono, Tuolumne; (b) Del Norte, Lassen, Modoc, Plumas, Sierra, Siskiyou, Trinity; (c) Colusa, Glenn, Tehama; (d) Napa, Sonoma; and (e) Santa Barbara, Ventura. Source: California Health Interview Survey, 2015-17. Los Angeles, CA: UCLA Center for Health Policy Research; February 2019.

Dental Professionals' Role in Tobacco Cessation

- The California Dental Association (CDA), The California Dental Hygienists' Association (CDHA) and the American Dental Hygienists' Association (ADHA), recognize that dental providers play a pivotal role in providing tobacco cessation support to their patients. The CDA states that dentists have a **professional responsibility** to educate and advise patients regarding tobacco-related health risks and to support cessation of all tobacco products.
- **Your practice** can play an important role in preventing chronic disease related to tobacco use by incorporating tobacco cessation into your daily patient care routine.

Brief tobacco cessation interventions by dental providers are effective and can save lives!

Tobacco Use Matters

Dental professionals are well positioned to reduce tobacco use among their patients and decrease their patients' risk of poor health outcomes. Tobacco use matters for dental care. You and your dental team can do something about it!

Tobacco use negatively affects nearly every aspect of oral health, from gingivitis to implant failure. Dental professionals see the first physical effects of tobacco in the oral cavity, including:

- Stained teeth
- Halitosis
- Periodontal disease
- Tongue discoloration
- Caries due to dry mouth
- Oral cancer
- Soft tissue changes (dysplasia/oral leukoplakia)
- Reduced response to periodontal therapy
- Delayed wound healing
- Implant failure

Smokers are 2-4 more times likely to develop heart disease than non-smokers.

Life expectancy for smokers is at least 10 years shorter than non-smokers.

Hispanic adults are less likely to receive health advice from a provider to quit smoking than Non-Hispanic Whites.

The systemic effects of tobacco use are also significant. Tobacco use and exposure to secondhand smoke is associated with an increased risk of cardiovascular disease, respiratory disease, cancer, reproductive infertility, delayed wound healing, osteoporosis, cataracts, and more. These conditions are all preventable.

Drug Interactions – Tobacco smoke interacts with many medications. Ingredients in tobacco (not nicotine) activate enzymes in the body that can breakdown some medications faster. Therefore, tobacco users may require higher doses to experience the same effect. After quitting, dose reductions may be needed to avoid toxicity and other unnecessary side effects.

Benefits of Quitting[6]

Short term

- Decreased blood pressure
- Heartbeat stabilizes
- Increased circulation
- Increased oxygen in blood
- Decreased carbon monoxide in blood
- Increased sense of smell/taste
- Risk of heart attack decreases (within 24 hours)

Long term

- Circulation, lung function, and immune systems improves
- Walking becomes easier
- Respiratory symptoms decrease
- Decreased risk of stroke and cardiovascular disease
- Risk of cancer decreased
- Risk of death returns to similar level to non-users (within 15 yrs)
- Increase long-term sobriety

Oral health

- Rapid improvement in periodontal health
- Improved wound healing and response to therapy
- Decreased risk of oral lesions, including leukoplakia
- Decreased risk of oral and esophageal cancer
- Decreased staining

Tobacco Use and Dependence: Why it can be so hard to quit?

Tobacco dependence is a chronic condition that involves a combination of **physiological factors** and **behavioral factors**. As such, treatment for tobacco use and dependence must address both factors for maximum effectiveness.

Physiological – *Nicotine* is the addictive chemical in tobacco products. When absorbed in the bloodstream, nicotine stimulates the release of dopamine in the brain, making users feel good. When someone stops using tobacco, a reduction in dopamine release causes withdrawal symptoms (see Table). These symptoms serve as a stimulus to reinforce continued use. Over time, a tolerance develops, requiring more nicotine to reach the same effect.

Behavioral (Mental/Emotional) – Over time, tobacco use becomes part of daily life. Individuals tend to use tobacco at specific times (e.g., morning coffee, lunch break, driving in the car, etc.) or when they are feeling a certain way (e.g., stressed, anxious, tired, etc.). Tobacco users may also associate use with certain social situations, like using with friends and family or taking a "smoke break" with coworkers.

Common Symptoms of Nicotine Withdrawal

- Anxiety
- Difficulty concentrating/focusing
- Restlessness or boredom
- Trouble sleeping
- Depression/depressed mood
- Insomnia
- Impaired performance
- Increase appetite or weight gain
- Cravings
- Irritability or frustration
- Anger
- Headaches

Symptoms typically occur within the first 1-2 days, peaking within the first week. Symptoms will often subside within 2-4 weeks.

The Decision to Quit

Quitting tobacco use is often the single hardest thing that someone will ever do. When considering quitting, most people are not ready to change. Changing a behavior like tobacco use is a process, not a single action. Typically, it will take a tobacco user multiple quit attempts to be successful and their readiness to quit (or remain abstinent) will change over time (See Table). Understanding a patient's tobacco use history and readiness to quit enables clinicians to set appropriate treatment goals and deliver relevant counseling support.

Stages of Readiness to Quit		Clinician's Goals for Appointment
Stage 1:	Not ready to quit in the next month	Get the patient to start thinking about quitting by enhancing motivation (see Appendix Pages 17-18)
Stage 2:	Ready to quit in the next month	Assist patient in achieving cessation (5 A's & A-A-R)
Stage 3:	Recent quitter, quit in the last 6 months	Help patient stay quit for at least 6 months by providing resources and support when needed
Stage 4:	Former tobacco user, quit >6 months	Help patient remain tobacco free with ongoing relapse prevention support

Brief Tobacco Cessation Interventions in Dental Settings

Every point of contact with a dental team member is an opportunity. Every member of a dental team can play a role in a patient's journey to being smoke and tobacco-free. Patients interact with the different members of a dental team from the moment they check-in with the receptionist, speak with a dental assistant or dental hygienist, and are seen by a dentist. Dental teams can be trained on evidence-based tobacco cessation interventions. Similarly, dental teams can adopt an internal policy or protocol workflow to support and sustain tobacco cessation interventions. Dental providers and staff should each understand the workflow and their personal role in providing tobacco cessation support.

