ADDRESSING TOBACCO USE:
A TOOLKIT FOR HIV PREVENTION PROVIDERS

August 2016

Background and Purpose

People working to prevent and treat HIV and those working to prevent and treat tobacco and nicotine dependence have a parallel history in San Francisco. Both movements emerged from community activism that began decades ago; both serve similar populations and share the mission of seeking health and wellness for their communities.

This toolkit was developed by the Community Health Equity and Promotion Branch of the San Francisco Department of Public Health, in collaboration with The Last Drag, a community-based quit smoking program. It provides resources and information for HIV prevention providers to meet the needs of their clients who smoke.

All of the materials in this toolkit in PDF format will be available for free download at:
sftobaccofree.org

For MS Office Word format version of this toolkit, specific handouts and materials contact us at:
sftobaccofree.org/contact

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Why Should HIV Prevention Providers Care About Smoking?

San Francisco's HIV prevention providers are leaders in whole-person health. Program clients often have a range of practical and psychosocial needs that HIV prevention workers explore and provide support around – for example, substance use, unmet mental health needs, housing, and family and social challenges.

One area that remains under-explored in the HIV prevention world is chronic disease prevention. People living with and at risk for HIV are also at risk for heart disease, diabetes, and cancer – and in some cases, more at risk than the general population.

Why should HIV prevention providers care about smoking? Because tobacco use is a significant health issue for many clients, and HIV prevention providers have the skills and the relationships needed to help support clients with their health goals. Even a 3 minute conversation about tobacco use can have a huge impact on a decision to quit[1] or cut down.

- HIV-positive adults, behavioral health clients, gay men, and transgender individuals are disproportionately affected by smoking. These groups are deeply affected by stigma and discrimination. Smoking is also stigmatized. **HIV prevention providers *know* how to promote health in the context of stigma.**
- HIV and smoking together have a negative effect on quality of life and health outcomes. **HIV prevention providers *know* how to help people living with HIV set goals** for their physical, mental, emotional, and spiritual health.
- It is really hard to quit smoking. Seven in 10 smokers want to quit (American Lung Association). It can take between 5 and 15 attempts, but people who smoke *can* become nonsmokers when they get support, education, and medication. **HIV prevention providers *know* how to meet people where they are at,** and support them to make behavior changes using a non-judgmental client-centered approach.
- Addressing smoking is not that different from treating or preventing HIV – changing smoking habits relies on a combination of behavioral and medical interventions, much like successful management of HIV. **HIV prevention providers *know* how to effectively integrate behavioral and biomedical approaches.**

"I want to be a nonsmoker, I'll have a better chance of dating. Even as a smoker, I want to be with someone who doesn't smoke."- Recovering smoker

"After several years of not getting any one's interest, I changed my smoking status to "Nonsmoker" on my [online] dating profile. Within two days, I started getting responses." - Recovering gay male smoker

Tools for Clients

In this section:

- Educational fliers and information
- Changing Your Tobacco Use resources
- Nicotine dependence assessment
- First tools for changing use patterns

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Living with HIV? Smoke cigarettes?

Ever thought about cutting down or quitting?

It's Complicated…

You probably smoke for good reasons. Maybe it helps with your stress or anxiety. Maybe you started really young and got hooked. Maybe it's just what you and your friends do. Whatever the reasons, it's complicated.

It's Hard…

It can take a lot of attempts to cut down or quit, even when you are motivated.

It's Worth It!

If you are living with HIV, quitting smoking can lower your risk of:

- Heart and lung disease, and stroke
- Many types of cancer
- HIV-related infections, *and*
- Improve your immune system

Want more info? Check out these links:
http://tinyurl.com/HIVandTobacco
http://tinyurl.com/FS803

Not in a place to quit, but open to talking about it?

Talk, Think, Track

1. **Talk** about it with someone safe –a counselor, your doctor, a supportive friend
2. **Think** about why you smoke – What do you get out of it?
3. **Track** your smoking – When do you smoke? What need is met?

Ready to cut back or quit?

Try These Three Tools

1. Take a quit smoking class – check with your health insurance, HIV provider, or see the back of this flyer
2. Medication can help – talk to your doctor or pharmacist
3. Make a plan – find other ways to meet the needs that smoking has met

Reward yourself for taking the first step!

Support for Changing Your Tobacco Use

A complete list of stop smoking programs in San Francisco resources can be found at:
http://sanfranciscotobaccofreeproject.org/you/

QUIT SMOKING PROGRAMS & CLASSES		**San Francisco General Hospital Stop Smoking Program** Quit smoking classes for San Francisco residents. **(415) 206 – 6074**	
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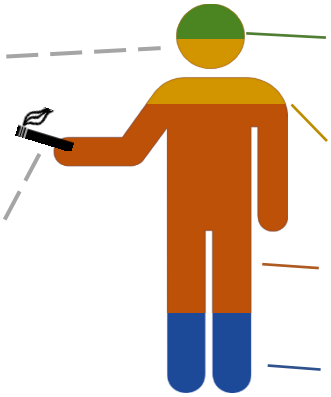
Drinking or using, and also smoking?
Ever thought about cutting down or quitting….tobacco?

People who started smoking young are more likely to drink or use drugs

Smoking can complicate recovery

Cigarettes, smoke, vapor, and lighters can be triggers for people in recovery



92% of meth users also smoke

84% of heroin users also smoke

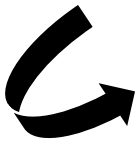
80% of cocaine users also smoke

17% of the population smokes

"Reducing how much I smoke is a part of my recovery. My plan is to eventually quit."
– Gay man living with HIV

Change is Hard…

It can take a lot of attempts to cut down or quit, even when you are motivated. First step to changing your tobacco use is finding your smoking patterns, and what inspires you to change.



BUT, research suggests that **it is easier** to change how much you use other substances **TOGETHER** with changing your tobacco use. All as a part of your recovery process

It's worth thinking about it!

Reduce risk of HIV, heart problems, lung cancer, and stroke.

Improve your chances of sticking with your recovery process.

Be a healthier you!

Tobacco Industry Targeting

The tobacco industry has a long standing history of targeting specific populations to increase their profits, and to get more people addicted. Here are some of their strategies.

Free cigarettes to:
Drug & Alcohol Recovery Service Providers

More money for the tobacco industry when people are addicted

Less money for people and communities

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Living with a Mental Illness and Smoking?
Ever thought about cutting down or quitting….tobacco?

