

Rx for Prevention

Continuing Medical Education for Physicians and Other Health Professionals in Los Angeles County

Treating Tobacco Addiction

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Smoking is the leading preventable cause of death in the United States (U.S.). Up to one-half of long-term smokers are expected to die of tobacco-related diseases.¹ These smokers lose an average of 14 years of life.² In Los Angeles County (LA County), smoking kills almost 9,000 people a year³ and impacts diseases in every medical specialty.

Although the rate of smoking in LA County has decreased dramatically, more than one million residents continue to smoke. The highest rates are among those who have mental health or substance abuse problems, or who are African-American, on Medi-Cal, without health insurance, living in poverty,⁴ or lesbian, gay or bisexual.⁵ African-American children in LA County have the highest rates of exposure to tobacco smoke in their homes.⁶

Stopping tobacco use has immediate and long-term benefits. **Most smokers want to stop**—and every year, more than half of them try.⁷ Only 9% or fewer are successful with each attempt because most try without tobacco counseling or medications.⁸ Studies have consistently shown that counseling, especially when combined with medication, doubles or triples

ASK all patients about tobacco use at every visit.

ADVISE all tobacco users to stop.

REFER all tobacco users to treatment resources:

- REFER patients to the FREE California Smokers' Helpline: 1-800-NO-BUTTS.
- PRESCRIBE pharmacotherapy to help patients become tobacco-free.



Immediate and Long-Term Benefits of Stopping Smoking

20 minutes

Heart rate drops

12 hours

Carbon monoxide level in blood drops to normal

48 hours

Ability to smell and taste starts to improve

2–3 weeks

Chance of heart attack drops, circulation improves, walking becomes easier; lung function improves

1–9 months

Coughing and shortness of breath decrease

1 year

Excess risk of coronary heart disease is half that of a smoker

5 years

Risk of stroke is reduced to that of nonsmoker

10 years

Lung cancer death rate is about half that of a smoker; risk of cancer of the mouth, throat and esophagus decreases

15 years

Risk of coronary heart disease returns to that of a nonsmoker



the proportion of patients who successfully stop smoking, achieving long-term success rates as high as 30% with each attempt.^{9,10} In fact, smoking interventions are more cost-effective than most other routine preventive medical interventions.¹¹ Smokers offered assistance to stop smoking were more satisfied with their medical care, even if they did not want to stop.¹²

By using the following recommended guidelines, effective tobacco use interventions can take as little as 30 seconds. Your advice to your patients to stop smoking is the most cost-effective use of time to increase the quality and length of their lives.

Effective Intervention

Stopping tobacco addiction is difficult. Fortunately, proven effective interventions can be integrated into a busy practice in primary care and in all specialties. **In 30 seconds or less, you can Ask, Advise and Refer.**

1. ASK PATIENTS ABOUT TOBACCO USE AT EVERY VISIT. Also ask about exposure to secondhand smoke¹³ in the home. Make tobacco-use screening a regular part of your practice. Have office systems in place (e.g., vital signs stamp or a prompt in an electronic health record) with reminders to systematically document tobacco-use status and make referrals. (See vital signs stamp.)

2. ADVISE ALL TOBACCO USERS TO STOP. Smokers say their clinician's repeated advice is an important motivator to stop smoking.¹⁴ Advice must be clear, strong, positive and personalized; for example:

“As your physician, and someone who cares about you and your health, I encourage you to stop smoking because that is the most important thing you can do to protect your health.”

Inform smokers that medications or counseling alone can **double** their chances of being able to become free of tobacco,¹⁵ and **medications plus multiple-session counseling can at least triple their chances of success with each attempt.**¹⁶

Benefits of Stopping Smoking Include Reduced Risks for...

Miscarriage, stillbirth, SIDS, cleft lip; diabetes complications (e.g., amputations); emphysema and asthma attacks; cataracts and macular degeneration; osteoporosis and hip fractures; surgery/dental work complications; bad breath (halitosis), wrinkled skin, hair loss; cancer: lung, pharynx, larynx, oral, esophagus, pancreas, stomach, genitourinary.