The **5 A's Approach** is the evidence-based framework and gold standard used by health professionals for tobacco use intervention.[7]

The 5 A's are

1. **ASK** – **Ask about** all forms of **tobacco use at every visit and document patient responses**.
   Ask about tobacco use status (current, former, never) and amount used (daily/weekly). Ask patients specifically about e-cigarettes when screening.
2. **ADVISE** – **Advise users to quit**.
   Give clear, non-judgmental, strong, personalized advice to quit. Connect advice with oral findings. Explain how patients' health conditions are linked to tobacco use.
3. **ASSESS** – **Assess their willingness to quit**.
   Is the tobacco user willing to make a quit attempt in the next month?
4. **ASSIST** – **Assist with a quit plan**.
   For patients who are ready to consider quitting:
   - Help set a quit date within 30 days
   - Review past quit attempts, including counseling and medication used
   - Discuss potential triggers and coping strategies
   - Recommend or prescribe pharmacotherapy (See Pharmacological Product Guide: FDA Approved Medicals for Smoking Cessation)
   - Make a referral to comprehensive tobacco cessation counseling or support group
5. **ARRANGE** – **Arrange follow-up contact**.
   Document in their chart and schedule a follow-up appointment to review progress and provide additional tobacco cessation counseling.

When using the 5 A's approach, consider the following

- Be compassionate, caring, and empowering. Prepare for "push-back"
- Most people who use tobacco did not intend to become addicted. Approach the patient with care and concern
- If the patient is unwilling to quit, document the patient's expressed barriers
- It will often take an individual multiple attempts to quit for good. Remind patients that setbacks are normal and it's important to keep trying!

CDT Code D1320: Tobacco counseling for the control and prevention of oral disease

Using D1320 allows for better evaluation of practices and sends a message to dental insurers that tobacco cessation is an integral part of oral health care.

Medi-Cal Dental Program providers **can now be reimbursed** for providing tobacco cessation support to their patients (effective June 1, 2019).

For more information, visit: https://www.denti-cal.ca.gov/DC_documents/providers/provider_bulletins/Volume_35_Number_15.pdf

Ask-Advise-Refer

For busy clinicians who may not have time to provide more thorough cessation services, there is an alternative approach to the 5 A's called **Ask-Advise-Refer**.[7] This shortened approach takes just 3 minutes!

ASK **Ask about all forms of tobacco use at every visit and document patient response**. Ask about tobacco use status (current, former, never) and amount used (daily/weekly). Ask patients specifically about e-cigarettes when screening.

ADVISE **Advise users to quit.** Give clear, non-judgmental, strong, personalized advice to quit. Connect advice with oral findings. Explain how patients' health conditions are linked to tobacco use.

REFER **Refer tobacco users to cessation services**. Referral options include:

- Patient's physician or other healthcare professional
- Local/community tobacco cessation program. To find a list of local programs in your area, visit: www.kickitca.org/county-listing
- Tobacco telephone quitline: **Kick It California** (formerly California Smokers' Helpline). There are several ways to refer patients to the quitline:
  a. Provide patients with the telephone number **1-800-300-8086 (California)** where they can schedule a call with a trained Quit Coach (Passive referral). You can also provide patients with chat or text messaging programs (see Appendix C).
  b. **Directly refer** patients via the web portal (Active referral; Preferred method). Patients will receive a phone call from a trained counselor within 48 hours. To actively refer patients through the web portal, visit www.kickitca.org/patient-referral

Examples of Referral Language

"Let me put you in contact with a **local cessation program** that can help as you get ready to quit."

"You can call **1-800-300-8086** any time for free telephone support while you are quitting."

"The helpline can double your chances of quitting. We can connect you, and they will call you within 48 hours. May I sign you up with the helpline today?"

For more information about tobacco cessation interventions and evidence-based curricula, see Appendix A. For a full list of, pharmacotherapies for Nicotine Replacement Therapies (NRT) see Appendix B. For a list of tobacco cessation resources Appendix C.

Personal FREE Quit Services

English
1-800-300-8086

Spanish
1-800-600-8191

Mandarin & Cantonese
1-800-838-8917

Korean
1-800-556-5564

Vietnamese
1-800-778-8440

Chewing Tobacco
1-800-844-CHEW
(1-800-844-2439)

TDD: Deaf or Hard of Hearing
1-800-933-4TDD
(1-800-933-4833)

KICK IT California

Hours of Operation
Monday–Friday: 7am – 9pm
Saturday: 9am – 5pm
Order free patient materials at **kickitca.org**

The Role of the Dental Team

Each dental team member plays a critical role in supporting patients' interest in quitting. One team member should adopt the role of "Tobacco Cessation Champion" in their practice and help motivate team members to perform their respective duties. These duties will vary by dental practice and level of staff training, but can include the following:

Dentist	Dental Hygienist	Dental Assistant	Front Office
Initiate discussion	5A's and A-A-R	Ask patients about tobacco use status	Schedule follow ups
Advise patients to quit	Link oral health with tobacco use	Follow up phone calls	Complete electronic referral with patient
Link oral health with tobacco use	Educate/motivate patients unwilling to quit	Arrange/track follow up	Set up alerts in EHRs and enter reimbursement codes for services
Recommend and prescribe medications	Provide resources to patients	Order cessation resources (e.g., fact sheets, quit cards)	Display educational materials in waiting room
Tobacco part of surgical pre- and post-op advice			

The ultimate goal of every dental team is to restore and promote the oral and overall health of their patients. Implementing a Tobacco Cessation Counseling Program standardizes the tobacco cessation services that are provided to patients and shares responsibility across the entire dental team. Some practices will have programs that include only brief interventions (Ask-Advise-Refer), while others may incorporate treatment that is more thorough (5 A's).[8] See below for an example of how these interventions can be incorporated into the patient care workflow.

Regardless of level of intervention, any program that increases the engagement of dental professionals in tobacco cessation makes a difference and improves health!