31% of ALL CIGARETTES are smoked by adults with mental illness

$2,190 Money saved in a year, if you cut down by 1-pack a day

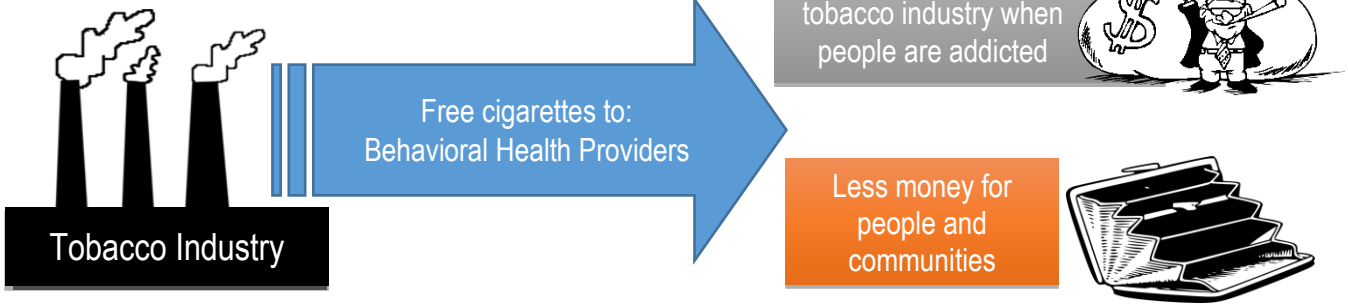
1 in 3 people with mental illness smoke

Many things get in the way

Even More Challenges

Mental health providers don't always consider tobacco use a priority, and there has been a history of practices that encourage tobacco use for clients and staff

– *As many as 1 in 3 of the behavioral health staff smoke*!



Medications and Tobacco

Tar in cigarettes slows down metabolism, and affects how well some medication work. That means you may be taking more medication than you need.

Reducing your tobacco use can help you ***take less*** of these medications:

- Haloperidol
- Olanzapine
- Chlorpromazine
- Clozapine
- And others!

Get Support

Work with a provider to carefully track your medications when you change your smoking.

Make quitting tobacco part of an approach to mental health treatment and overall wellness.

CALIFORNIA SMOKERS' HELPLINE
1-800-NO-BUTTS

The California Smokers' Helpline can support ALL people with their quit attempts.

FREE! No Appointments Needed! No need to go anywhere!

Support for Changing Your Tobacco Use

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Thinking about Transition and Smoking?

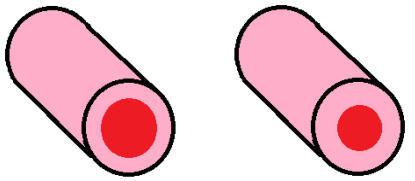
Ever thought about cutting down or quitting?

Get the Most Out of Your Surgery and Hormone Therapy!

Continuing to smoke or using nicotine products (like other tobacco, or e-cigarettes) can delay surgery, complicate the anesthesia, increase chances of scarring, and harm chances of success.

- Smoking narrows blood vessels, and cuts the amount of blood and oxygen reaching the surgical areas, which is needed for proper healing.
- This increases chances of infection, and skin tissue death,

"My doctor asked me to quit for my surgery. I didn't know that smoking interfered with the healing."
– Transgender man



Normal blood vessel

Narrowed blood vessel

- Smoking while on estrogen therapy increases the risk of blood clots that can lead to a stroke, or a heart attack.

"My goal is to quit smoking. My doctor told me smoking while taking hormone replacement increases my chances of a heart attack." – Transgender woman

1 in 3 Transgender Persons Smoke. but…

Many healthcare providers are *not* aware of the challenges and needs of the transgender community in general, as well as when it comes to smoking.

Find the Provider You Trust – Talk to Them about Smoking

Providers who know the transgender community can successfully support your healthy behaviors such as changing smoking habits. Find the right provider for you at:

Transgender Health Services

Lyon Martin Health Services

El/La Para Translatinas

Castro-Mission Health Center

Tom Waddell Urban Health Center

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Identify as LGBTQI? and Smoking?

Ever thought about cutting down or quitting?

Tobacco Hurts Our Community:

Smoking takes more lives than AIDS, alcohol, drugs, car accidents, homicide, suicide, and fires *combined!*

Tobacco Threatens Our Freedom:

Nicotine is highly addictive, causing you to crave it more and more. The earlier you started smoking the more likely you are to be addicted

Get BACK Your Freedom, Your Health and Your Money!

Changing your use tobacco will help improve your skin, your nails, your sense of smell and taste.

Even by reducing your tobacco use, you can get back the freedom to spend your money on new experiences, or save for the future.

Where to Find Competent Care and Support to Address Smoking

Not all health care professionals are great at working with LGBT people. In 2011, The Human Rights Campaign (HRC) scored San Francisco hospitals on their ability to care for LGBT persons. The ones with the highest scores are:

- UCSF Medical Center
- California Pacific Medical Center
- Zuckerberg San Francisco General
- Kaiser Permanente

Find other resources for LGBT-friendly care here: https://lgbt.ucsf.edu/lgbt-resources-outside-ucsf

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"I know it takes a few attempts, so I'm going to stick with it."
– Recovering gay man working to change their tobacco use

The Last Drag, conducts 4 FREE stop-smoking classes a year for LGBT people, and people living with HIV. Find information at www.lastdrag.org or call **(415) 339 – STOP (7867)**

Check out LGBT community stories, watch fun videos, and find more interesting resources on living a life free of tobacco at *ThisFreeLife.org*

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What am I Smoking/ Vaping?

What's in a cigarette? [2]

What's in an e-cigarette? [3]