Vital Signs		
BP: _____	Pulse: _____	Temp: _____
WT: _____	HT: _____	BMI: _____
Tobacco Use		
Current _____		
Former _____		
Never _____		
<input type="checkbox"/> Referred for tobacco counseling/treatment		Smoke-free Home: Yes ___ No ___

Vital signs stamp

Personalized advice is most effective. Statements similar to the following may create a “teachable moment”:

- “Smoking is strongly linked with **snoring** and **sleep problems**.^{17,18} Your sleep could improve if you stopped smoking.”
- “Stopping smoking could dramatically improve your **asthma**.”
- “Stopping smoking reduces your chance of **heart attack, impotence** and **stroke**.”

3. REFER PATIENTS TO RESOURCES whether or not they are ready to stop.

- **Hand them the phone number of the FREE California Smokers’ Helpline (1-800-NO-BUTTS)** or local tobacco treatment resources. Let them know that four to seven sessions of counseling can **double** their chances of staying off tobacco.¹⁹ Long-term success rates can be as high as 20% with either consistent follow-up counseling or pharmacotherapy and rise to 30% when combined.²⁰ **Strongly encourage patients to utilize all sessions of counseling.**

The California Smokers’ Helpline offers reading materials, referrals to local resources, and up to six sessions with a trained telephone counselor. The Helpline provides services in English, Chinese (Mandarin and Cantonese), Korean, Spanish and Vietnamese, and TDD/TTY for the hard of hearing. It provides specialized services for pregnant women, teens, and tobacco chewers. Tobacco counseling is also available online, in groups and individually.

- **Offer self-help materials** that include tips to help patients succeed. Refer to a sample handout on page 8 or visit www.californiasmokershelpline.org for more information and resources.

Prescribing Pharmacotherapy

Pharmacotherapy doubles or triples the chances of success with each attempt.²¹ It is a key part of a multi-component approach to assisting patients with their tobacco dependence.

This program has been adapted from Tran, N. *Treating Tobacco Addiction*, City Health Information. 2008;27(1):1-8. With permission from the New York City Department of Health and Mental Hygiene. Available at www.nyc.gov/html/doh/downloads/pdf/chi/chi27-1.pdf and Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. Available at <http://www.ahrq.gov/path/tobacco.htm>