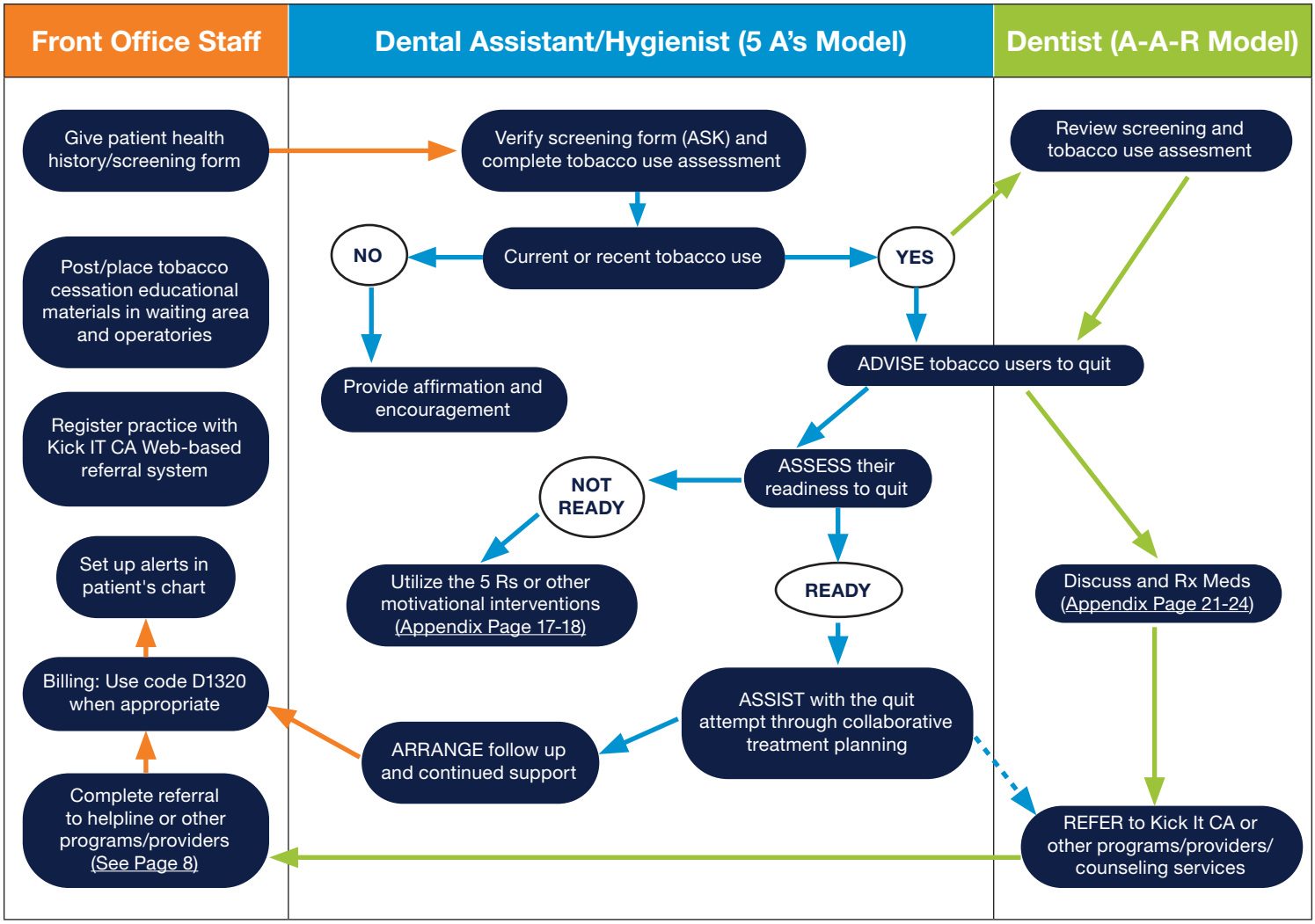

Figure. Example Workflow for Dental Team Members Utilizing the 5A's and A-A-R Model. Adapted from the University of Colorado Anschutz Medical Campus, School of Medicine, Behavioral Health and Wellness Program. A Patient-Centered Tobacco Cessation Workflow for Healthcare Clinics (2015).

Tobacco Products: Beyond Cigarettes

Your dental patients are using more than just cigarettes. Dental professionals are likely to encounter patients who are using, or thinking about using, other tobacco products, such as cigars, chewing tobacco, and e-cigarettes (vaping).[9] While not a tobacco product, use of cannabis (marijuana) is increasingly common and highly relevant to oral health. While these products are sometimes viewed as less dangerous than conventional cigarettes,[10] recognizing and addressing their use in dental practice is part of your responsibility.

- E-cigarettes produce an inhaled aerosol with nicotine and flavorings. While they may deliver fewer toxic chemicals and carcinogens than traditional cigarettes, e-cigarettes are not harm free and emerging research suggests possible oral health risks.[11]
- E-cigarettes are not FDA approved as tobacco cessation aids, and evidence is mixed whether they are safe or effective for quitting smoking.
- Cannabis use is associated with dry mouth and periodontal disease; safe dental care requires screening for patients potentially under the influence before treatment.[12]
- Ask patients about use of all tobacco products and cannabis. Offer cessation support and resources to help patients quit regardless of what product they are using.
- Below the images of new and emerging tobacco products are links specific to non-cigarette tobacco and additional resources to elevate your tobacco cessation abilities and practices to the next level.

Figure. New and Emerging Non-cigarette Tobacco Products. *Images provided by authors, except Pods, which are copyright California Department of Public Health*

FDA Approved Medications: An Overview

Unless contraindicated, everyone ready to quit should be offered pharmacotherapy (in addition to behavioral counseling). The choice of medications is largely based on patient preference, with a few exceptions based on comorbidities or contraindications. For most patients, treatment with either varenicline or a combination of two NRTs (often nicotine patch, plus gum/lozenge) is recommended. The patch provides sustained withdrawal relief, while the short acting NRT is used "as needed" to control any breakthrough cravings/withdrawal symptoms. See Appendix B or the resources below for more information.