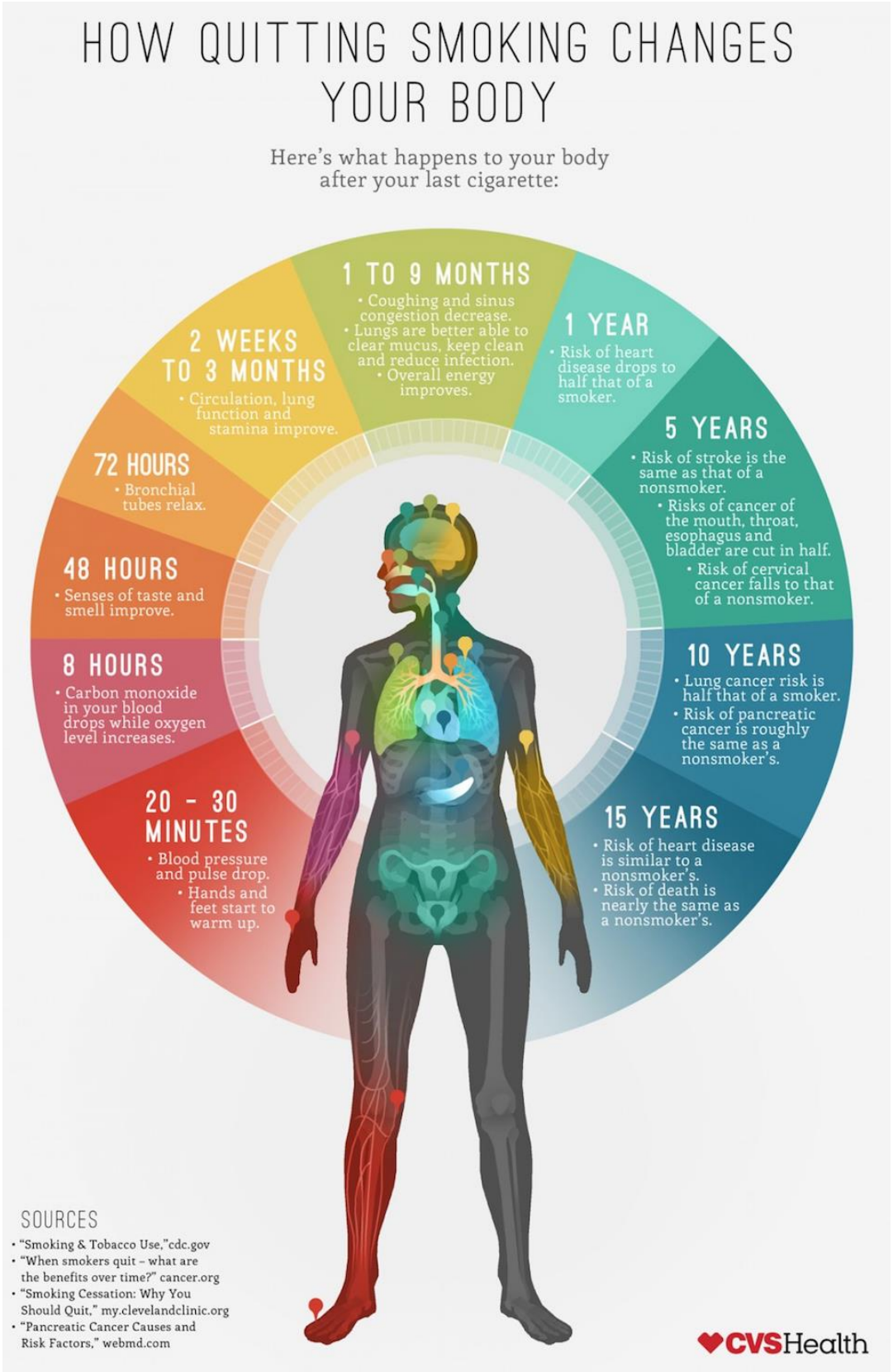

Image source: http://www.huffingtonpost.com/2014/12/05/effects-of-quitting-smoking_n_5927448.html

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Fagerström Test for Nicotine Dependence

From: "The Last Drag" Stop Smoking Program Facilitator's Guide, developed by the California LGBT Tobacco Education Partnership

This is quick and easy! The Fagerström Test, developed by Dr. Karl Fagerström, is a questionnaire that rates your nicotine dependence. Answer each question, and add up the points. Then check out the score indicator below.

Questions	Answers	Points
1. How soon after you wake up do you smoke your first cigarette?	☐ Within 5 minutes ☐ 6 to 30 minutes ☐ 31-60 minutes ☐ After 60 minutes	3 2 1 0
2. Do you find it difficult to refrain from smoking in places where it is forbidden such as church, the library, or movie theaters?	☐ Yes ☐ No	1 0
3. Which cigarette would you hate most to give up?	☐ The first one in the morning ☐ All others	1 0
4. How many cigarettes do you smoke? (20 cigarettes are in a pack)	☐ 10 or fewer ☐ 11-20 ☐ 21-30 ☐ 31 or more	0 1 2 3
5. Do you smoke more frequently during the first hours after waking than during the rest of the day?	☐ Yes ☐ No	1 0
6. Do you smoke if you are so ill that you are in bed most of the day?	☐ Yes ☐ No	1 0
	TOTAL POINTS	

Score indicator:

0-2	Very Low Addiction	6-7	High Addiction
3-4	Low Addiction	8-10	Very High Addiction
5	Medium Addiction		

Usually, people who score 6 or greater need additional assistance in quitting smoking. This may mean Nicotine Replacement Therapy (NRT), Bupropion (Wellbutrin), Varenicline (Chantix) and/or one-on-one counseling to problem-solve ways to overcome barriers and cope with withdrawal symptoms.

Talk to your doctor or pharmacist about which NRT is right for you.

My Personal Balance Sheet

What I like about smoking or my tobacco use:

What I DON'T like about smoking, or my tobacco use:

What I look forward to if I decide to make changes to my tobacco use:

What I am most worried about if I decide to change my tobacco use:

I want to change my tobacco use because…

Adapted from NY State Smoker's Quitline and SF General Hospital Stop Smoking Program

____ I would save money

____ I would not smell like a stale cigarette

____ I would not have to look for a place to smoke all the time

____ I would fit in better socially

____ My health would be better

____ I don't like feeling addicted

____ My partner, family and friends would stop nagging me to quit

____ My food would taste better

____ I would feel better about my future

____ I would set a good example for my friends, and family

My TOP 5 reasons for changing my smoking are:

1. _____
2. _____
3. _____
4. _____
5. _____

If I reduced my tobacco use or didn't smoke, I could…

1. _____
2. _____
3. _____
4. _____
5. _____

Pack Tracks: Track Your Tobacco Use

Date:

		Need?			**Mood**		
#	Time	?	Yes	YES	☺	😐	☹
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2							
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Date:

		Need?			**Mood**		
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First Steps to Changing Your Tobacco Use

Adapted from: San Francisco General Hospital Stop Smoking Program

- ☐ Make a **personal commitment** to yourself to change your smoking – to reduce or quit.
- ☐ Write down **reasons why** you want to become a nonsmoker.
- ☐ **Record the times you smoke** on your Pack Track cards for a day, three days or a full week.
- ☐ **Find your patterns**: when do you smoke, and why? Can you eliminate some cigarettes each day due to routine or habit?

- ☐ When you smoke, don't do anything else. For example, don't eat and smoke, don't talk on the phone and smoke, don't drive and smoke… just smoke.
- ☐ **Don't smoke unconsciously** – slow your smoking way down, smoke in the moment – watch yourself smoke. Ask yourself if you are really enjoying this cigarette?
- ☐ Try this - Smoke only in one place in your home or smoke outside. Make your home, or car, or commute, tobacco-free.
- ☐ **Break up your routine!** Carry your cigarettes in a different pocket or a different place. Try switching brands…to a cigarette with less nicotine or to one that tastes different. Smoke with a different hand.

