



American College of Chest Physicians

Tobacco Cessation Tool Kit

EXECUTIVE SUMMARY

The American College of Chest Physicians (ACCP) has developed an evidence-based Tobacco Cessation Tool Kit to aid physicians, nurses, and cessation counselors in assisting their tobacco-using patients with the cessation process. The goals include treating tobacco use as a chronic addictive medical condition and offering brief interventions at every office visit. This kit includes multiple implementation tools based on the US DHHS Guideline on Tobacco Use and Dependence. These evidence-based and pilot-tested tools can be used to more consistently and effectively intervene with patients who smoke or chew tobacco:

1. Pharmacotherapy Grid (includes prescribing information, side effects, and contraindications)
2. US Public Health Service Guidelines hotlink and ordering information
3. Chart Stickers (to ID current, former and never users)
4. Assessment of Tobacco Risk Factors Questionnaire
5. Fagerstrom Test for Nicotine Dependence
6. Encounter Checklist
7. Two Patient Education brochures developed by the ACCP to (1) motivate the user to want to quit and (2) provide a how-to guide to tobacco cessation [Spanish and English]
8. Quit Contracts
9. List of national, state, and local Referral Sources
10. Follow-Up Guide to direct subsequent phone calls
11. Rewards for success
12. Consultation Reports

The Tobacco Cessation Tool Kit also provides educational information on the biology of nicotine addiction, treating nicotine addiction as a chronic disease, multimodality treatment approaches, cost-benefits, motivating patients to quit, and relapse prevention, among other pertinent topics. New to this edition is the introductory video which demonstrates the ease of implementation of the tool kit into an office-based practice.

Each tool may be reproduced, as needed, for the educational or clinical use of the patients, including the popular patient education guides “Thinking About Quitting Tobacco?” and “How To Quit Using Tobacco.” These guides are now available in both Spanish and English. The ACCP Tobacco Cessation Tool Kit was highly evaluated in both a pilot test in 2002 and a reevaluation in 2003 funded by Tobacco Settlement Funds through a grant from the Cook County (Illinois) Department of Public Health.

The ACCP has received considerable positive responses to the Tobacco Cessation Tool Kit, including the following comments from a nurse at a City of Chicago Public Health Clinic:

Thank you so much for the Tobacco Cessation Tool Kit. I have used the information often, and have praised your work to all the providers that I collaborate with.... and to express my appreciation for sharing your Tool Kit with me, I appreciated it so much.

Dr. Michael Fiore, lead author of the US DHHS guidelines, commends the ACCP Tobacco Cessation Tool Kit:

It provides a great variety of practical tools combined with evidence based information to help busy clinicians and health care delivery systems implement effective interventions.

The cost is \$30 per Tobacco Cessation Tool Kit CD-ROM. The two patient education guides (Thinking About Quitting Tobacco? And How To Quit Using Tobacco) are available in packages of 25 for \$15.

Contact Sandra Zelman Lewis, PhD, Research Specialist, ACCP, (847-498-1400) for additional information. ACCP Tobacco Cessation Tool Kits are available by calling 800-343-ACCP (2227) or 847-498-1400.

Tobacco cessation interventions in health care settings: rationale, model, outcomes.

Lichtenstein E, Hollis JF, Severson HH, Stevens VJ, Vogt TM, Glasgow RE, Andrews JA.
Addict Behav 1996 Nov-Dec;21(6):709-20

ABSTRACT: Health care settings provide opportunities to reach populations of tobacco users with personalized cessation assistance. We describe a model for doing so which emphasizes a team approach, minimizes the burden on clinicians, and uses brief counseling by allied professionals, videos, written materials, and telephone calls to augment clinician advice. The model has been implemented in several diverse settings including outpatient, inpatient, and dental clinic managed care; fee-for-service dentistry and pediatric practices; and planned parenthood clinics. Data from several randomized trials support the effectiveness of the approach. The brief, low-intensity interventions derived from the model appear to be sustainable on a routine basis in many settings


STRATEGIES FOR HOSPITALS

- Need to be systems-based
 - Should fit patient flow
 - Should utilize variety of staff members
 - Help maintain staff motivation by providing feedback on success as judged by:
 - Percentage of smokers advised to quit
 - Percentage of smokers *setting a quit date*
1. **Identify** and document smoking status at admission
 2. **Advise** cessation
 3. Use **videos** (tailor to readiness to quit – one for those willing, another for those not willing)
 4. Provide **print materials** (e.g., PHS publications downloadable from the Surgeon General's website or available for ordering from AHRQ, materials available from your local American Cancer Society or American Lung Association, materials that can be ordered online from the American Heart Association or National Cancer Institute; check the APTNA website at www.aptna.org for other sources).

Tailor them to:

 - Readiness to quit
 - Health or disease condition (physical and mental)
 - Personal factors (sex, age, language/culture, reading level)
 - Tobacco use (cigarettes or smokeless)
 5. **Provide referral** for:
 - Local cessation **programs** (check directory on the Smoke-Free Virginia website)
 - **Self-help (print or online)** – suggest they check the Smoke-Free Virginia website for links, call the Smoke-Free Virginia Helpline at 1-877-856-5177 to get a Quit Kit, enroll in the American Lung Association's free online program *Freedom From Smoking* at www.lungusa.org/ffs)
 - **Phone counseling** (e.g., NCI's Quitline at 1-877-44U-QUIT – other toll-free numbers are given on the Smoke-Free Virginia Helpline message)
 - **Support** (local NicA, family or friends, pastor/rabbi)
 - **Medications** (nicotine replacement, bupropion)
 - **Follow-up** (clinic, primary care physician, discharge follow-up)