Medication	OTC? (U.S.)	Information and Considerations
Nicotine Replacement Therapy (NRT)		
Patch	Yes	Long-acting; Helps beat the urge to use by providing therapeutic nicotine all day; Comes in 3 strengths so individuals can gradually step down
Gum	Yes	Short-acting; Nicotine dose controlled by the user and helps with sudden urges; Can act as an oral substitute for tobacco; Should be chewed briefly and then "parked" in buccal mucosa
Lozenges	Yes	Acts similarly to nicotine gum; Also good for those with poor dentition or dental appliances
Inhaler	No	Less common; User controls nicotine dose; Can act as a substitute for cigarettes; Frequent puffing needed for adequate nicotine delivery
Nasal Spray	No	Less common; User controls nicotine dose; Most rapid delivery of nicotine among all NRTs; Many users find it difficult to tolerate
Non-nicotine Medications		
Varenicline	No	Pill form; Relieves withdrawal symptoms and blocks reward from tobacco use; Contraindicated in patients with unstable psychiatric status, history of suicidal ideation, or PTSD
Bupropion (SR)	No	Pill form; Antidepressant; Somewhat less effective than combination NRT or varenicline; Reasonable alternative for individuals with: depression, previous success using bupropion; a limited budget, or those concerned with post-cessation weight gain; Contraindicated for those with seizure disorders and other conditions (see Appendix B Page 20)

Resources: Where Can I Learn More?

If you are interested in learning more about tobacco cessation and what you can do in your practice, visit:

- American Dental Association (ADA): Smoking and Tobacco Cessation
- American Dental Hygienists' Association (ADHA): https://adhaquittobacco.org/
- Kick It California: How Health Care Providers Can Help Patients Quit
- CDC Tips from Former Smokers®: Dental Professionals: Help Your Patients Quit Smoking
- CDC A Million Hearts Action Guide: Identifying and Treating Patients Who Use Tobacco - ACTION STEPS for Clinicians and Tobacco Cessation Change Package
- Pharmacological Product Guide: FDA Approved Medicals for Smoking Cessation
- Drug Interactions with Tobacco Smoke UCSF Smoking Cessation Leadership Center (SCLC)
- Rx for Change

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Appendix A: Provider Interventions

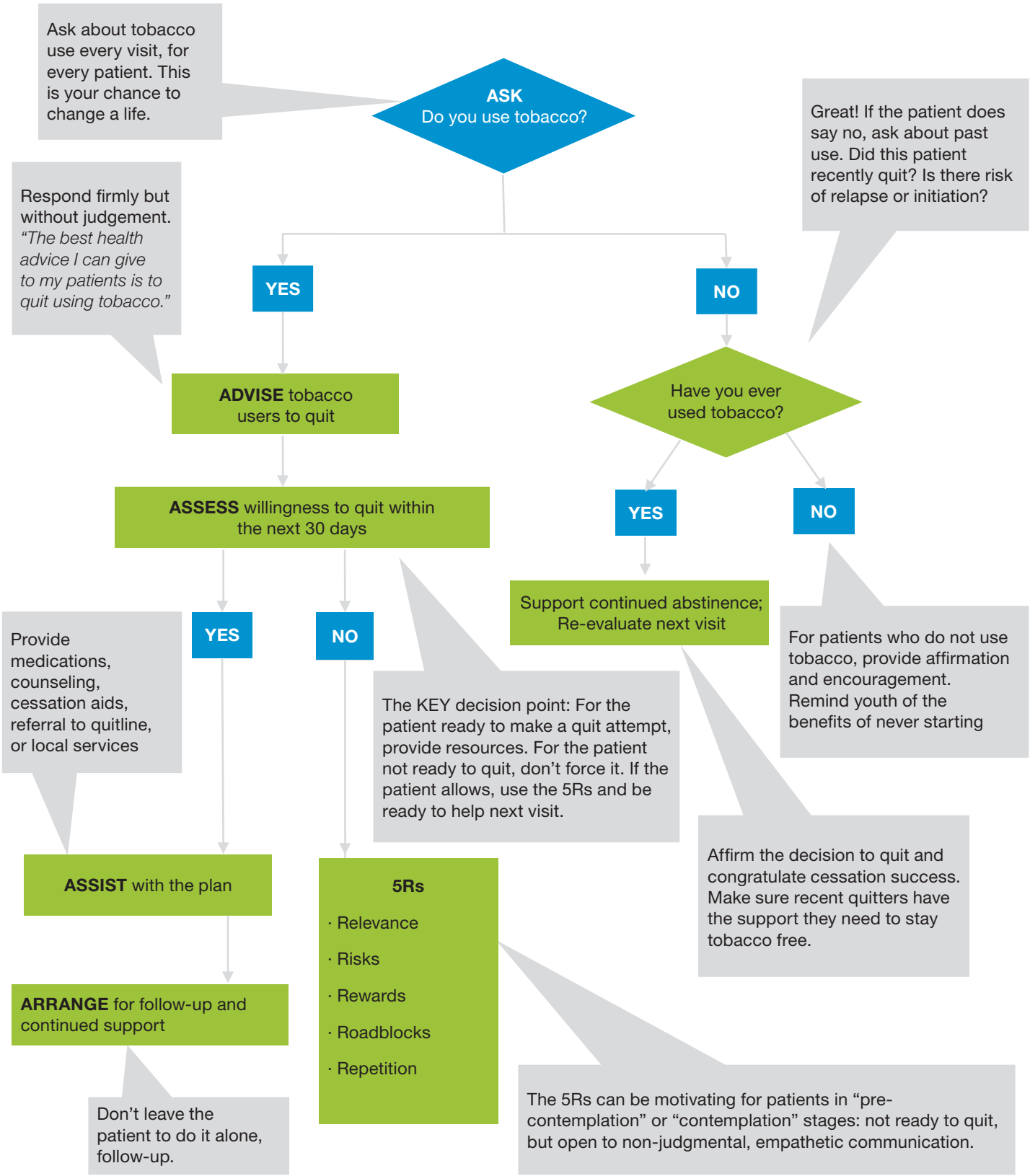
The 5 A's

The **5 A's** Approach is the evidence-based framework and gold standard used by health professionals for tobacco use intervention.