- ☐ Think about your **Quit Goal** – prepare yourself mentally. Your quit date can be days, weeks, months or years away. Or, your Quit Goal may be to reduce how much you smoke.
- ☐ **Take deep breaths** often – spend some time each day learning how to relax without smoking.
- ☐ Find a jar for the **money that you will save** even from reducing some of your regular use amounts!
- ☐ Give yourself nice **rewards** along the way.
- ☐ **Find a class** or a support group to help you during the process of changing your tobacco use.

Choosing Nicotine Replacement Therapies

Adapted from: San Francisco General Hospital Stop Smoking Program

Nicotine Replacement Therapy (NRT) helps smokers move towards becoming tobacco-free by replacing the nicotine from cigarettes and other tobacco products in their bodies and tapering it down over the course of several months.

NRTs make it 50-70% more likely that a person reaches their tobacco use reduction goals. A research study of NRTs found that there are no overall differences in the effectiveness between different types of NRTs. However, the combination of a nicotine patch with a rapid delivery form of NRT (ie. gum) or any NRT and Bupropion is more effective than just using one NRT.[4]

Your choice of NRT is up to your needs: tolerability, convenience, and cost. To help guide your decision, here's a simple comparison guide of NRTs.

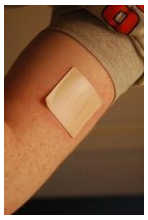
Nicotine Replacement Treatment Guide

All forms of NRT and cessation treatment below are covered by Medi-Cal/Medcaid

Type	OTC?	Treatment Length	Dosage	Cost for 6 Weeks[5],[6]	Use
Patch	Y	1.5-2 months	21mg, 14 mg or 7 mg	Up to $160	1 new patch every day; best in combination with Wellbutrin or Bupropion or a fast acting NRT (gum or lozenge)
Gum	Y	3 months	2 mg or 4 mg	Up to $200	Chew and "park" between gum and cheek 12-24 pieces per day, tapering over time to 3-6.
Lozenge	Y	3 months	2mg or 4 mg	Up to $200	12-20 lozenges day; tapering over time until 3-8 per day
Inhaler	N	3 months	10mg per cartridge; only absorb 2 mg	Over $300	Inhale 10-16 cartridges per day for the first month, tapering over time to less than 6
Nasal Spray	N	>1.5 months	1mg per spray	Up to $200	1-2 sprays per hour; tapering after 1.5 months
Bupropion (Wellbutrin or Zyban)	N	2-3 months	150mg, non-nicotine	Up to over $300	1 tablet for Day 1-3; 2 tablets on Day 4 and on; may have some effects on mental health
Chantix	N	3-6 months,	0.5mg -1mg; non-nicotine	Up to $200	1 x 0.5 mg dose for Day 1-3; 2 x 0.5 mg Day 4-7; 2 x 1mg dose for remaining treatment; may have some effects on mental health and emotional wellbeing

Tips on Making Your NRT Work for You!

Adapted from: Kozlowski et al and Cochrane Review[7]



1. NRTs are just SOME of the tools to help you change your smoking, and it are not the only thing that can help. BUT NRT can't do all the work for you - you have to do your part
   - **Ask your provider about other medications and counseling resources**
2. Nicotine Replacement Therapy is a SAFE alternative to cigarettes for smokers. There is no evidence that NRTs can increase risk of heart attacks.
3. Be cautious about using NRT while pregnant. Check with you provider first.

4. NRT is less addictive than cigarettes and it is NOT creating a new addiction.
5. Stop using NRT only when you feel VERY SURE you can stay off cigarettes, or once you've reached your reduction goal *and* are comfortably maintaining your level of use.
6. If the amounts of NRT you are taking do not seem to help you change your smoking, talk with your health care provider about using:

   - Higher dose of your current NRT
   - More than one type of NRT at the same time
   - Other smoking cessation medicines at the same time, or
   - Telephone, online, or in person counseling/advice
7. Make sure you are using the gum or lozenge in the correct way:
   - Chew the gum slowly – fast chewing doesn't allow the nicotine to be absorbed from the lining of the mouth and can cause nausea
   - Don't drink anything for 15 minutes before and nothing while you are using nicotine gum or the lozenge so you can absorb the nicotine

8. If you can't stop having a few cigarettes while using the patch, it is best to keep the patch on. Don't let a few slips with cigarettes stop you from using the patch to reach your goal.
9. You may need to add gum or lozenges, or you may need to use more than one patch at a time, depending on how long you've been using tobacco and how much you use. *Talk to your provider to find the right balance for you.*

10. If the price of NRT is a concern, try to find "store brand" (generic) NRT products, which are often cheaper than the brand name products.
11. Do whatever it takes to get the job done – it is not a weakness to use medicine to help you change your smoking.
12. **Always talk to your provider if you are taking any other medications.**

Tools for Providers

In this section you will find:

- Data on HIV-affected populations and smoking
- Information about tobacco products
- Brief intervention tools
- Stages of change
- Motivational interviewing
- Nicotine Replacement Therapy (NRT) information

Why are people at risk for HIV also more likely to smoke?

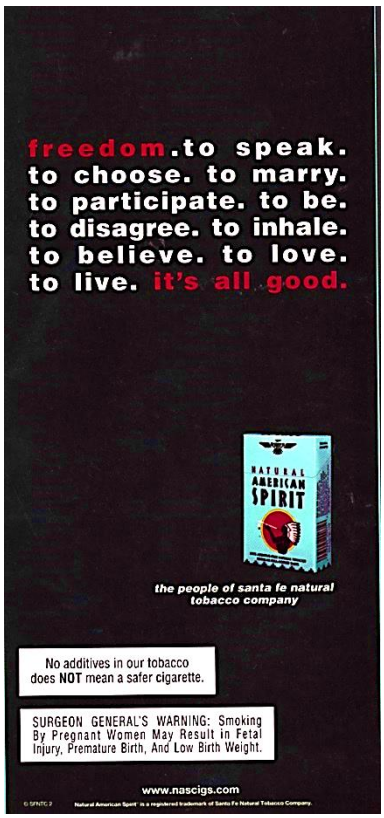


Image Source: Freedom From Tobacco, San Francisco LGBT Community Center

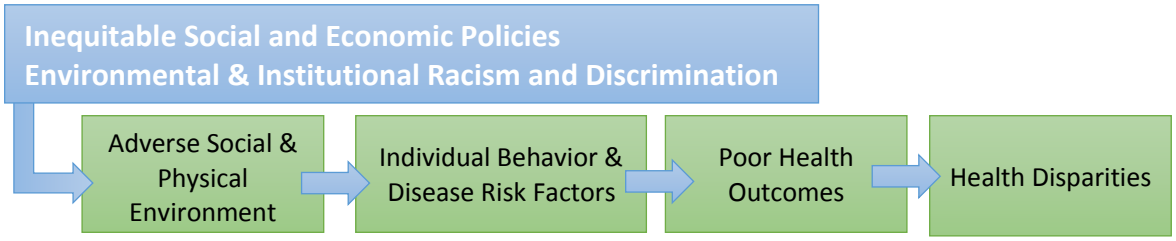
People living with HIV, LGBT individuals, LGBT youth, people of color, homeless individuals, people in low socioeconomic brackets, and people with mental health or substance use disorders are all more likely to smoke than the general population. The factors associated with HIV disparities among these groups are very similar to those associated with higher smoking rates, such as stigma and discrimination, poor access to quality services, chronic stress and trauma.[8] Many start smoking at a young age to cope with stress or to fit in socially.