Interventions Sampler: Inpatient

<p>Took Kit for Tobacco Dependency and Smoking Cessation</p>	 Click below to view samples One Hospital Story... (20k) Key findings (21k) Strategies (18k) Chart sticker (11k) Counseling sticker (17k) Stop smoking poster (13k) TDTP order form (175k)	RTF format: Letter from Hospital to PCP (30k) Sample hospital policy (30k) Sample physician order (31k) Sample patient education discharge contract (31k) Supplemental order info (32k)
Developed by:	Missouri Patient Care Review Foundation	
Brief Overview:	Took kit for tobacco dependency and smoking cessation was developed in response to requests from providers. It is designed to capitalize on capturing the opportunity of a patient’s need for medical intervention as a time to impact smoking cessation. It was tested with five hospitals prior to mass production and includes a CD-ROM to allow providers to personalize materials for their facility. The kit includes sample letters, physician orders, and discharge contract in both paper and electronic formats. Stickers and a poster are also included.	
Setting:	Inpatient/Outpatient	
Target audience:	<ul style="list-style-type: none"> ● Beneficiaries ● Hospital Staff ● Providers 	
Collaborators and Partners in Intervention Development	The toolkit includes materials from the American Cancer Society, US Department of Health and Human Services, AHRQ	
Barriers:	One of the pilot hospitals expressed concern over the “Smoker” sticker that was to be placed on the patient’s chart. The concept of the sticker was to identify the patient as being on the tobacco dependency program so that each caregiver could provide support during their care of the patient. The QIO suggested that the sticker be placed in a more confidential location within the chart. An additional barrier identified by several of the facilities is regarding smoking professionals and the irony of having a smoking caregiver providing smoking cessation advice.	
Lessons Learned:	<ul style="list-style-type: none"> ● As a response to the needs of the pilot hospitals, the QIO made the tools easy to individualize to the facility. ● The tool is called “Tobacco Dependence Treatment Program,” rather than “Smoking Cessation Program” because of the psychological connotations. Quitting smoking is hard and the patients need to know that the caregivers recognize the difficulty of this life change. 	
Helpful Hints:	<ul style="list-style-type: none"> ● The occasion of hospitalization creates a “teachable moment.” Literature shows that the patients are, during this time at the peak of motivation and are at a point of readiness to assess their illness and health status. ● Literature also shows that there is a definite negative effect to not providing smoking cessation counseling – the patient may think that “smoking is okay” because no one said anything negative about it. ● Please read the section “One Hospital’s Story...” to find how this project can improve patient satisfaction and decrease the demand on human resources for the hospital. 	
Relevant Links:	Missouri Patient Care Review Foundation, www.mpcrf.org	

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An Inpatient Tobacco Cessation Consult Service: History and Future Directions

Abstract

Problem: Clinical practice guidelines recommend that tobacco cessation treatment be provided to hospitalized patients¹. However, the efficacy of inpatient consults and the reimbursement rate has not been well established. The Freedom From Tobacco Program (FFTP) has been providing inpatient tobacco cessation consults as a pilot project for over a year. Program durability will hinge primarily on obtaining reimbursement and patient / referring physician satisfaction with services.

Methods: All patients evaluated by FFTP staff were invited to complete surveys that evaluated satisfaction with services, quit rate, and co-morbid problems related to tobacco use. Referring physicians were also sent surveys to assess satisfaction. Finally, medical records were assessed to determine reimbursement rates.

Results: The initial results indicate patients and referring physicians were satisfied with the service. Furthermore, the follow-up quit rate for FFTP patients (33.3%) was much higher than the average quit rate resulting from spontaneous remission (7 %)². Unfortunately, reimbursement rates for services were low.

Conclusions: Despite data that support the potential value and efficacy of treating nicotine dependency during a hospitalization for patients and health care providers, services cannot continue without more widespread reimbursement.

Problem:

Clinical practice guidelines recommend that tobacco cessation treatment be available and provided to hospitalized patients¹. Furthermore, many clinicians attest to the power of tobacco cessation interventions with patients in the inpatient hospital setting, often referring to such a service as catching the patient “in a teachable moment³.” Patients who are hospitalized may be feeling vulnerable to their illness and the consequences of the nicotine addiction are less likely to be denied at that time. Hospitalized tobacco users who might not seek treatment otherwise may be more amenable to work actively with clinicians who specialize in tobacco cessation.

While clinical practice guidelines recommend reimbursement for tobacco cessation consultation, recent studies indicate only a handful of payors who reimburse money for this service⁴. Insurance companies and patients alike would benefit from the potential savings that result from the redirection of tobacco related health costs. While some cost is associated with tobacco consults, the gains in patient health, and the subsequent reduced health costs for those who quit are generally believed to offset costs for intervention¹. Nonetheless, payors (e.g., government,

private insurance) have not historically valued tobacco cessation services. Several questions must be answered for this service to continue:

- 1) Do physicians and patients value such a service?
- 2) Is the service successful in helping patients quit?
- 3) Will the service be reimbursed?

Methods:

Participants

Participants were 48 patients who received inpatient tobacco cessation consults through the Freedom From Tobacco Program (See Table 1). Those who completed the survey ($N = 19$) provided data on their tobacco use, quit status, and satisfaction with services received. Physicians who referred the patients ($N = 4$) also completed surveys about how helpful they thought the service was for patients and clinicians. The doctors surveyed accounted for about 42% of the referrals for patients who were evaluated on this service.

Procedure

FFTP doctors (a physician or psychologist) responded to periodic consult orders for patients at a medium-sized university based teaching hospital. Orders were written by hospital physicians for about one consult per week throughout the year-long pilot project. Consults lasted 45 minutes on average. Surveys were sent out at the same time, so that some patients were assessed just a few months after the intervention, and others were assessed up to eight months after the consult. The average length of time from intervention to follow-up survey was 4.05 months ($SD = 2.70$; range [1-8 months]). Surveys were sent to referring physicians at the same time that patients received surveys. At the end of the pilot project, a hospital billing clerk printed data on charges and payments received for the 48 FFTP consults.

Measures

The FFTP Consult. The consult consists of the following (see Appendix A):

- a) History of Tobacco Usage
- b) Fagerstrom Predictor⁵
- c) The Four C's Test of Addiction
- d) Other (Psychiatric/Health) History
- e) Stage of Change; and
- f) Behavioral and Pharmacological Recommendations.

Consults were completed by a family physician or a psychologist, both of whom have expertise in interventions for tobacco cessation.

Utilization and Evaluation Survey. The Utilization and Evaluation Survey (see Appendix B), developed by FFTP staff, consists of 18 items and an optional comments section. Some items are multiple choice, some are Likert-type scales, and others are yes/no questions. The purpose of the survey is to determine the helpfulness of the inpatient tobacco consults to patients and clinicians and to evaluate patient tobacco use history and other co-morbid variables. Pertinent to the present study are items 1-5 which gauge patient satisfaction and item 12 which indicates whether the patient is currently using tobacco products.

Physician Satisfaction Form. Satisfaction surveys were sent to the referring physicians (See Appendix C). Physicians were given the opportunity to rate the helpfulness of the service and to

write comments about what was helpful or not helpful. They also completed questions about whether they wrote prescriptions for the patient (e.g., NRT, Zyban).