The Five A's Approach to Tobacco Cessation*	
Approach	**Suggested Actions and/or Language**
ASK: Ask about tobacco use at every visit Tobacco use status (current, former, never) Amount used (daily/weekly) Document patient response	"Do you ever smoke or use any type of tobacco product?" "How often do you use [tobacco product]?" "I take time to ask all of our clients about tobacco use because it is important."
ADVISE: Advise users to quit Give clear, non-judgmental, strong, personalized advice to quit. Connect advice with oral findings	"There have been some tissue changes in your mouth, and your gum health is getting worse since your last visit. Your use of [tobacco product] is affecting your health." "The best thing that I can do for you today to protect your current and future health is to advise you to stop using [tobacco product]."
ASSESS: Assess their willingness to quit Is the tobacco user willing to make a quit attempt at this time?	"Would you like to try to quit tobacco in the next month/ year?" "On a scale of 0-10 (0 being not at all important and 10 being very important), how important is it for you to quit using [tobacco product]?" "What would it take for you to give quitting a try?"
ASSIST: Assist with a quit plan Work with the patient on a quit plan: - Set a quit date within two weeks - Review past quit attempts - Avoid other tobacco users & alcohol - Tell family and friends - Remove tobacco from home, work, & car - Recommend or prescribe pharmacotherapy	*For patients who are ready to quit:* "Would you like to create a quit plan with me today?" *For patients who are not ready to quit:* Provide a brief intervention or motivational interview using strategies to enhance patient readiness, confidence, and conviction to make a quit attempt.
ARRANGE: Arrange follow-up contact Document in their chart and schedule a follow-up appointment to review progress and provide additional tobacco cessation counseling.	*For patients not ready to quit:* "If it is okay with you, I'd like to check in with you at your next appointment to see where you are in your decision making." *For patients who are ready to quit:* "If it's okay with you, I'd like to schedule a follow-up appointment or phone call to discuss your progress." "You can call 1-800-300-8086 for free telephone support."

* Modified from American Dental Association (ADA), www.ada.org/goto/quitsmoking; and U.S. Public Health Service, Clinical Practice Guideline: Treating Tobacco Use and Dependence, www.surgeongeneral.gov/tobacco/.

5 A's Flow Chart: A Systematic Approach to a Brief Patient Conversation



*Adapted from CDA Presents Tobacco Cessation Counseling, 2018. Retrieved from https://oralhealthsupport.ucsf.edu/sites/g/files/tkssra861/f/wysiwyg/CDA%20Presents%20SF%20-%20HANDOUT%209_24_2018.pdf

Ask-Advise-Refer

Ask-Advise-Refer is a simplified version that allows clinicians to Ask, Advise and Refer patients to a quit-line or cessation services that will Assess, Assist, and Arrange follow-up.

This shortened approach takes less than 3 minutes!

Ask-Advise-Refer Approach to Tobacco Cessation*	
Approach	**Suggested Actions and/or Language**
ASK: Ask about tobacco use Tobacco use status should be up- dated for all patients on a regular basis Understand tobacco habits (type of product, dose, frequency, duration of use)	"Do you ever smoke or use other types of tobacco or nicotine, such as e-cigarettes?" "I take time to ask all of my patients about tobacco use—because it's important." "Condition X often is caused or worsened by smoking. Do you, or does someone in your household smoke?"
ADVISE: Advise tobacco users to quit Message should be clear, strong, and personalized	"It's important that you quit as soon as possible, and I can help you." "Occasional or light smoking is still harmful." "Quitting is the most important thing you can do to protect your health now and in the future."
REFER: Refer tobacco users to cessation services Refer to CA Smoker's Helpline, Peer-to-peer counselor, and/or other program	"Let me put you in contact with a local cessation program that can offer you assistance as you get ready to quit." "You can call 1-800-QUIT-NOW any time for free telephone support while you are quitting. Can I sign you up with the helpline today?"

* Modified from American Dental Association (ADA), www.ada.org/goto/quitsmoking; and U.S. Public Health Service, Clinical Practice Guideline: Treating Tobacco Use and Dependence, www.surgeongeneral.gov/tobacco/.

The 5R's Approach to Tobacco Cessation

The **5 R's Approach** is intended to increase the motivation to quit among patients who are not yet ready to make a quit attempt.

The Five R's Approach to Tobacco Cessation*	
Approach	**Suggested Actions and/or Language**
RELEVANCE Encourage patient to indicate why quitting is personally relevant	"Why is quitting tobacco personally relevant to you?"
RISKS Ask the patient to identify potential negative consequences of tobacco use	"What do you think are the negative consequences of tobacco use?"
REWARDS Ask the patient to identify potential benefits of stopping	"What do you think are the benefits of quitting tobacco?"
ROADBLOCKS Ask the patient to identify barriers or impediments to quitting	"What do you think are the barriers preventing you from quitting tobacco?" "Can you think of any ways to circumvent these barriers?"
REPETITION The motivational intervention should be repeated every time an unmotivated patient has an interaction with a clinician. Tobacco users who have failed in previous quit attempts should be encouraged to continue trying to quit.	"Most people make repeated quit attempts before they are successful." "Would it be OK with you if we revisit this conversation at your next visit?"

* U.S. Public Health Service, Clinical Practice Guideline: Treating Tobacco Use and Dependence, www.surgeongeneral.gov/tobacco/.

Motivational Interviewing Strategies

Motivational Interviewing is a collaborative, goal-oriented communication style designed to strengthen a person's own motivation and commitment to change. The spirit of MI incorporates four key elements: **partnership** (not confrontation), **acceptance** (not judgement), **compassion** (not in difference) and evocation (not advice). The following MI strategies can be used to assist providers in helping patients explore and enhance their motivation to quit using tobacco.

Patient-Centered Communication Methods (O-A-R-S)*	
Approach	**Suggested Actions and/or Language**
Open-ended questions *Patient benefits* Allows patient to express him or herself The patient verbalizes what is important to them *Provider benefits* Learn more about the patient Sets a positive tone for the session	"How would you do that?" "What do you see being your biggest challenge?" "Can you tell me more about that?" "What are your thoughts about quitting smoking?" "What do you know about the health consequences of smokeless tobacco use?" "What worries you about your cigarette use?"
Affirmations Statements of appreciation to nurture strengths Strategically designed to anchor clients in their strengths, values, and resources despite difficulties/ challenges Authentic observations about the person Focused on non-problem areas Focused on behaviors vs. attitudes/goals	*Patient:* "I tried sixteen times to stop smoking." *Provider:* "Wow, you've already showed your commitment to trying to stop smoking several times. That's great! More importantly, you're willing to try again."
Reflections *Reflections from the provider convey:* That they are interested in That it's important to understand the patient The they want to hear more What the patient says is important	*Patient:* "I'm afraid that my daughter is going to smoke because she sees me smoke." *Provider reflection:* "You're worried about how the things that you do like smoking, might impact your daughter."
Summaries Reflecting elements that will aid the patient in moving forward Selective judgement on what to include and exclude Can be used to gather more information Can be used to move into a new direction Can be used to link both sides of ambivalence	"So, it sounds like on one hand you love smoking and it helps relax you, but on the other hand it is starting to affect your health and you would like to quit." "What I hear you saying is that it is very important for you to quit, but you are worried that you may not have the tools to be successful. What worries you the most about quitting? (Open-ended question)"

*Source: Miller, W. R., & Rollnick, S. (2012). Motivational interviewing: Helping people change. Guilford press.