In addition, since the 1990s the tobacco industry has been **directly targeting LGBT groups with advertisement**:

- Featuring gay and lesbian couples and weddings
- Placed in LGBT spaces and publications, including Pride and other community events
- A condition of substantial financial contributions to HIV/AIDS support organizations

The majority of the LGBT-identified people prefer products that appear to support their community[9]. By openly supporting LGBT groups, the tobacco industry has normalized smoking in a population particularly vulnerable to such advertisement tactics[10], thus fueling the disparities in tobacco use.

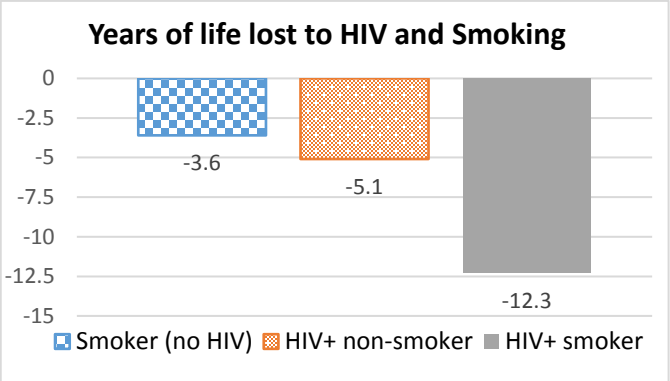
Social Determinants of Health



Source: Iton A. Tackling the Root Causes of Health Disparities Through Community Capacity Building. Tackling Health Inequities Through Public Health Practice: a Handbook for Action. Quoted in: American Lung Association. Smoking Out a Deadly Threat: Tobacco Use in the LGBT Community.

People Living with HIV

- Smoking rate is 2-3 times higher among adults who are HIV-positive (50-70%)[11]
- HIV increases the risk for smoking-related illnesses while smoking adds to the injury caused by HIV, and contributes to morbidity and mortality in this HIV positive population[12, 13, 14].
- Because people with HIV are living much longer, there are more opportunities to acquire **smoking-related chronic conditions** that lead to disability and early death, including:
    - Heart disease and stroke [12, 15]
    - Lung, head and neck, cervical, and anal cancer[16,17]
    - Chronic obstructive pulmonary disease (COPD), and emphysema.



- Smoking can amplify the effects of HIV by **increasing the risk of HIV-related infections** (including thrush, mouth sores, bacterial pneumonia[18], and pneumocystis pneumonia)[19]; **affecting CD4 counts**[20]; and **increasing the risk of long-term side effects of HIV**, such as osteoporosis and osteonecrosis[13].
- Smoking can affect HIV treatment by lowering the effectiveness of ART,[21] and increasing HIV treatment side effects such as vomiting and nausea[13]. In addition, people with HIV who use tobacco were found to be **less likely to adhere to ART**[22,23,24].
- There are more people living with HIV/AIDS that are in the contemplation/ preparation phase than the general public[25], but **quit rates are 37% lower for HIV positive smokers**[26], **unless supported by a provider**. HIV prevention providers are trusted sources of information and support.
- **Alcohol use is often intertwined with smoking** and is associated with poor ART adherence [21, 22, 23]. Consider more holistic approaches to smoking, and alcohol and other drug use.
- Patients should be aware that medication that support tobacco cessation and HIV medications can have interactions.

Cessation Drug	Potential side-effects or interactions with HIV drugs
Bupropion SR (Wellbutrin)	Levels increased in patients on P450 3A4 inhibitors. Use with caution if the patient has a history of seizures or eating disorders, or used an MAO inhibitor in the past 14 days.
Varenicline (Chantix)	Lower dosage may be recommended if the patient has creatinine clearance (CrCl) of < 30 mL/min or are on dialysis.
Nortriptyline (Pamelor)	Use with caution if the patient has heart conduction abnormalities. Do not use if the patient is taking MAO inhibitor.

People who Use Substances

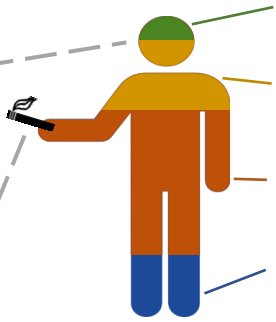
Substance users smoke at much higher rates than the general population, and quit rates are lower. Smokers are also less likely to remain in recovery from drug use[27].

However, studies show that when substance use and tobacco use programs are combined, the success rates of both programs are improved. **When drug use recovery *and* tobacco use recovery efforts are combined, tobacco quit rates increase**[33] to be comparable to the general population **and relapse rates are reduced** for *all* substances.

Stimulants[28]: Methamphetamine and Cocaine

Early exposure to nicotine in youth can cause long-term changes in the brain, and increase the risk of stimulant addiction[28]

Cigarettes, smoke, vapor, and lighters can be triggers for people in recovery from crack cocaine[29]



92% of **meth** users smoke

84% of **heroin** users smoke

80% of **cocaine** users smoke

17% of the population smokes

- When tobacco is combined with stimulants, it increases the levels of dopamine in the brain, giving the drugs a heightened effect. This leads to higher stimulant use **& poorer treatment outcomes for both** tobacco, and stimulants[29].
- Heavy smokers report greater feeling of euphoria and sexual impulse after meth use[30], putting them at **higher risk for STDs**.
- Cocaine users who smoke reported starting using cocaine at an earlier age[31], and the amount of cocaine they used was higher, and closely related to amount of tobacco use[31, 32].
- Individuals who use both cocaine and tobacco report more respiratory illness[29] and higher mortality rates[28], than those who use cocaine and do not smoke.
- Cocaine use (current or past) is associated with poor cessation rates[33]. Tobacco quit rates are much lower (12% or less) **unless combined for both substances.**

Narcotics/Opioids

- Death rate for narcotic users who smoke was 4x higher than non-smoking narcotics users[34].
- Smokers using narcotics can experience more health problems, family/social issues, and depression.