Results

Patient Satisfaction

Patient satisfaction with services was high (See Table 2) as 88.1% of those surveyed stated that the consult was helpful. Patients, on average, reported that they were satisfied with the service (4.0 on 5.0 scale).

Patient Quit Rate

The patient quit data indicated that 61.1% of the patients quit tobacco use for some period of time after discharge (See Table 3). At the time of the survey, an average of 4 months after the service, 33.3% of respondents still had not used tobacco. Of those who quit, 33.3% reported that the brief consult helped them to quit, while 55.6% were unsure if the consult helped, and the remaining 11.1% did not think the consult helped them to quit.

Physician Satisfaction

The rate of return for physician surveys was poor. Table 4 indicates that of the four physicians surveyed, three found the service helpful. Physicians surveyed accounted for 42% of the referrals.

Reimbursement Rate

The reimbursement rate was exceedingly low as only 12.5% of the consults were billed and collected.

Conclusions

- Patient satisfaction with inpatient consultations was very high, and the vast majority of people (88.2%) surveyed found the consults helpful.
- Patient quit rates for those receiving inpatient consultations were higher than expected.
- Although limited by a lack of survey data, physician satisfaction with services was also high.
- Despite the efficacy of the service, billing for services was inadequate and late resulting in very poor data on reimbursement.

Lessons Learned

- Clinicians must set up coding and billing guidelines well before the inception of services.
- The reimbursement process must be constantly monitored.
- Patient and clinician satisfaction with inpatient services is high.
- Quit rates or “success” is high.
- Further outreach may improve quit rates even more.
- Reimbursement from payors for these services needs to be improved.

Table 1. Patient Demographic and Co-morbid Data (Note: N = 19)

Gender	% Male 47.4	% Female 52.6
Age	<u>M</u> 55.3	<u>SD</u> 9.93
Alcohol Use	% Yes 17.6	% No 82.4
Depression (Moderate to Severe)	46.6	53.4
Anxiety (Moderate to Severe)	46.6	53.4

Table 2. Patient Satisfaction Descriptive Data (Note: N = 19)

Question	% Yes	% No
“Do you remember the discussions...?”	100	0
“Did you find the discussion helpful?”	88.1	11.9
Question	<u>M</u>	<u>SD</u>
Helpfulness? (1-5)	4.1	1.36
How Satisfied? (1-5)	4.0	1.59

Table 3. Patient Quit Rate Descriptive Data (Note: N = 19)

Question	% Yes	% No	% Not Sure
“Did the brief consult help you quit?”	18.9	43.5	37.5
“Were you able to quit for any length of time?”	61.1	38.9	0
“Present tobacco status...currently quit”	33.3	66.6	0
“Present quit” < 4 months later (<u>N</u> = 10)	30.0	70.0	0
“Present quit” 4 or more months later (<u>N</u> = 9)	33.3	66.6	0
Question	<u>M</u>	<u>SD</u>	
Length of time quit (average - months)	2.8	2.88	

Table 4. Physician Satisfaction Descriptive Data (Note: N = 4)

Question	% Rarely	% Sometimes	% Always
How often did you incorporate:			
Written prescription orders?	0	50	50
Follow up resources?	0	25	75
Question		<u>M</u>	<u>SD</u>
“Did you find the consult helpful?” (1-5)		4.0	1.41
Question		% Yes	% No
“Was the consult performed in a timely manner”		100	0

References

¹U.S. Department of Health and Human Resources (2000). Treating Tobacco Use and Dependence. Washington, DC: Author

²Centers for Disease Control and Prevention. (1993). Smoking cessation during previous year among adults – United States, 1990 and 1991. Morbidity and Mortality Weekly Report, 42, 504-507.

³Dale, L. (2002). Bedside interventions: Hospital services. In Mayo Clinic Nicotine Dependence Seminar: Counselor Training and Program Development Manual. Rochester, MN: Mayo Foundation.

⁴Centers for Disease Control and Prevention. (2001). Reimbursement for smoking cessation. Chronic Disease Prevention, 14, 1-6.

⁵Fagerstrom, K.O. (1994). Combined use of nicotine replacement products. Health Values, 18, 15-20.

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Appendix A: Freedom from Tobacco Program Consult
West Virginia University - Charleston Family Medicine Department

Pt. ID: _____

Date: _____

Time: _____

_____ was seen today for evaluation of nicotine dependence.
Please see FFTP consult below for details on the severity and extent of the nicotine dependence.

_____ is in the _____ stage of change, indicating
_____. Due to the severity of the addiction and the patient's
significant co-morbidity due to tobacco-related disease, the following is recommended:

Pharmacologic Management

- Nicotine Patch _____
- Nicotine Gum _____
- Nicotine Inhaler _____
- Zyban _____
- Nasal Spray _____
- Other _____

Referral

- Primary Care Physician for follow-up
- Follow-up with _____
- Other _____

Behavioral Support After Discharge

- Use free product quit line support
- WV Quit Line 1-877-YNOTQUIT
or 1-877-966-8784 (www.ynotquit.com)
- FFTP Group Classes (388-9520)
- WV Health Right (343-7003 ext. 19)
- Schoenbaum Family Enrichment
Center (414-4499)
- Women Care/ Family Care – Scott Depot
(757-6999)
- Boone County Health Department (369-2832)

Comments:

Tobacco Use: First Use _____ Type: Cigarettes Cigars Moist snuff

Dry snuff Loose leaf chew Plug Twist Cigarettes and spit tobacco

Average amount/day _____ X _____ years = _____ pack yrs.

What do you enjoy about tobacco? _____

What do you dislike about tobacco? _____

Fagerstrom Predictor: How long after you awaken do you smoke/dip/chew? _____ min.

Four C's Test: Compulsion (Used more than intended?) Y N _____

Control (Felt need to control but unable to?) Y N _____

Cutting down (Ever tried to quit?) Y N _____

Attempts _____ Longest Duration _____ Latest attempt _____

Products Used: Nicotine Patch Nicotine Gum Nicotine Spray

Nicotine Inhaler Zyban Other _____

Withdrawal Symptoms and Severity _____

Reasons for Relapse _____

Consequences (Aware of the dangers of it?) Y N _____

Other History: (Check all that apply)

Psychiatric History: Depression Anxiety Eating Disorder Bipolar D/O Other _____

Drug/alcohol History: Marijuana Alcohol Cocaine Other _____

Psych/ drug History Treatment: Pharmacotherapy Outpatient Inpatient Other _____

History of seizures? Y N _____

Tobacco Cessation Readiness:

What are your thoughts and feelings on quitting tobacco? _____

Previous quit attempts: _____

Reasons and barriers for quitting: _____

Stage of Change: Precontemplation Contemplation Preparation Action Maintenance

Confidence level ____ / 10 Motivation level ____ / 10 Support ____ / 10

Support person/persons _____

Thank you for this referral. _____

Appendix B

UTILIZATION AND EVALUATION OF THE FREEDOM FROM TOBACCO INPATIENT CONSULT SERVICE GENERAL HOSPITAL - CHARLESTON AREA MEDICAL CENTER

During a past hospitalization, members of the Freedom from Tobacco Program talked with you about tobacco use. Please take a few minutes to complete this survey in order for us to serve you better. A stamped, self-addressed envelope is enclosed for your convenience in returning the completed survey. Your input is valuable to us. Thank you for your help.