Appendix B: FDA-Approved Medications for Smoking Cessation

	NICOTINE REPLACEMENT THERAPY (NRT) FORMULATIONS						BUPROPION SR	VARENICLINE
	GUM	LOZENGE	TRANSDERMAL PATCH		NASAL SPRAY	ORAL INHALER		
PRODUCT	**Nicorette[1], ZONNIC[2], Generic** OTC 2 mg, 4 mg original, cinnamon, fruit, mint (various)	**Nicorette[1], Generic** **Nicorette1 Mini** OTC 2 mg, 4 mg; cinnamon, cherry, mint	**Habitrol[2], NicoDerm CQ[1], Generic** OTC 7 mg, 14 mg, 21 mg (24-hr release)		**Nicotrol NS[3]** **Rx** **Metered spray** **10 mg/mL nicotine solution**	**Nicotrol Inhaler[3]** **Rx** **10 mg cartridge delivers 4 mg inhaled vapor**	**Generic (formerly Zyban)** **Rx** **150 mg sustained-release tablet**	**Chantix[3]** Rx 0.5 mg, 1 mg tablet
PRECAUTIONS	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Temporomandibular joint disease • Pregnancy[4] and breastfeeding • Adolescents (<18 years)	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Pregnancy4 and breastfeeding • Adolescents (<18 years)	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Pregnancy4 and breastfeeding • Adolescents (<18 years)		• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Underlying chronic nasal disorders (rhinitis, nasal polyps, sinusitis) • Severe reactive airway disease • Pregnancy[4] and breastfeeding • Adolescents (<18 years)	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Bronchospastic disease • Pregnancy[4] and breastfeeding • Adolescents (<18 years)	• Concomitant therapy with medications/conditions known to lower the seizure threshold • Hepatic impairment • Pregnancy[4] and breastfeeding • Adolescents (<18 years) • Treatment-emergent neuropsychiatric symptoms[5] **Contraindications:** • Seizure disorder • Concomitant bupropion (e.g., Wellbutrin) therapy • Current or prior diagnosis of bulimia or anorexia nervosa • Simultaneous abrupt discontinuation of alcohol or sedatives/ benzodiazepines • MAO inhibitors in preceding 14 days; concurrent use of reversible MAO inhibitors	• Severe renal impairment (dosage adjustment is necessary) • Pregnancy[4] and breastfeeding • Adolescents (<18 years) • Treatment-emergent neuropsychiatric symptoms[5]
DOSING	*1st cigarette ≤30 minutes after waking:* 4 mg *1st cigarette >30 minutes after waking:* 2 mg Weeks 1–6: 1 piece q 1–2 hours* Weeks 7–9: 1 piece q 2–4 hours* Weeks 10–12: 1 piece q 4–8 hours* **while awake* • Maximum, 24 pieces/day • During initial 6 weeks of treatment, use at least 9 pieces/day • Chew each piece slowly • Park between cheek and gum when peppery or tingling sensation appears (~15–30 chews) • Resume chewing when tingle fades • Repeat chew/park steps until most of the nicotine is gone (tingle does not return; generally 30 min) • Park in different areas of mouth • No food or beverages 15 minutes before or during use • Duration: up to 12 weeks	*1st cigarette ≤30 minutes after waking:* 4 mg *1st cigarette >30 minutes after waking:* 2 mg Weeks 1–6: 1 lozenge q 1–2 hours* Weeks 7–9: 1 lozenge q 2–4 hours* Weeks 10–12: 1 lozenge q 4–8 hours* **while awake* • Maximum, 20 lozenges/day • During initial 6 weeks of treatment, use at least 9 lozenges/day • Allow to dissolve slowly (20–30 minutes) • Nicotine release may cause a warm, tingling sensation • Do not chew or swallow • Occasionally rotate to different areas of the mouth • No food or beverages 15 minutes before or during use • Duration: up to 12 weeks	<u>>10 cigarettes/day</u>: 21 mg/day x 4–6 weeks 14 mg/day x 2 weeks 7 mg/day x 2 weeks <u>≤10 cigarettes/day</u>: 14 mg/day x 6 weeks 7 mg/day x 2 weeks • Rotate patch application site daily; do not apply a new patch to the same skin site for at least one week • May wear patch for 16 hours if patient experiences sleep disturbances (remove at bedtime); before recommending, rule out other factors that might be contributing (e.g., drug interaction between caffeine and tobacco smoke, other medications, and lifestyle factors) • Duration: 8–10 weeks		1–2 doses/hour* (8–40 doses/day) One dose = 2 sprays (one in **each** nostril); each spray delivers 0.5 mg of nicotine to the nasal mucosa **while awake* • Maximum • – 5 doses/hour or • – 40 doses/day • During intial 6-8 weeks of treatment, use at least 8 doses/day • Gradually reduce daily dosage over an additional 4-6 weeks • Do not sniff, swallow, or inhale through the nose as the spray is being administered • Duration: 12 weeks	6–16 cartridges/day Individualize dosing; initially use 1 cartridge q 1–2 hours* **while awake* • Best effects with continuous puffing for 20 minutes • During initial 6 weeks of treatment use at least 6 cartridges/day • Gradually reduce daily dosage over the following 6-12 weeks • Nicotine in cartridge is depleted after 20 minutes of active puffing • Inhale into back of throat or puff in short breaths • Do NOT inhale into the lungs (like a cigarette) but "puff" as if lighting a pipe • Open cartridge retains potency for 24 hours • No food or beverages 15 minutes before or during use • Duration: 3–6 months	150 mg po q AM x 3 days, then 150 mg po bid • Do not exceed 300 mg/day • Begin therapy 1–2 weeks prior • to quit date • Allow at least 8 hours between doses • Avoid bedtime dosing to minimize insomnia • Dose tapering is not necessary • Duration: 7–12 weeks, with maintenance up to 6 months in selected patients	Days 1–3: 0.5 mg po q AM Days 4–7:0.5 mg po bid Weeks 2–12: 1 mg po bid • Begin therapy 1 week prior • to quit date • Take dose after eating and with a full glass of water • Dose tapering is not necessary • Dosing adjustment is necessary for patients with severe renal impairment • Duration: 12 weeks; an additional 12-week course may be used in selected patients • May initiate up to 35 days before target quit date OR may reduce smoking over a 12-week period of treatment prior to quitting and continue treatment for an additional 12 weeks