Table 1. FDA-Approved Medications for Tobacco Dependence

Pharmacotherapy	Common Side Effects	Advantages	Disadvantages	Dosage	Duration	Availability
Bupropion SR	<ul style="list-style-type: none"> • Insomnia • Dry mouth 	<ul style="list-style-type: none"> • Easy to use (pill) • No concerns for cardiac patients • Effective in patients with depression and dysphoria • Limits weight gain • Can be used with NRT 	<ul style="list-style-type: none"> • Prescription needed. Pregnancy Category C • Contraindications: <ul style="list-style-type: none"> - Seizure disorders, stroke - Current use of MAO inhibitors, levodopa. - Anorexia, bulimia - Other seizure-threshold-lowering conditions (e.g., alcohol dependence, head trauma) 	<p>150 mg every morning for 3 days, then 150 mg twice daily. Begin 1-2 weeks before first tobacco-free day. Check BP if combine with NRT. In elderly, use 150 mg daily for 5-7 days prior to BID dose.</p>	<p>7-12 weeks, maintenance up to 12 months. Reduces relapse when used 12 months.</p>	<p>Zyban® Wellbutrin SR® Generic SR (Prescription only)</p>
Nicotine Patch	<ul style="list-style-type: none"> • Local skin reaction • Insomnia 	<ul style="list-style-type: none"> • Steady levels of nicotine • May delay weight gain • Easy to use, more compliance • Unobtrusive • No prescription needed-OTC 	<ul style="list-style-type: none"> • Dose is not adjustable if cravings occur • Contraindications: Pregnancy Category D. Severe or unstable angina pectoris, serious arrhythmias, for two weeks after acute MI • Use clinical judgment in pregnancy/teens 	<p>See Table 2. For most patients: 21 mg/24 hours Then 14 mg/24 hours Then 7 mg/24 hours Begin a week before stop date to double effectiveness</p>	<p>4-6 weeks 2-4 wks 2-4 wks</p>	<p>Nicoderm CQ® Nicotrol® Habitrol® Generic (Available OTC & prescription)</p>
Nicotine Gum	<ul style="list-style-type: none"> • Mouth soreness • Jaw ache • Dyspepsia • Hiccups 	<ul style="list-style-type: none"> • Can use with patches to control urge in addicted smokers • User controls dose • No prescription needed-OTC • May delay weight gain 	<ul style="list-style-type: none"> • Proper user technique required. See package insert. • Difficult for users with bad teeth, dentures • Coffee, tea, soda and fruit juice limit absorption • Contraindications: Pregnancy Category D TMI disease. Also see patch 	<p>1-24 cigarettes/day 2 mg gum 25+ cigarettes/day 4 mg gum Chew each piece slowly until peppery taste; park between cheek & gum 30 minutes, 10-12 pieces per day, up to 24/day.</p>	<p>Up to 12 weeks Taper 7-12 weeks</p>	<p>Nicorette® Nicorette Mint® (All OTC)</p>
Nicotine Lozenge	<ul style="list-style-type: none"> • Nausea • Throat irritation • Hiccups • Dyspepsia 	<ul style="list-style-type: none"> • Can use with patches to control urge in addicted smokers • User controls dose • May delay weight gain • Easy to use and conceal • No prescription needed-OTC 	<ul style="list-style-type: none"> • No eating or drinking before and during use • Takes lozenges 20-30 minutes to dissolve • Coffee, tea, soda and fruit juice limit absorption • Contraindications: Pregnancy Category D Also see patch 	<p>If 1st cigarette more than 30 min. after waking: 2 mg PRN If 1st cigarette less than 30 min. after waking: 4 mg PRN Up to 20 lozenges/day</p>	<p>Up to 12 weeks</p>	<p>Commit® Generic (All OTC)</p>
Nicotine Inhaler	<ul style="list-style-type: none"> • Local irritation of mouth and throat • Mild cough • and rhinitis initially 	<ul style="list-style-type: none"> • Can be used with patches to control urges in addicted smokers • User controls dose • Addresses hand-to-mouth habit • May delay weight gain 	<ul style="list-style-type: none"> • Prescription needed • Frequent continuous puffing needed for up to 20 minutes per cartridge • Does not work in cold (<40 degrees F) • Coffee, tea, soda and fruit juice limit absorption • Contraindications: Pregnancy Category D Reactive airway disease. Also see patch 	<p>6-16 Cartridges/day PRN Continuous puffing 20 minutes per cartridge, into mouth/throat. Do NOT inhale deeply into lungs, to reduce cough/airway irritation Taper dosage after 3-6 months</p>	<p>Up to 6 months</p>	<p>Nicotrol Inhaler® (Prescription only)</p>
Nicotine Nasal Spray	<ul style="list-style-type: none"> • Nasal irritation • Dyspepsia • Sneezing • Red, watery eyes initially 	<ul style="list-style-type: none"> • Can use with patches to control urge in addicted smokers • Highest effectiveness of NRT • Most rapid nicotine delivery; simulates smoking. 	<ul style="list-style-type: none"> • Prescription needed • Localized adverse effects limit use • Change in sense of smell or taste • Contraindications: Pregnancy Category D. Reactive airway disease. Also see patch 	<p>Recommend 1-2 doses/hr PRN 5 doses/hr, 40 doses/day maximum. One dose equals two sprays, one spray in each nostril (nearly equals nicotine from one cigarette)</p>	<p>3 to 6 months</p>	<p>Nicotrol NS® (Prescription only)</p>
Varenicline	<ul style="list-style-type: none"> • Nausea • Insomnia • Abnormal dreams • Dry mouth 	<ul style="list-style-type: none"> • Easy to use (pill) • Blocks nicotine & therefore, the pleasure of smoking • No drug interactions • Industry-sponsored trials suggest it may be superior to bupropion SR or NRT alone 	<ul style="list-style-type: none"> • Prescription needed. Do not use while nursing. • Precautions: Pregnancy Category C • Dose adjustment for significant renal impairment. • Rare but important psychiatric symptoms. Monitor for changes in mood, behavior, psychiatric symptoms or suicidal ideation • Screen for mental health history before treatment 	<p>Begin 1-2 weeks before stop date. Days 1-3: 0.5 mg tablet every morning Days 4-7: 0.5 mg tablet twice daily Days 8 to end of treatment: 1 mg tablet twice daily</p>	<p>3 to 6 months</p>	<p>Chantix® (Prescription only)</p>