Small Changes Can Make a Big Difference

Drug use and smoking within 30 minutes of waking up are associated with lower likelihood of making an attempt to change use. When talking to clients about their drug use patterns, ask about their smoking. **Delaying the first cigarette for any amount of time is a small change that is doable for many clients.**

People Diagnosed with a Mental Illness

Nearly 45.7 million people in the United States are diagnosed with a mental illness. **16.45 million of them smoke**[35]**.** More people with mental illness smoke than people without mental illness.

37 % of people with mental illness smoke[36]

31% of ALL CIGARETTES are smoked by adults with mental illness[38]

48% of people with mental illness who live below the poverty level smoke[36]

$2,190 – How much money a one $6 pack a day habit costs in a year

- 40% of men and 34% of women with mental illness smoke[36].
- Half of all deaths among people with mental illness are caused by smoking
- Challenges of people with mental illness:
  - Low income
  - Stressful living conditions
  - Lack of access to insurance and care
- Studies show that, nationwide, residential treatment facilities do not think that addressing smoking is a priority
- People with mental illness may be more susceptible to nicotine addiction and have a harder time changing their smoking

Integration is Best Practice:

Although mental illness is associated with lower adherence to tobacco cessation plans[24], integrated smoking cessation treatments can be effective for people with mental illness[37].

1. Make changing the tobacco habits a part of the approach to mental health treatment and overall wellness strategies
2. Call attention to and stop institutional practices that encourage tobacco use
   - Implement tobacco free policies at treatment and residential facilities
   - Up to 30-35% of behavioral healthcare workers smoke[38], encourage them to quit too!
3. Quit Lines may provide a helpful resource for persons with mental illness[39,40]
   - Provide services without needing travel or direct contact
   - Can be tailored to specific populations such as persons with mental illness

Medications and Tobacco

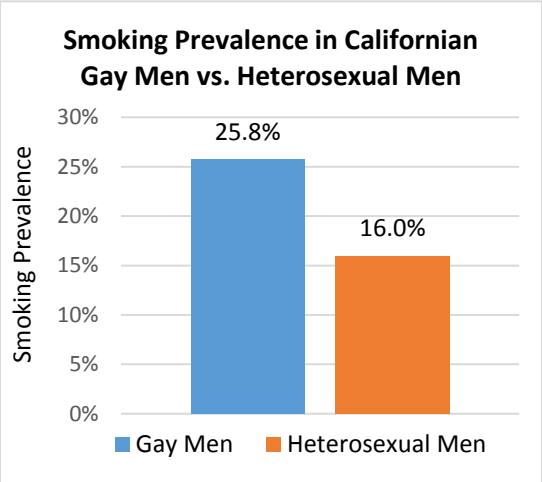
Tar in cigarettes slows down metabolism, and affects how well some medication work.

People who reduce their tobacco use may be able to lower the doses of these (and other) medications:

- Haloperidol
- Olanzapine
- Chlorpromazine
- Clozapine

Cessation of tobacco use increases metabolism of medications and can lead to possible overdose for some patients[41]. At the same time, nicotine withdrawal symptoms may present as medication toxicity **– know your patient's tobacco use status,** and actively support their attempts to change the habit[42].

Lesbian, Gay, Bisexual and Transgender (LGBT) Communities



Gay men are 50% more likely to smoke than straight men, according to the California Adult Tobacco Survey (2005-2010)[43].

- Bisexual men are 2.6 times more likely to smoke
- Bisexual women are 3.5 times more likely to smoke than heterosexual women[44].

Lesbian, Gay, Bisexual and Transgender youth are greatly affected by smoking[44]:

- 38-59% of LGBT youth reported active smoking, versus 28-35% of all youth
- Bisexual and lesbian teenage girls are nearly ten times more likely to smoke than their peers.

Why do LGBT individuals smoke more than their straight peers?

Stigma, Discrimination and Unique Stress Factors

Youth who were **rejected by their families** after coming out about their sexual orientation are:

- 5.9 times more likely to suffer from depression
- 3.4 times more likely to report drug use, and engage in unprotected sex[45].

Stressors for LGBT persons include coming out, rejection and lack of support, death of a friend or partner, HIV diagnosis, and assault, and can trigger Post-Traumatic Stress Disorder (PTSD)[8].

60% gay men show symptoms of PTSD → PTSD is associated with: risk-taking behaviors, unsafe sex practices → Use tobacco as: coping strategy, stress-relief, social/ bonding tool to overcome stress

Employer discrimination of LGBT-identifying persons, while illegal, is still prevalent. As recently as 2013, 29 states allowed employers to fire staff because of their sexual orientation[46].

Bar Culture and Social Smoking

Historically, bars, and clubs were some of the only safe places for the LGBT people. Drinking, socializing and smoking often went hand-in-hand. The link between smoking and alcohol use is well documented, and remains a common trigger for those in recovery from smoking.

Lack of Competent Care

The LGBT community overall has a significantly more difficult time accessing health services[44].

- Fewer competent, and knowledgeable providers
- 2 times more likely to be denied services completely
- More likely to be in lower income jobs that may not provide adequate insurance coverage, and/or exclude same-sex partner coverage

Transgender Community

There is *very little data* available on the transgender population and tobacco use!

Much higher rates of trauma, substance use, depression, HIV infection, and discrimination lead to higher smoking rates[44].

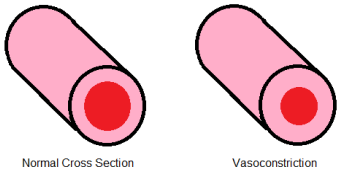
30.7% (roughly 1 in 3) of the transgender persons smoke[47], versus 17% of the general population.

Some choose to smoke as way to maintain weight loss[48].

Smoking Cessation is Especially Important for Transitioning Persons

Smoking, *and* nicotine product use is especially **harmful for ALL** people who are going through transition process, like gender reassignment surgery or taking hormone replacement therapies.

- Smoking causes blood vessels to constrict, and decreases the blood and oxygen flow to the surgical area
- Smoking-related blood vessel constriction may lead higher risk of poor healing, infection, bad scarring, and skin necrosis.[49]



"My doctor asked me to quit for my surgery. I didn't know that smoking interfered with the healing." – Transgender man

- Smoking while on hormone replacement therapy, especially estrogen therapy, increases the risk of Venous Thromboembolism (blood clot).[50]

"I'm here to quit smoking. My doctor told me smoking while taking hormone replacement increases my chances of a heart attack." – Transgender woman

Benefits of Provider Care

Many transgender people have experienced hostility and insensitivity from their healthcare providers in the past, and are often reluctant or fearful of disclosing their gender identity, and their true health concerns.