1. Do you remember the discussions about tobacco use? Yes No

2. Did you find the discussions helpful? Yes No Not sure
If yes, please rate how helpful these discussions were: (circle one)
1 2 3 4 5
(Not very helpful) (Unsure) (Very helpful)

3. Please rate your satisfaction with this service:
1 2 3 4 5
(Not Very Satisfied) (Unsure) (Very Satisfied)

4. Did the brief consult help you to quit? Yes No Not sure
If yes, why? _____
If no, why? _____

5. Did you get support with quitting tobacco at discharge from the hospital?
 Yes No Don't recall

6. Did you find the tobacco education provided by the nurses helpful?
 Yes No Not sure Don't recall

7. Were you able to quit tobacco use for any length of time after discharge? Yes No
If yes, how long? _____ If no, did you cut down? Yes No
If yes, are you still not using tobacco? Yes No

8. After discharge, did you try to contact the West Virginia Tobacco Quit Line?
 Yes No

9. At discharge were you placed on medications to help you quit? Yes No
If yes, were they helpful? Yes No

10. If you wanted to quit, please tell us what you think would have helped you to stop using tobacco at your recent hospitalization? _____

11. After discharge, at your follow-up visit with your doctor, did you get support for quitting? Yes No

12. Indicate your present tobacco use status: Not thinking about quitting
 Thinking about quitting Planning to quit Have quit Quit, then restarted

13. What has been your biggest challenge in quitting/or staying quit? (Circle only one.)

- a) Cravings b) Boredom c) Stress d) Family/Friends e) Pleasure
f) Habit g) Nerves h) Others _____

14. Do others use tobacco in your home? Yes No

15. Do you believe you have one or more tobacco-related medical illnesses?
 Yes No

16. Do you currently consume alcoholic beverages? Yes No

17. Please rate the amount of depression you are currently feeling. (Circle One)

1	2	3	4	5
None	Very Mild	Mild	Moderate	Severe

18. Please rate the amount of anxiety or nervousness you are presently feeling.
(Circle One)

1	2	3	4	5
None	Very Mild	Mild	Moderate	Severe

19. Comments (optional)

REVISED: 9/25/03 sf



Handheld Computer Smoking Intervention Tool (version 1.02)

Software Description

The National Cancer Institute's Handheld Computer Smoking Intervention Tool (HCSIT) is designed for clinicians to assist with smoking cessation counseling at the point-of-care. This software was developed in partnership with the Department of Family Medicine at the University of Virginia in accordance with current PHS guidelines. This easy-to-use program can be used with both Palm® and Microsoft™ Pocket PC handheld computers.

The HCSIT includes a handheld version of the Fagerstrom Test for Nicotine Dependence. This test assesses a smoker's level of dependency on nicotine and has demonstrated validity and reliability in previous research. The tool guides clinicians through the appropriate questions and makes intervention recommendations based on the level of dependency. When medication therapy is strongly indicated, common prescription information is provided on the handheld tool to assist the physician with dispensing the appropriate medication. Additionally, this tool contains: Public Health Service (PHS) Tobacco Cessation Guidelines; second-line pharmacotherapy; brief motivational interventions for tobacco users (the "5 R's"); and evidence-based recommendations from the PHS Guidelines (the "5 A's").

Download

Palm OS - [Palm OS Version](#)

Pocket PC - If you have a newer Pocket PC 2002 device (For eg. Dell Axim, Toshiba e740, iPaq 3700/3800/3900 series, Casio E-200 etc). Download this PPC 2002 installer - [Pocket PC 2002 Version](#)

If you have an older Pocket PC device, please choose one of the three installers based on the processor type of your device. Please consult the manufacturer or your device manual for this information.

[Pocket PC ARM Version \(iPaq 3600 series\)](#)

[Pocket PC MIPS Version \(Casio 125/E-115/EM-500\)](#)

[Pocket PC SH3 Version \(Jornada 540 series\)](#)

HCSIT User's Guide

Palm OS - [Word Format](#) [PDF Format](#)

Pocket PC - [Word Format](#) [PDF Format](#)

Source: <http://www.smokefree.gov/hp-hcsit.html>



[trying to quit?](#) | [resources](#) | [leadership](#) | [media](#) | [about](#) | [home](#)

Our secret weapon against smoking? Each other.

Welcome to the web site for Tobacco Free Nurses Initiative, funded by The Robert Wood Johnson Foundation. This is the first national program focused on helping nurses and student nurses to stop smoking. Our partners on this project include the American Association of Colleges of Nursing, American Nurses Foundation/American Nurses Association, and the National Coalition of Ethnic Minority Nurses Associations.

We have also partnered with QuitNet, an organization that has helped tens of thousands quit smoking through it's unique online community of smokers and ex-smokers. Since 1995 QuitNet has applied proven scientific methods to the web to deliver personalized quitting plans, intensive social support, expert advice and pharmaceutical product support to tobacco users.

Together with QuitNet we have created an internet-based smoking cessation site tailored especially for nurses and nursing students who want to quit smoking. From this site you can freely access QuitNet's special Nurses section, where you'll find tools and resources you can use to help quit smoking, scientific guides about quitting, expert counselors available to take your questions, and most importantly, other nurses like you who want to quit! [Click here to go to our QuitNet entry page](#) and take advantage of your membership sponsored by the Tobacco Free Nurses project.