Therefore, offer and prescribe pharmacotherapy to help all tobacco users, unless contraindicated. Determine regimen based upon the following:

- Contraindications/precautions (Table 1)
- Level of addiction (Table 2)
- Issues that may complicate treatment (page 5)
- **Patient preference.**

Patient involvement in decision-making improves outcomes. Use clinical judgment in providing treatment to pregnant and adolescent smokers (page 5). Encourage your patients to consider medications, as in: **“Medication doubles or triples your success in becoming free of tobacco. Would you like to discuss which medication is the best for you?”**

- **Nicotine replacement therapy (NRT) doubles** success rates. Starting a week before stop date doubles success with the patch.²² NRT is FDA approved for adults 18 and over. NRT is safe for most patients, including those with stable heart disease. Medi-Cal may require counseling; e.g., the California Smokers’ Helpline, in order to pay for NRT (see specific insurance plan).

NRT is available in several forms and most are over-the-counter. The nicotine patch is the most convenient form for most smokers, providing steady doses of nicotine. Combining daily use of the nicotine patch with short-acting “rescue” NRTs (gum, lozenge, nasal spray, inhaler) results in long-term success rates higher than those observed when a single form of NRT is used.²³ Some patients continue to use NRT long-term, which is not known to present health risks.

- **Bupropion SR doubles** success rates with each attempt. First marketed as the antidepressant Wellbutrin SR[®], it is now also approved as Zyban[®] for treatment of smoking addiction. Due to its antidepressant effects (dopamine and norepinephrine), it may be the best choice for patients with a history of or current depression. For patients who are heavily addicted, substance abusers or schizophrenic, use bupropion combined with NRT for increased effectiveness. Contraindications include a history of seizures, bipolar disorder (relative contraindication), bulimia or anorexia. The FDA approved bupropion SR for long-term maintenance of tobacco dependence and depression.

- **Varenicline (Chantix[®]) doubles** the success rate. It binds to nicotine receptors to reduce cravings by mild agonist and

strong antagonist properties that limit the pleasurable effects of inhaled nicotine. Varenicline combined with an NRT patch may cause increased side effects without increased benefits.²⁴ Varenicline is being investigated for long-term use²⁵ and for use with bupropion. (**See paragraph below.**)

Nicotine reduction or abstinence by stopping tobacco use with inadequate nicotine replacement or blocking of nicotinic receptors by varenicline may exacerbate underlying psychiatric disorders; e.g., anxiety, depression, ADHD, PTSD, bipolar disease, schizophrenia or eating disorders. Screen for mental health history prior to treatment. **Clinicians, patients and families should monitor for mood changes, clinical worsening, suicidality, and any unusual changes in behavior.**²⁶⁻²⁹

Nortriptyline and clonidine are considered second-line therapy due to significant adverse effects and toxicity and are not approved for cessation by the FDA. Other drugs, including antidepressants, have **not** been shown to increase success rates.³⁰ Neither acupuncture nor hypnosis has been shown to be effective.

What Else Can You Do to Help Your Patients Stop Smoking?

- **Follow up** to see how patients are doing. Your concern emphasizes importance.
- **Prevent and treat relapse.**
- **Educate** patients about the risks of secondhand smoke. Encourage all patients (including nonsmokers) to maintain a smoke-free home and car.

Follow up with patients who are willing to discuss stopping smoking. Your concern emphasizes the importance of stopping. Reinforce the use of the California Smokers’ Helpline and other counseling sources. Assess for abstinence at all subsequent contacts.

Prevent and Treat Slips, Lapses and Relapse. “Former” users who stopped in the last six months are at risk of relapse. Many patients alternate between thinking about stopping, making attempts, relapsing, and trying to stop again over the course of years.³¹ Relapse is not a sign of personal failure of the tobacco user or the clinician; it often takes multiple tries to successfully stop smoking.³² Most smokers who relapse want to try again soon.³³ **A relapse should be viewed as a learning experience.** When patients relapse, they can become aware of their triggers, their reasoning (“one cigarette won’t hurt”) and the steps that led to picking up that first cigarette.