Transgender smokers under regular care of a caring and knowledgeable provider are more likely to adopt healthy behaviors, like changing their smoking[51]. **The success of tobacco cessation in the transgender community depends highly on the competency of the healthcare providers.**

When working with transgender patients, remember:

- Do *NOT* make assumptions about gender, or gender identity
- Use *preferred* name and pronoun
  - When in doubt – ASK!
- Advocate for unisex bathrooms at your clinic or work space
- Treat *all* clients with compassion, understanding and respect

Tobacco Product Varieties

Starting 2016 federal Food and Drug Administration (FDA) announced that NINE types of tobacco products will be regulated and need to go through approval processes in order to remain on, and enter the market[52].

1. Hookah
2. E-cigarettes, Electronic Nicotine Delivery Systems (ENDS), vape pens, mods, etc.
3. Dissolvable tobacco products

4. Chewing tobacco
5. Traditional cigarettes, cigarillos, menthols
6. Cigars

7. Roll Your Own tobacco
8. Pipe tobacco
9. Future tobacco products?

Effective July 2016, the new regulations include:

1. Registering manufacturing establishments and providing product listings;
2. Reporting ingredients, and harmful and potentially harmful constituents;
3. Requiring pre-market review and authorization of new tobacco products;
4. Placing health warnings on product packages and advertisements; and
5. Not selling modified risk tobacco products (including those described as “light,” “low,” or “mild”) unless authorized by the FDA.

Tobacco Products Come in Many Shapes, Sizes, Flavors and Ways to Use:

Cigarettes

Cigars

Cigarillos/Little Cigars

Smokeless/ Chewing Tobacco

Electronic Cigarettes

Vape Pens/Vaporizers

E-Liquids

Hookah

What am I Smoking/ Vaping?

What's in a cigarette? [2]

What's in an e-cigarette? [3]

Brief Intervention Tools

In this section you will find information on:

- Motivational interviewing
- The Stages of Change model
- Assess - Explore - Support model
- The 5 D's to Reduce the Use
- 5 R's for users not ready to change
- Additional resources and toolkits

> Think of tobacco cessation as a process of changing the tobacco habits, and not a singular event surrounding the "Quit Date".
>
> *- Behavioral Health and Wellness Program, University of Colorado School of Medicine*

Motivational Interviewing and the Stages of Change

Whether you are meeting a client in a clinical setting, or in a much less formal setting as a part of an outreach program, whether or not a person smokes can be quickly identified. The next step is to determine the individual's readiness to change their smoking patterns. **Remember, nicotine dependence is a chronic disorder. People need on average 11 attempts to quit successfully**. The stigma associated with smoking, and trying to quit smoking, results in under-reporting quit attempts and challenges along the way[53].

Tobacco users who are in different stages of change need different, tailored interventions intended to move them along to the next readiness stage. A person who is not ready to quit can still benefit from a short conversation – personalized conversation can help move them into the contemplation stage.

Motivational Interviewing Principles

From: *"DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers"*[53]

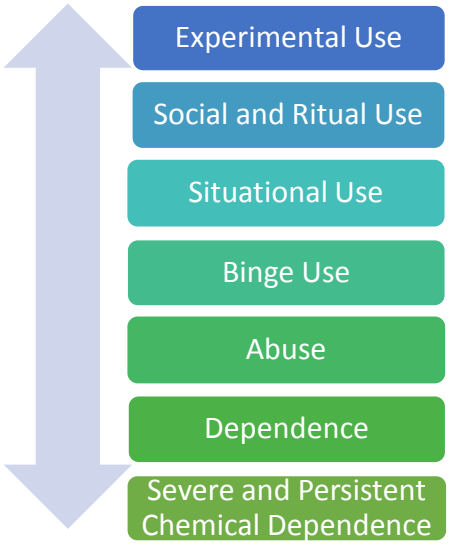
Express empathy	• Unconditional acceptance • Reflective listening • Ambivalence is normal
Develop discrepancy	• Patient presents arguments for change • Create a change in perception without coercion
Roll with resistance	• Avoid arguing for change • Resistance is not directly opposed • Change perception through reframing/ insight
Support self-efficacy	• Belief that change is possible • Patient carries out change • Provider believes in the patient's ability to change

Refer to the "Dimensions" toolkit for information about tobacco-cessation specific motivational interviewing tools! Remember, the key skill in Motivational Interviewing is listening.

Principles of Harm Reduction and Nicotine Addiction

Many of the basic principles of harm reduction are essential to effectively addressing tobacco use and nicotine addiction.

The Continuum of Substance Use [54]



Although tobacco cessation may be the goal, encouraging addressing smoking or tobacco product use, and making positive behavior changes can reduce harm and improve people's lives.

HIV Prevention Providers already KNOW how to work with people who use substances and engage in risky behaviors. Tobacco is just the same.

Tobacco use follows the same continuum of use as other substances. What starts as experimental use in teens, can grow into a social and situational use at parties, and later into physical and chemical dependence.

Tobacco cessation service providers approach the process of changing clients' tobacco use in a very similar way to harm reduction principles.

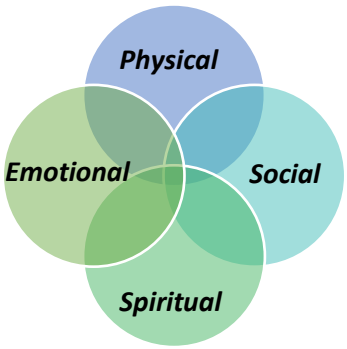
Smokers move through the Stages of Change as well as through the spectrum of substance use.

Smoking Cessation Practice	Track Use → Reduce use → Cessation
Harm Reduction Practice	Safer Use → Managed Use → Abstinence (Cessation)[i]

While there is little and conflicting evidence about "safe levels" of tobacco use, or evidence of modified risk of various tobacco products, such as e-cigarettes, moving clients towards understanding, managing and reducing their use brings many benefits and reduces the harms that tobacco brings to their lives. While abstinence (or cessation) from using tobacco products may not be the goal for everyone, individuals can benefit from reduction in use in many ways.

Meet people where they are at – but don't leave them there!

Remember, just because your client was not interested in talking about changing their tobacco use yesterday, doesn't mean they will not be interested in it today.