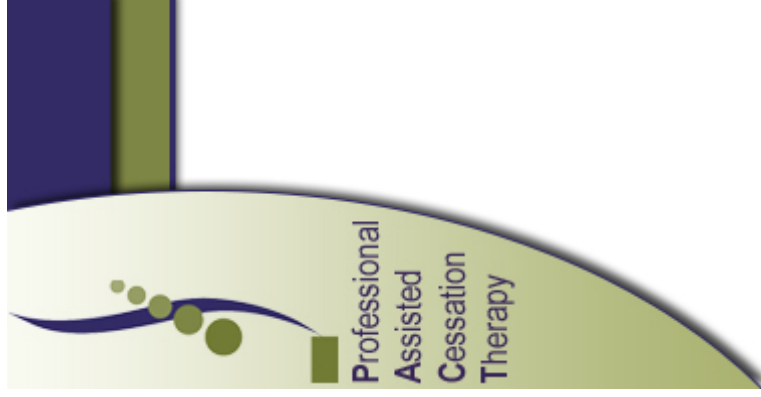
This web site also has an extensive [cessation resources for health professionals section](#), designed to provide you with smoking cessation information, smoking research, international links, and information about trying to quit. We hope you will find it an informative and useful tool for you to use as a reference and resource for tobacco intervention.



TOBACCO-FREE NURSES website - <http://www.tobaccofreenurses.org/>



Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner's Guide



Developed by PACT to provide information to healthcare providers and their administrative staffs on how to obtain reimbursement for smoking cessation counseling. It contains advice for providers who wish to maximize benefits for smoking cessation, navigate around coverage deficiencies, and advocate effectively for adequate coverage



[To request printed copies of this publication please click here.](#)

PACT'S Reimbursement Booklet Update. The online version of PACT's Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner's Guide has been updated to reflect changes in issues of provider reimbursement since it was first published in 2000. Here are some of the updated materials:

- The section on **Medicaid Coverage** has been completely revised to reflect final data from a Robert Wood Johnson Foundation survey that assessed the extent of states' Medicaid tobacco-cessation coverage. Preliminary results were reported in Health Affairs 1, a journal published by Project HOPE, with follow-up data reported in the CDC's Morbidity & Mortality Weekly Report.²
- Appendix A: The latest **Web Resources for Providers and Policymakers**
- Appendix B: The most current and important **Web Resources for Consumers**
- Appendix C: **Changes in State Medicaid Program Coverage of Pharmacotherapy and Counseling for Tobacco Dependence-United States, 1998 and 2000** (from Morbidity & Mortality Weekly Report; replaces informal survey on State Medicaid reimbursement conducted by PACT in 2000)

The 2002 Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner's Guide is only available in Adobe Acrobat format. Please make sure that you have Adobe Acrobat installed on your computer before trying to view the guide.

PACT activities are supported by an unrestricted educational grant from GlaxoSmithKline Consumer Health Care.

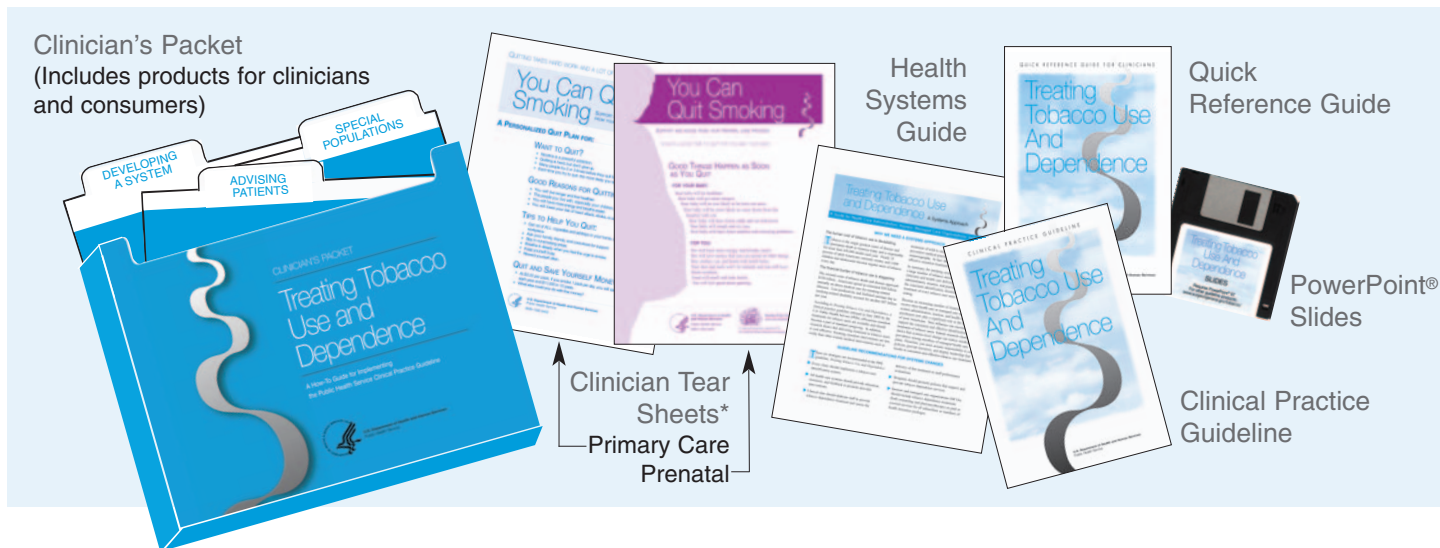
1 Schaffler HH, Barker DC, Orleans TC. State Report: Medicaid Coverage for Tobacco-Dependence Treatments Health Affairs 2001;20(1):298-303.

2 State Medicaid Coverage for Tobacco-Dependence Treatments-United States, 1998 and 2000. Morbidity Mortality Weekly Report. 2001;50(44):979-982.

Source: <http://www.endsmoking.org/>

(PDF file of *Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner's Guide, Third Edition* is on the resource CD disk)

Quit Smoking Products for Clinicians



Ordering Information

Name _____
 Street _____
 City _____ State _____ Zip Code _____
 Telephone _____

Please send me the following publications:

Pub. No.	Title	Cost	Quantity	Total
AHRQ 00-0032	Clinical Practice Guideline	1 free/\$1.00 ea	_____	\$ _____
AHRQ 00-0036	Quick Reference Guide	100 free/.50 ea	_____	\$ _____
AHRQ 00-0037	Health Systems Guide	100 free/.15 ea	_____	\$ _____
OM 01-0014	PowerPoint® Slides	1 disk free	_____	_____
AHRQ 00-0034	Clinician Tear Sheet, Primary Care (English)	1 pad free/.50 ea	_____	\$ _____
AHRQ 00-0055	Clinician Tear Sheet, Primary Care (Spanish)	1 pad free/.50 ea	_____	\$ _____
AHRQ 00-0052	Clinician Tear Sheet, Prenatal (English)	1 pad free/.50 ea	_____	\$ _____
AHRQ 00-0065	Clinician Tear Sheet, Prenatal (Spanish)	1 pad free/.50 ea	_____	\$ _____
AHRQ 03-0029	Clinician's Packet	1 free	_____	\$ _____
(25% discount on any purchase over 200 copies)				