* Use of brand names is for informational purposes and does not imply endorsement by the Los Angeles County Department of Public Health.

Table 2. Suggested Initial Dosages for Nicotine Replacement Therapy

Patient Characteristics	Nicotine Replacement Therapy
1-10 cigarettes/day; smokes 1 hour after waking	14 mg/24-hr patch and/or 2 mg gum or lozenges PRN†
11-24 cigarettes/day; smokes 1 hour after waking	21 mg/24-hr patch† Consider combining with 2 mg gum or lozenge PRN
25+ cigarettes/day; smokes within 30 minutes of waking Depression, other psychiatric conditions, alcohol or substance use.‡ Prior failed attempts despite NRT or bupropion	21 mg/24-hr patch and PRN 4 mg gum and/or lozenges strongly recommended Consider combining patch and nasal spray if patient has a psychiatric condition. (See Table 1 and box below.) Heavy smokers (40+ cigarettes/day) may need more than one patch to control nicotine withdrawal symptoms.

† If patient exhibits moderate or severe withdrawal when stopping, increase dose, and/or add rescue NRT and/or add bupropion. See Minnesota Withdrawal Scale at <http://www.uvm.edu/~hbpl/?Page=minnesota/default.html>

‡ See box below.

Issues That May Complicate Treatment

Pregnancy: Intensive counseling is recommended as a first-line intervention. Patients who continue to smoke are usually highly addicted or have other comorbid conditions; screen for alcohol and other drug use, depression and refer for treatment. The Smokers' Helpline has specialized counseling for pregnant smokers.

NRT nicotine gum or lozenges or bupropion SR may be used during pregnancy when non-drug treatments have failed. Fetal risk from these drugs should be balanced against the greater risk of maternal smoking. Do not prescribe nicotine nasal spray because of potentially higher peak levels of nicotine.

Adolescence: Screen pediatric and adolescent patients and their parents for tobacco use and strongly urge total abstinence from tobacco. Also encourage patients and parents to maintain a smoke-free home. Offer advice and medications to parents who smoke.

Neither NRT, varenicline nor bupropion SR is approved by the FDA for use in people 17 years of age and younger, so use clinical judgment. Antidepressants increased the risk of suicidal thinking and behavior in adolescents and adults under 24 years old in studies of major depressive disorder and other psychiatric disorders.

Weight gain: Provide strategies for monitoring weight gain. Bupropion SR and NRTs (e.g., gum or patch) can delay weight gain. Consider for longer use in those with medical conditions impacted by weight or who gained weight at previous attempt to stop tobacco use.

Psychiatric or substance abuse problems: Smoking prevalence is high (40%-90%); treatment is more complicated and relapse is more common. Treat underlying psychiatric conditions concurrently. **Consider use of a depression screening tool (i.e., Beck Depression Inventory) for all patients to identify high-risk smokers.**

Consider using bupropion with NRT; success is improved when NRT is combined with bupropion SR. When using NRT, care should be taken not to under-dose. In persons with schizophrenia, consider prescribing nicotine nasal spray, as its higher peak levels are the closest to inhaled smoke from a cigarette. The effectiveness of two forms of NRT used concurrently was statistically indistinguishable from the effectiveness of varenicline in one study.³⁴

Because smoking induces cytochrome P450, psychotropic drug doses may need to be adjusted in patients who have stopped smoking. Monitor mood closely the first few weeks in patients with a history of depression or anxiety since reduced nicotine levels or abstinence may exacerbate psychiatric symptoms.

Heavily addicted: Consider bupropion with NRT, patch plus rescue NRT, or varenicline. Consider bupropion in combination with NRT in patients with depression, substance abuse or a psychiatric condition. Consider multiple patches if smokes over 2 packs/day.

Special populations: Interventions should be culturally, educationally and language appropriate. Treatments are effective with all special populations.