Appendix B: FDA-Approved Medications for Smoking Cessation

	NICOTINE REPLACEMENT THERAPY (NRT) FORMULATIONS					BUPROPION SR	VARENICLINE
	GUM	LOZENGE	TRANSDERMAL PATCH	NASAL SPRAY	ORAL INHALER		
ADVERSE EFFECTS	• Mouth and throat irritation • Jaw muscle soreness • Hiccups • GI complaints (dyspepsia, nausea) • May stick to dental work	• Nausea • Hiccups • Cough • Heartburn • Headache • Flatulence • Insomnia	• Local skin reactions (erythema, pruritus, burning) • Sleep disturbances (abnormal or vivid dreams, insomnia); associated with nocturnal nicotine absorption	• Nasal and/or throat irritation (hot, peppery, or burning sensation) • Ocular irritation/tearing • Sneezing • Cough	• Mouth and/or throat irritation • Cough • Hiccups • GI complaints (dyspepsia, nausea)	• Insomnia • Dry mouth • Nausea • Anxiety/difficulty concentrating • Constipation • Tremor • Rash • Seizures (risk is 0.15%) • Neuropsychiatric symptoms (rare; see PRECAUTIONS)	• Nausea • Sleep disturbances (insomnia, abnormal/vivid dreams) • Headache • Flatulence • Constipation • Taste alteration • Neuropsychiatric symptoms (rare; see PRECAUTIONS)
	• Adverse effects more commonly experienced when chewing the lozenge or using incorrect gum chewing technique (due to rapid nicotine release): – Lightheadedness/dizziness – Nausea/vomiting – Hiccups – Mouth and throat irritation						
ADVANTAGES	• Might serve as an oral substitute for tobacco • Might delay weight gain • Can be titrated to manage withdrawal symptoms • Can be used in combination with other agents to manage situational urges • Relatively inexpensive	• Might serve as an oral substitute for tobacco • Might delay weight gain • Can be titrated to manage withdrawal symptoms • Can be used in combination with other agents to manage situational urges • Relatively inexpensive	• Once-daily dosing associated with fewer adherence problems • Of all NRT products, its use is least obvious to others • Can be used in combination with other agents; delivers consistent nicotine levels over 24 hours • Relatively inexpensive	• Can be titrated to rapidly manage withdrawal symptoms • Can be used in combination with other agents to manage situational urges	• Might serve as an oral substitute for tobacco • Can be titrated to manage withdrawal symptoms • Mimics hand-to-mouth ritual of smoking • Can be used in combination with other agents to manage situational urges	• Twice-daily oral dosing is simple and associated with fewer adherence problems • Might delay weight gain • Might be beneficial in patients with depression • Can be used in combination with NRT agents • Relatively inexpensive (generic formulations)	• Twice-daily oral dosing is simple and associated with fewer adherence problems • Offers a different mechanism of action for patients who have failed other agents • Most effective cessation agent when used as monotherapy
DISADVANTAGES	• Need for frequent dosing can compromise adherence • Might be problematic for patients with significant dental work • Proper chewing technique is necessary for effectiveness and to minimize adverse effects • Gum chewing might not be acceptable or desirable for some patients	• Need for frequent dosing can compromise adherence • Gastrointestinal side effects (nausea, hiccups, heartburn) might be bothersome	• When used as monotherapy, cannot be titrated to acutely manage withdrawal symptoms • Not recommended for use by patients with dermatologic conditions (e.g., psoriasis, eczema, atopic dermatitis)	• Need for frequent dosing can compromise adherence • Nasal administration might not be acceptable or desirable for some patients; nasal irritation often problematic • Not recommended for use by patients with chronic nasal disorders or severe reactive airway disease • Cost of treatment	• Need for frequent dosing can compromise adherence • Cartridges might be less effective in cold environments (≤60°F) • Cost of treatment	• Seizure risk is increased • Several contraindications and precautions preclude use in some patients (see PRECAUTIONS) • Patients should be monitored for potential neuropsychiatric symptoms[5] • (see PRECAUTIONS)	• Patients should be monitored for potential neuropsychiatric symptoms[5] • (see PRECAUTIONS) • Cost of treatment
COST/DAY[6]	2 mg or 4 mg: $1.90–$5.49 (9 pieces)	2 mg or 4 mg: $2.97–$4.23 (9 pieces)	$1.52–$3.49 (1 patch)	$9.64 (8 doses)	$16.38 (6 cartridges)	$0.72 (2 tablets)	$17.20 (Chantix) (2 tablets) Generic pricing not yet established

[1] Marketed by GlaxoSmithKline.
[2] Marketed by Dr. Reddy's.
[3] Marketed by Pfizer.
[4] The U.S. Clinical Practice Guideline states that pregnant smokers should be encouraged to quit without medication based on insufficient evidence of effectiveness and theoretical concerns with safety. Pregnantsmokers should be offered behavioral counseling interventions that exceed minimal advice to quit.
[5] In July 2009, the FDA mandated that the prescribing information for all bupropion- and varenicline-containing products include a black-boxed warning highlighting the risk of serious neuropsychiatric symptoms, includingchanges in behavior, hostility, agitation, depressed mood, suicidal thoughts and behavior, and attempted suicide. Clinicians should advise patients to stop taking varenicline or bupropion SR and contact a health care provider immediately if they experience agitation, depressed mood, or any changes in behavior that are not typical of nicotine withdrawal, or if they experience suicidal thoughts or behavior. If treatment is stopped due to neuropsychiatric symptoms, patients should be monitored until the symptoms resolve. Based on results of a mandated clinical trial, the FDA removed this boxed warning in December 2016.
[6] Approximate cost based on the recommended initial dosing for each agent and the wholesale acquisition cost from Red Book Online. Thomson Reuters, September 2021.