Visa MasterCard

Expiration Date

Make checks payable to: PPIP
 Thank you for your order

Mail this form to:
 AHRQ, P.O. Box 8547
 Silver Spring, MD 20907-8547
 800-358-9295



AHRQ Publication No. 03-M003
 Revised September 2003

Quit Smoking Products for Consumers



You Can Quit Smoking Kit
(Includes products to help smokers quit)

Consumer Guides
General Population
Easy-to Read

Poster

Hospital Card

5-Day Countdown Flip Book

Motivational Card

Ordering Information

Name _____
 Street _____
 City _____ State _____ Zip Code _____
 Telephone _____

Pub. No.	Title	Cost	Quantity	Total
AHRQ 02-0049	Consumer Guide, Good Information for Smokers (English)	100 free/\$35.00/100	_____	\$ _____
AHRQ 03-0005	Consumer Guide, Good Information for Smokers (Spanish)	100 free/\$35.00/100	_____	\$ _____
AHRQ 00-0033	Consumer Guide, You Can Quit Smoking (English)	100 free/.15 ea	_____	\$ _____
AHRQ 00-0046	Consumer Guide, You Can Quit Smoking (Spanish)	100 free/.15 ea	_____	\$ _____
AHRQ 02-0048	5-Day Countdown Flip Book (English)	100 free/\$35.00/100	_____	\$ _____
AHRQ 03-0045	5-Day Countdown Flip Book (Spanish)	100 free/\$35.00/100	_____	\$ _____
AHRQ 03-0044	Hospital Card, Quitting Helps You Heal Faster (English/Spanish)	100 free/\$35.00/100	_____	\$ _____
AHRQ 02-0047	You Can Quit Smoking Card (English)	100 free/\$35.00/100	_____	\$ _____
AHRQ 03-0006	You Can Quit Smoking Card (Spanish)	100 free/\$35.00/100	_____	\$ _____
AHRQ 00-0056	Red Poster (English)	25 free/\$2.00 ea	_____	\$ _____
AHRQ 00-0059	Red Poster (Spanish)	25 free/\$2.00 ea	_____	\$ _____
AHRQ 03-0023	You Can Quit Smoking Kit	1 free	_____	\$ _____
(25% discount on any purchase over 200 copies)				

Visa MasterCard

Expiration Date

Make checks payable to: PPIP
Thank you for your order

Mail this form to:
AHRQ, P.O. Box 8547
Silver Spring, MD 20907-8547
800-358-9295



Office of the Surgeon General

Tobacco Cessation Guideline

The latest drugs and counseling techniques for treating tobacco use and dependence.

What's New

- [Treating Tobacco Use and Dependence—Clinician's Packet](#)
- [You Can Quit Smoking—Consumer Kit](#)
- Quitting Helps You Heal Faster—Hospital Card ([PDF file](#), 37 KB, [Text Version](#))
Dejar de fumar le ayuda a sanar más rápido ([PDF file](#), 38 KB, [Text Version](#))

Consumer Materials

- 5-Day Countdown ([PDF file](#), 50 KB; [Text Version](#))
- Frequently Asked Questions about Quitting Smoking ([PDF File](#), 20 KB; [Text Version](#))
Preguntas frecuentes acerca de como dejar el cigarillo ([PDF file](#), 24 KB; [Text Version](#))
- Good Information for Smokers—Easy to Read Booklet ([PDF file](#), 111 KB; [Text Version](#))
Buena información para fumadores ([PDF file](#), 115 KB; [Text Version](#))
- You Can Quit Smoking—Pocket Card ([PDF file](#), 39 KB; [Text Version](#))
Usted puede parar de fumar ([PDF file](#), 41 KB; [Text Version](#))
- You Can Quit Smoking—Consumer Guide ([PDF File](#), 280 KB; [Text Version](#))
Usted puede dejar de fumar ([PDF File](#), 278 KB; [Text Version](#))

Clinician Materials

- Treating Tobacco Use and Dependence: A Systems Approach ([PDF file](#), 108 KB; [Text Version](#))
- Treating Tobacco Use and Dependence—Clinical Practice Guideline:
 - [Summary](#)
 - [Searchable Full Text](#)
 - [PDF Text](#) (1 MB)
 - [PDF Cover](#) (1.5 MB)
- Treating Tobacco Use and Dependence—Quick Reference Guide for Clinicians ([PDF file](#), 599 KB, [Text Version](#))
- [Articles Used in Tobacco Guideline Meta-Analyses](#)
- Clinician Tearsheet, Prenatal ([PDF file](#), 513 KB; [Text Version](#))
Ayuda para los fumadores embarazados ([PDF file](#), 514 KB; [Text Version](#))
- Clinician Tearsheet, Primary Care ([PDF file](#), 35 KB; [Text Version](#))
Usted puede dejar de fumar ([PDF file](#), 35 KB; [Text Version](#))
- [Achievements in Tobacco Cessation: Case Studies](#)
- [Guideline Panel Members](#)
- [List of Supporters](#)

You Can Quit Smoking Posters: [English](#) | [Spanish](#) (PDF Files, 19 KB)

Source: <http://www.surgeongeneral.gov/tobacco>

SMOKING CESSATION RESOURCES FOR PATIENTS

TOLL-FREE TELEPHONE ASSISTANCE

Virginia

Smoke-Free Virginia Helpline: 1-877-856-5177

Recorded message and mailed material (free Quit Kit with booklet and audiotape/CD)

National

Great Start: 1-866-66-START (667-8278) – For Pregnant Women

English & Spanish, free phone counseling by a trained facilitator and information services provided to pregnant smokers.