Table 3. Health Insurance Coverage for Cessation Aids in LA County

Medi-Cal Coverage	Medicare Coverage
<p>To receive nicotine replacement therapy, bupropion SR and/or Chantix, a combination of the following may be required:</p> <ul style="list-style-type: none"> • Prescription • Prior authorization • Enrollment in behavior modification program; i.e., the California Smokers' Helpline. <p>Check the patients' health plan formulary for current information on coverage and requirements, as formularies are subject to change.</p> <p>The California Smokers' Helpline will fax a certificate to the pharmacy when the patient enrolls. The smoker presents the prescription to the pharmacist, who then submits the request to Medi-Cal with the certificate. Visit http://www.californiasmokershelpline.org/quittingaids.shtml</p>	<p>Medicare Part B covers tobacco use counseling and medications. Formularies vary. Check the Medicare formulary. http://formularyfinder.medicare.gov/formularyfinder</p>
	<p style="text-align: center;">LA County-specific</p>
	<p>Department of Health Services, LA County Public-Private Partners (PPPs), and LA County Community Health Plan (CHP, the County's HMO for indigent patients): All plans cover nicotine patches, nicotine gum and bupropion as routine medications but may require enrollment in the California Smokers' Helpline.</p>
	<p style="text-align: center;">Private Insurance Coverage</p>
	<p>Individual plans vary.</p>

- Ask patients who have relapsed if they are willing to make another attempt to stop now.
- Discuss the circumstances surrounding the relapse to help determine what did and didn't work at the last attempt. Identify and treat/refer for depression, anxiety or stress.
- Refer the patient to the California Smokers' Helpline or professional clinical counseling.
- Suggest a different medication at next attempt, a longer course or a combination of medications; e.g., bupropion plus NRT, or nicotine patch plus a short-acting nicotine (gum, lozenge, inhaler or nasal spray) to use as a rescue agent. Varenicline (Chantix®) may have a higher success rate than a single form of NRT or bupropion alone but costs more.
- Suggest additional resources such as attending free **Nicotine Anonymous** meetings: (800) 642-0666 or www.scina.org/index.html for Los Angeles County meeting locations and times. Other resources include **QuitNet.com**, a useful, professional online support service, and **SOS-Save Our Selves** at (323) 666-4295 or <http://sossobriety.org/> meetings. (See handout, page 8.)

Educate All Patients about the Dangers of Secondhand Smoke and encourage patients to maintain a smoke-free home and car. Secondhand smoke increases the risk of serious respiratory problems (e.g., a greater number and severity of asthma attacks as well as lower-respiratory tract infections) and increases the risk for middle ear infections in children. Inhaling secondhand smoke can cause lung cancer and coronary heart disease in nonsmoking adults.³⁵ **Smokers are up to 10 times more likely to successfully stop if their home is smoke-free.**^{36,37}

For Tobacco Users Unwilling to Stop Smoking

Reiterate that “**stopping smoking is the most important thing you can do for your health.**” Smokers may be unaware of the facts, concerned about feeling bad from nicotine withdrawal, or discouraged because of previous unsuccessful attempts. If you have time, provide the “**5 R's**”: **Relevance, Risks, Rewards, Roadblocks, and Repetition**—designed to motivate smokers who are reluctant or refractory.

5 “R’s” for Tobacco Users Unwilling to Stop

Relevance: Make your advice personally relevant to the patient, being as specific as possible.

Risks: Ask the patient to identify potential negative consequences of tobacco use.

Rewards: Ask the patient to identify potential benefits of stopping tobacco use.

Roadblocks: Ask the patient to identify his or her barriers and note elements of treatment (problem-solving, pharmacotherapy) that could address barriers.