Abbreviations: MAO, monoamine oxidase; NRT, nicotine replacement therapy; OTC, over-the-counter (nonprescription product); Rx, prescription product.

For complete prescribing information and a comprehensive listing of warnings and precautions, please refer to the manufacturers' package inserts.

Appendix C: Tobacco Cessation Resource List

Phone Counseling Services

Agency/ Contact	Times		Language	Registration	Cost
Kick It California (formerly California Smokers' Helpline) 1-800-300-8086 (English) 1-800-600-8191 (Spanish)	Mon-Fri 7am-9:30pm Sat 9am-5pm		English Spanish Korean Chinese Mandarin Vietnamese	Free material by mail; free counseling session by phone	No cost
American Cancer Society 1-800-227-2345	Available 24 hours/day 7 days/ week		English and Spanish Other languages available through translation services	Resource for referrals to programs, educational materials, and free counseling session by phone	No Cost
American Lung Association 1-800-548-8252	Helpline: 7am-7pm 24/7 Free online classes		English Spanish	Resource for referrals to programs and provide training to led programs	No Cost
Smokefree.gov 1-877-44U-QUIT (1-877-448-7848) 1-800-QUIT-NOW (1-800-784-8669)	Call for information on class time		English and Spanish Other languages available through translation services	Visit website or call for counseling and educational materials Text QUIT to 47848	No Cost
Kaiser Permanente: APPT Wellness Smoking 1-866-251-4514	Call for information		English and Spanish Other languages available through translation services	Call for more information on services	Members only

Text Messaging Programs

Program	Agency		Language	Information
Kick It California Text "Quit Smoking" or "Quit Vaping" to 66819 Texto "Dejar de Fumar" o "No Vapear" al 66819	University of California, San Diego & Kick It California		English and Spanish	Text messaging program that will provide helpful tips at critical points during an individual's quitting journey and answer questions within 1 business day.
SmokefreeTXT **(SmokefreeTXT en español)**	Tobacco Control Research Branch of the National Cancer Institute		English and Spanish	Text messaging service designed for people across the U.S. who are ready to quit. It provides 24/7 encouragement, advice and tips for becoming smoke-free and being healthier.
SmokefreeMOM	Tobacco Control Research Branch of the National Cancer Institute		English	Text messaging program for pregnant women who want to cut back on cigarettes and quit smoking.
SmokefreeVET **(SmokefreeVET en español)**	Tobacco Control Research Branch of the National Cancer Institute		English and Spanish	Text messaging service for military Veterans who receive their health care through Veteran's Affairs (VA)
DipfreeTXT	Tobacco Control Research Branch of the National Cancer Institute		English	Text messaging service designed for young adults in the U.S. who are ready to quit smokeless tobacco.
SmokefreeTXT for Teens	Tobacco Control Research Branch of the National Cancer Institute		English	Text messaging service designed for teens ages 13-17 in the U.S. who are ready to quit.

Mobile Applications

Application	Agency	Language		Information	Apple	Android
No Butts/No Vape	University of California, San Diego & Kick It California	English		This mobile app offers quick and tailored help, right from the palm of your hand. Created by Kick It California, No Butts/No Vape uses proven methods to help users quit, like a personalized quit plan and information on effective quitting aids. The apps also have other helpful features like logging triggers, reminders to keep individuals motivated, and other tips for quitting.	Free	Free
quitSTART	National Cancer Institute in collaboration with the Food and Drug Administration	English		The quitSTART app takes the information individuals provide about their tobacco use history and gives them tailored tips, inspiration, and challenges to help them become tobacco free.	Free	Free
QuitGuide	National Cancer Institute	English		This free app helps individuals understand their smoking patterns and build the skills they need to quit smoking. The app has the ability to track cravings by time of day and location. It also provides inspirational messages for each craving tracked, helping individuals stay focused and motivated on their journey to a smoke-free life.	Free	Free
Smoke Free	David Crane	English		This evidence-based app allows individuals to track their health improvements; money saved, cigarette cravings, and provides interactive ways to keep them on track to becoming smoke-free.	$4.99 (one-time app purchase fee)	$4.99 (one-time app purchase fee)

Chat

Program	Agency	Language		Information
Kick It California Chat	University of California, San Diego & Kick It California	English (only)		Chat program allows individuals to chat directly with a Quit Coach. Hours M-F 7am – 9PM and Saturdays 9-5PM.
Smokefree.gov LiveHelp	Tobacco Control Research Branch of the National Cancer Institute	English and Spanish		LiveHelp service can provide tips to help individuals quit smoking and stay tobacco-free. They can also direct users to many resources that can help them manage the challenges that may come up when quitting. Hours M-F from 9:00 a.m. to 9:00 p.m. Eastern time.

Websites

Website	Agency	Language		Information	Audience	Cost
kickitCA.org	University of California, San Diego & Kick It California	English		The Kick It California website serves as a hub with many resources available to help patients quit smoking and/or vaping. It also provides tobacco cessation resources to health professionals.	Youth & Adults	Free
BecomeAnEx.org	American Legacy Foundation	English		The EX Plan is a free quitting smoking program. It is based on personal experiences from former smokers and the latest scientific research from the experts at the Mayo Clinic.	Youth & Adults	Free
Smokefree.gov	Tobacco Control Research Branch of the National Cancer Institute	English and Spanish		Smokefree.gov is designed to help individuals quit smoking and remain smoke-free. The information and professional assistance available can help to support individuals immediate and long-term needs through quizzes, tips, plans, apps, text messaging programs, etc. Smokefree.gov also offers tailored programs for veterans, women, teens, and older adults (60+ years).	Youth & Adults	Free
Freedomfromsmoking.org	American Lung Association	English		Freedom from Smoking Online (FFS Online) is a program specifically designed for adults, like you who want to quit smoking. It is an adaptation of the American Lung Association's gold standard, group clinic that has helped thousands of smokers to quit for good.	Youth & Adults	$99.95 (Individual Account)

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