NCI Smoking Cessation Helpline: 1-877-44U-QUIT

(1-877-448-7848) National Cancer Institute "Live Help"

American Lung Association Call Center: 1-800-548-8252

Call Center staffed by Registered Nurse/Respiratory Therapist

Cancer Information Service: 1-800-4-CANCER

(1-800-422-6237; TTY 1-800-332-8615) "Live Help," English & Spanish

American Cancer Society: 1-800-227-2345

"Live Help" 24 hours a day, 7 days a week

Circle of Friends: 1-800-243-7000

American Legacy Foundation "Live Help," especially for women

FREE ONLINE ASSISTANCE

Freedom From Smoking

American Lung Association's smoking cessation program

www.lungusa.org/ffs

Federal Online Program

USDHHS (NIH, CDC, NCI) sponsored online cessation program

www.smokefree.gov

SMOKING CESSATION VIDEOS

Milner-Fenwick, Inc. - 800-432-8433

<i>How to Quit Smoking</i>	#HA-47	\$99.00
<i>Guide to Stop Smoking</i>	#MV-04	\$99.00

Health Edco - 800-299-3366 x295

(This company has numerous other videos, including smokeless tobacco topics, smoking and impotence, cessation and exercise, etc)

<i>Nicotine: An Old-Fashioned Addiction</i>	#45128	\$39.95
<i>Death in the West</i>	#45121	\$115.00
<i>Smoking and Nutrition</i> (also in Spanish)	#47772	\$89.00
<i>How to Avoid Weight Gain When You Stop Smoking</i> (also in Spanish)	#46115	\$89.00
<i>The Physical Effects of Smoking</i> (also in Spanish)	#46149	\$89.00

FMS Productions, Inc. - 800-421-4609

<i>Medical Aspects of Tobacco</i> (featuring Dr. Max A. Schneider, 30 min.s; I encourage substance abuse treatment programs to use this in their education class on tobacco)		\$195.00
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American Academy of Otolaryngology-HNS - 703-835-4444

<i>Poisoning Our Children: the Perils of Secondhand Smoke,</i> (also in Spanish)	\$40.00
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(URL for tobacco products section of store is:

https://secure.entlink.net/source/Orders/index.cfm?task=1&CATEGORY=TOBACCO&DESCRIPTION=Tobacco%2DFree%20Environment&CFTOKEN=46124180&continue=1&SEARCH_TYPE=find)

Video Learning Library - www.videolearning.com/S2102.HTM

<i>Tobacco Road: A Dead End</i> (in the alphabetical list under "Truth About...")	\$79.95
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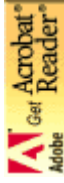
CDC - www.cdc.gov/tobacco

<i>I Can't Breathe</i> – the story of Pan Laffin	Free
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(URL for this video is: http://www.cdc.gov/tobacco/educational_materials/pamlaffin.htm)

Hazelden (drug treatment materials) - www.hazelden.org/

<i>Understanding the Problems of Nicotine and Tobacco</i>	#5764	\$99.95
<i>The Stages of Quitting Nicotine and Tobacco</i>	#5764	\$99.95



More Resources

Forever Free™

for smokers who have recently quit



[Booklet 1: An Overview](#)

[Booklet 2: Smoking Urges](#)

[Booklet 3: Smoking and Weight](#)

[Booklet 4: What if You Have a Cigarette?](#)

[Booklet 5: Your Health](#)

[Booklet 6: Smoking, Stress, and Mood](#)

[Booklet 7: Lifestyle Balance](#)

[Booklet 8: Life Without Cigarettes](#)

Developed by the Tobacco Research & Intervention Program of the H. Lee Moffitt Cancer Center & Research Institute. (c) 2000.

The resources above are in the Portable Document Format (PDF), and require the use of the free Adobe Acrobat Reader, which can be obtained from the [Adobe Web site](#).

You Can Control Your Weight as You Quit Smoking

Many people gain weight when they quit smoking. Even so, the best action you can take to improve your health is to quit smoking. Focus on stopping smoking first. Then you can continue to improve your health in other ways. These may include reaching and staying at a healthy weight for life.

Will I gain weight if I stop smoking? Not everyone gains weight when they stop smoking. Among people who do, the average weight gain is between 6 and 8 pounds. Roughly 10 percent of people who stop smoking gain a large amount of weight—30 pounds or more.

What causes weight gain after quitting? When smokers quit, they may gain weight for a number of reasons. These include:

- Feeling hungry. Quitting smoking may make a person feel hungrier than usual. This feeling usually goes away after several weeks.
- Having more snacks and alcoholic drinks. Some people eat more high-fat, high-sugar snacks and drink more alcoholic beverages after they quit smoking.
- Burning calories at normal rate again. Smoking cigarettes makes the body burn calories faster. After quitting smoking, the body's normal rate of burning calories returns. When calories are burned more slowly again, weight gain may take place.

Can I avoid weight gain? To help yourself gain only a small amount or no weight when you stop smoking, try to:

- Accept yourself
- Get regular moderate-intensity physical activity
- Limit snacking and alcohol
- Consider using medication to help you quit.

Accept yourself Do not worry about gaining a few pounds. Instead, feel proud that you are helping your health by quitting smoking. Stopping smoking may make you feel better about yourself in many ways.

Stopping smoking may help you have:

- more energy
- whiter teeth
- fresher breath and fresher smelling clothes and hair
- fewer wrinkles and healthier-looking skin
- a clearer voice.

Get regular moderate-intensity physical activity Regular physical activity may help you avoid large weight gains when you quit smoking. It may help you look and feel good, and fit into your clothes better. You will likely find that you can breathe easier during physical activity after you quit smoking.

Try to get 30 minutes or more of moderate-intensity physical activity on most days of the week, preferably every day. The ideas below may help you to be active every day.

Ideas for being active every day

- Take a walk after dinner.
- Sign-up for a class such as dance or yoga. Ask a friend to join you.
- Get off the bus one stop early if you are in an area safe for walking.
- Park the car farther away from entrances to stores, movie theatres, or your home.
- Take the stairs instead of the elevator. Make sure the stairs are well lit.

Limit snacking and alcohol Having more high-fat, high-sugar snacks and alcoholic drinks may lead to large weight gains when you quit smoking. The ideas below may help you make healthy eating and drinking choices as you quit smoking.

Healthy eating and drinking choices as you quit smoking

- Do not go too long without eating. Being very hungry can lead to less healthy food choices.
- Eat enough at meal times to satisfy you.
- Choose healthy snacks, such as fresh fruit or canned fruit packed in juice (not syrup), air-popped popcorn, or fat-free yogurt, when you are hungry between meals.

- Do not deny yourself an occasional "treat." If you crave ice cream, enjoy a small cone.
- Choose an herbal tea, hot cocoa made with nonfat milk, or sparkling water instead of an alcoholic beverage.

Consider using medication to help you quit

Talk to your health care provider about medications that may help you quit smoking. Some people gain less weight when they use a medication to help them stop smoking.