Repetition: Repeat the motivational intervention at every visit. Inform them that most people make repeated attempts to become free of tobacco before they are successful.³⁸



Pearls for Practice

1. Tobacco is the leading cause of preventable death. Treatment is the most cost-effective preventive clinical service. Benefits of stopping tobacco use impact every medical specialty.
2. In LA County, smoking rates are highest in those who have mental health or substance abuse problems, or who are African-American, on Medi-Cal, without health insurance, living in poverty, or are lesbian, gay or bisexual. African-American children have the highest tobacco smoke exposure in their homes.
3. Most smokers want to stop and over half try to stop annually (without counseling or medications).
4. Tobacco users expect and want their health care providers to discuss tobacco use and offer assistance.
5. Tobacco counseling, which doubles success rates, is available by phone, online, and in groups and in person.
6. The California Smokers' Helpline (1-800-NO-BUTTS) offers free, multi-session tobacco counseling in English, Spanish, Vietnamese, Korean and Chinese (Mandarin and Cantonese). It provides specialized counseling for pregnant women, teens and tobacco chewers.
7. In 30 seconds or less you can Ask, Advise and Refer, and save someone's life.
8. Medications can double or triple the long-term success rate and should be offered to every tobacco user unless contraindicated.
9. Adding counseling to medications can result in success rates as high as 30%-40% for each attempt.
10. Smokers are up to 10 times more likely to successfully stop smoking if their home is smoke-free.

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To obtain CME credit, complete the eLearning module on Treating Tobacco Addiction at
<https://www.publichealth.lacounty.gov/elearning>

FIVE TIPS TO BECOME FREE OF TOBACCO

1. **Get ready.** Set a stop date. Establish your home as smoke-free. Avoid places where people smoke.
2. **Get support.** Talking with a tobacco counselor when you stop **doubles** your chance of success. Choose from a telephone helpline (1-800-NO-BUTTS), local classes and online chat/message boards.
3. **Learn new skills.** Try to distract yourself from urges to smoke. Talk to someone, go for a walk, or plan something enjoyable to do every day. Avoid triggers such as alcohol, other smokers, caffeine, and stress.
4. **Get medication and use it correctly.** Ask your doctor about the three types of effective medications. Medications **double** or **triple** your chance of stopping for good, even if you only use them for 6-12 weeks!
5. **Be prepared for difficult situations.** Withdrawal symptoms can be controlled with medications and usually peak within 1-3 weeks after stopping. Being more physically active will elevate mood, control weight and help relieve stress, cravings, and withdrawal symptoms. Try a 30-minute daily walk. Increased exercise combined with a healthy diet and medications can help limit excessive weight gain.

**Counseling and medications together are even more powerful to help stay off tobacco for good.
Becoming tobacco free takes a lot of preparation, but—YOU CAN SUCCEED!**

CALIFORNIA SMOKERS' HELPLINE

This resource can help you become free of tobacco. If you call, you can get

- Stopping-tobacco materials.
- Places near you that offer more help for stopping.
- Up to six phone sessions with a counselor.

(M-F 7 am to 9 pm and Saturday from 9 am to 1pm)

There are special programs for pregnant women, teens, and tobacco chewers, too. **Please tell your family and friends who use tobacco about this FREE and helpful service.**

1-800-NO-BUTTS English

1-800-45-NO-FUME Spanish

1-800-838-8917 Chinese (Mandarin and Cantonese)

1-800-778-8440 Vietnamese

1-800-556-5564 Korean

1-800-933-4TDD Hearing Impaired

1-800-844-CHEW Chewers' Helpline

Or visit: www.californiasmokershelpline.org

Local Classes or Support Groups in LA County

Contact the California Smokers' Helpline for a list of free or low-cost classes. Some classes are available in Spanish. Groups are available for those with mental illnesses or recovering from substance abuse. Visit www.californiasmokershelpline.org/CountyListings.aspx

ONLINE RESOURCES

QuitNet.com

www.quitnet.com a useful, professional online support service.

American Lung Association

www.lungusa.org for online help with Freedom From Smoking® or 1-800-458-8252 for more information.

National Cancer Institute

www.cancer.gov/cancertopics/smoking live, online chat/text message English & Spanish, Monday-Friday, 9 am-11 pm, Eastern Time, and other resources; **1-877-44U-QUIT**.

Also see www.smokefree.gov

VideoJug.com—Stop Smoking Videos and online discussion boards

<http://www.videojug.com/tag/quit-smoking>

Tobacco Free California

<http://www.tobaccofreeca.com/> has message boards to help smokers stop.

American Cancer Society

<http://www.cancer.org> online help, personalized tools, message boards and network of volunteers, supporters, and survivors.

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