Medications that may help you quit smoking

- Nicotine replacement therapy
 - patch
 - gum
 - nasal spray
 - inhaler
- Antidepressant medication

A small—or even large—weight gain will not hurt your health as much as continuing to smoke will. The health risks of smoking are dramatic.

Will weight gain hurt my health?

Health risks of smoking

- **Death**—tobacco use is the leading cause of preventable death in the United States. It kills more than 400,000 people in the U.S. each year.
- **Cancer**—smoking greatly increases the risk for lung cancer, the leading cause of cancer death in the U.S. Smoking is also linked to cancer of the esophagus, larynx, kidney, pancreas, and cervix.
- **Other health problems**—smoking increases the risk for lung disease and heart disease. In pregnant women, smoking is linked to premature birth and low birth weight babies.

By quitting smoking, you are taking a big step to improve your health. Instead of worrying about weight gain, focus on quitting. Once you are tobacco-free, you can work toward having a healthy weight for life by becoming more physically active and choosing healthier foods.

These brochures from the Weight-control Information Network (WIN) can help you adopt healthy eating and physical activity habits:

Energize Yourself & Your Family
Healthy Eating & Physical Activity Across Your Lifespan: Better Health and You
Just Enough for You: About Food Portions
Walking...A Step in the Right Direction

For more information on quitting smoking, contact:

American Cancer Society

<http://www.cancer.org>
 1-800-ACS-2345 1-800-227-2345

American Heart Association

<http://www.americanheart.org>
 1-800-AHA-USA1 1-800-242-8721

American Lung Association

<http://www.lungusa.org/>
 212-315-8700

National Cancer Institute

<http://www.nci.nih.gov>
 1-800-4-CANCER 1-800-422-6237
 1-800-332-8615 (TTY)

National Institute on Drug Abuse

<http://www.nida.nih.gov>
 301-443-1124

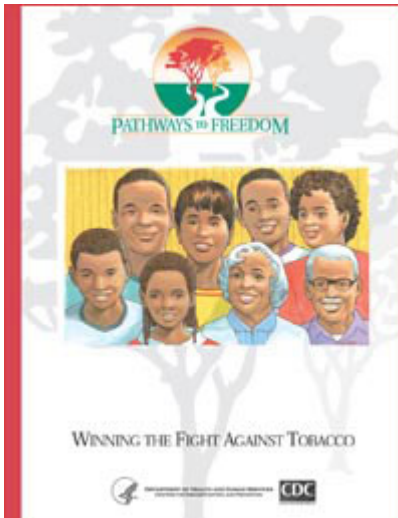
Office of the Surgeon General

<http://www.surgeongeneral.gov/tobacco/>

Weight-control Information Network, 1 Win Way, Bethesda, MD 20892-3665, Tel: (202) 828-1025 or 1-877-946-4627, Fax: (202) 828-1028, E-mail: win@info.niddk.nih.gov

The Weight-control Information Network (WIN) is a national service of the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health, which is the Federal Government's lead agency responsible for biomedical research on nutrition and obesity. Authorized by Congress (Public Law 103-43), WIN provides the general public, health professionals, the media, and Congress with up-to-date, science-based health information on weight control, obesity, physical activity, and related nutritional issues. WIN answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about weight control and related issues. Publications produced by WIN are reviewed by both NIDDK scientists and outside experts. This fact sheet was also reviewed by Robert Eckel, M.D., Professor of Medicine, Physiology, and Biophysics, University of Colorado Health Sciences Center. This e-text is not copyrighted. WIN encourages users of this e-pub to duplicate and distribute as many copies as desired. NIH Publication No. 03-4159, May 2003

Source: <http://www.niddk.nih.gov/health/nutri/pubs/quitsmok/>



Pathways to Freedom: Winning the Fight Against Tobacco

[Entire Document in Adobe Acrobat Format](#) (📎 1,402KB)

Pathways to Freedom: Winning the Fight Against Tobacco is currently not available online in HTML, hard copies may be ordered at no cost by printing this [Order Form](#) or by calling 1-800-232-1311 you may also print a copy from the PDF file above.

National concern over the high rates of smoking among the African American population and the absence of available program materials inspired the initial development and current revision to this text. The guide was produced in partnership with key segments of the African American community, including churches, service organizations and educational institutions. It addresses many issues that are specific to African Americans such as targeted advertising campaigns and historical, cultural, and socioeconomic influences. It also offers proven strategies for anyone who wants to quit; how friends and family can help; and how the community and its leaders can promote the value of gaining freedom from tobacco.

- [Success Stories](#)
Successful ways in which *Pathways to Freedom* has been used in communities
- [Testimonials](#)
What people around the country are saying about *Pathways to Freedom*.
- [Suggestions](#)
Some ideas for ways to use *Pathways to Freedom*.

Source: <http://www.cdc.gov/tobacco/quit/pathways.htm>

(PDF file of *Pathways to Freedom: Winning the Fight Against Tobacco* is on the resource CD disk)

The Three-Legged Stool

A successful Quit Plan is like a 3-legged stool: one leg is SUPPORT, one leg is MEDICATION and one leg is COPING SKILLS. To be reliable, the stool must be stable and capable of “holding” you. That is best accomplished by building a stool (plan) with all three legs. If you can’t do that, it needs to have at least two legs – and these need to be extra large. For instance, if your stool (plan) doesn’t have a MEDICATION leg, be sure you have plenty of SUPPORT and find as many ways as you can to learn COPING SKILLS.

SMOKING CESSATION PLAN

SUPPORT

Friend/Family Member
Pastor/Rabbi

Nicotine Anonymous Meeting

ALA Call Center
1-800-548-8252

NCI Quitline
1-877-448-7848

Instant Messaging at
www.Smokefree.gov

Forums/Chat Room/Email at
www.QuitNet.com

Other: _____

MEDICATION

Over-the-Counter
Nicotine Replacement:

- ◆ Gum
- ◆ Patch
- ◆ Lozenge

Prescription
Nicotine Replacement:

- ◆ Nasal Spray
- ◆ Inhaler

Prescription
Non-Nicotine Medications:

- ◆ Bupropion SR (Zyban)
- ◆ Clonidine
- ◆ Nortriptyline

Other: _____

COPING SKILLS

Freedom From Smoking
Online: www.lungusa.org/ffs

Smokefree.gov (NIH website)

NCI Quitline
1-877-448-7848

“You Can Quit Smoking”
Guide (order: 800-358-9295)

Free Sentara Quit Kit
(Call the Smoke-Free Virginia
Helpline: 877-856-5177)

Local Cessation Programs:
www.smokefreevirginia.org

Other: _____