- Improve health and well-being
- Improve relationships and social interactions
- Connect to the world around you
- Learn stress relief and coping strategies

[i] While not all harm reduction interventions hold abstinence as a goal, thinking in terms of the above parallels may help smoking cessation professionals and harm reduction professionals to find a common language in supporting their clients

Stages of Change: Changing the Smoking Habits

Stage 1 PRECONTEMPLATION

Characteristics: The person …

- Is satisfied with their smoking status
- Is not thinking about changing their smoking
- May believe that it is impossible to quit
- May have tried to quit before and been unable to maintain nonsmoking behavior
- Does not respond to information about the health harms related to smoking

Stage 2: CONTEMPLATION

Characteristics: The person…

- May feels uncomfortable and deeply ambivalent about their habit
- Is seriously thinking about quitting or reducing smoking in the near future
- Has thought about pros and cons about wanting to make a change
- Accepts information about cutting down or quitting
- May have already tried to quit or reduce in the past and started again

Stage 3: PREPARATION

Characteristics: The person…

- Is intending to make a change in the near future
- Has made small changes in his/her behavior

Stage 4: ACTION

Characteristics: The person…

- Has made an effort to cut down or quit
- Has made a firm decision to stick with the changes they made
- Rates the cons of smoking much higher than the pros
- Would benefit from psychosocial support
- Would benefit from techniques to cope with temptations to smoke

Stage 5: MAINTENANCE

Characteristics: The person …

- Is working to maintain their level of reduced use or their new nonsmoking status
- Is able to overcome temptations to smoke
- Consistently does activities incompatible with smoking
- Is still vulnerable to the temptation to smoke in emotionally tense or social situations

Stage 6: RELAPSE

Characteristics: The person…

- Has maintained a reduced level of use, or stayed quit for a significant period of time
- Cites stress or social situations as a reason to start again
- Gives themselves vague permission and looks for opportunities to start again
- Feels less confident in their ability to cut down or quit smoking again
- Feels disappointed by their behavior (shame and guilt)

Stages of Change: Matching Your Strategies [54]

Stage 1 PRECONTEMPLATION

Possible Provider Strategy

- Establish rapport
- Increase client's perception of risks related to their current smoking
- Build on the positive actions they've already made – they're talking to you after all!

Stage 2: CONTEMPLATION

Possible Provider Strategy

- Elicit reasons for change
- Talk about risks of not changing
- Prompt self-motivational statements, or "change talk"

Stage 3: PREPARATION

Possible Provider Strategy

- Offer a menu of options to change or treatments available
- Remind about online tools, individual counseling, group classes, NRTs, biomedical support… and combinations of all of these!
- Know the options, classes and programs and if these would meet the client's needs
- Acknowledge past attempts and adjust the plan if needed – What worked? What didn't?

Stage 4: ACTION

Possible Provider Strategy

- Congratulate on successes, however small!
- Support realistic view of change through small steps
- Support with correct NRT usage and NRT side-effects (if applicable)
- Be conscious of the effects on medication – reducing/ quitting can affect dosage of psychiatric and other medications

Stage 5: MAINTENANCE

Possible Provider Strategy

- Help the client identify and use strategies to prevent relapse
- Help identify triggers and strategies to cope with triggers
- If reduced, move them through the stages of change towards quitting, or reducing more

Stage 6: RELAPSE

Possible Provider Strategy

- Explore the reality of relapse as a learning opportunity
- What worked? What didn't work?
- Be conscious of changes in levels of psychiatric or chronic care medications needed if patient is living with a mental illness or other chronic illness.

Short Wellness Conversations

How can we create opportunities to have a short conversation with people about their smoking status and explore how they feel about their tobacco use?

Try these opening lines to generate a conversation:

"A lot of things have an impact on health.
Have you thought about changing your smoking?"

"7 people out of 10 who smoke who want to make changes to their smoking. Have you thought about it too?"

"Have you ever tried cutting down on your smoking? How was that?"

"Do you have any pets? (Pause for response.)
Are you concerned about smoking around your pet?"

"What might it take for you to make a decision to cut down on your tobacco use?"

"What is your biggest fear about changing your tobacco use?"

"There are several options for tobacco use treatment. What have you heard about your options?"

"If you made changes to your smoking, what would be some of the benefits?"

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Brief Intervention

Based on Clinical Practice Guidelines for Treating Tobacco Use & Dependence
For use during a one-on-one client encounter

ASSESS
"How much tobacco or nicotine have you used in the past 30 days?"
[Ask at intake and at subsequent visits when appropriate. Make it a part of case management.]

NONE

No intervention necessary offer congratulations

SOME

EXPLORE option for cutting down or elimination tobacco or nicotine.
"Making changes is challenging for anyone. Changing your tobacco use can help you get even healthier."

SUPPORT
Is the client ready to make a change?

YES

Provider might say:
"Let's talk about what you want to change…
One helpful thing to start with is…
Let's check in at your next appointment."
(Offer a list of resources)

1. **1-800- NO-BUTTS – individual phone counseling**
2. **The Last Drag, (www.lastdrag.com) - 4 classes a year**
3. **SF Stop Smoking Program at: www.nobutts.org/county-listing**

NO

Provider can say:
"When you are ready to make changes to your smoking, including reducing, I can support you through the process. You can always call 1-800-NO-BUTTS. The phone counseling is free."
(Offer a list of resources)

Brief Intervention

For use during street outreach when approaching someone who is smoking

CHECK IN / ASSESS

How's it going? Many people in my life smoke, they really struggle with it. What's it like for you?

Interest Expressed

No interest expressed around cutting back or trying to quit

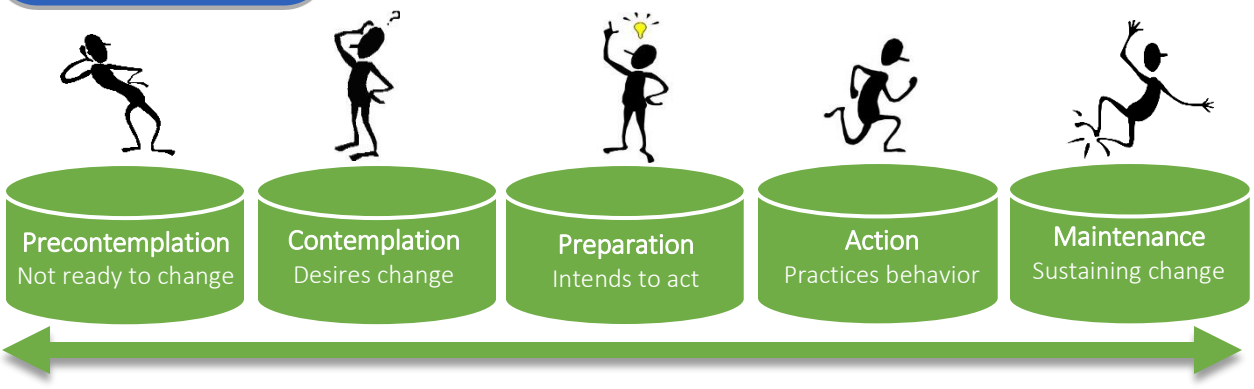
EXPLORE

Say more about that.
What's the hardest part?
What makes you think about cutting back?
(10 to 15 minute conversation)

Use the 5 R's:
- Relevance
- Risks
- Rewards
- Roadblocks
- Repetition

ASSESS LEVEL OF CHANGE

- **Contemplation:** Listen, Ask, Pros & Cons
- **Preparation:** What have you tried before?
- **Action:** Provide information and support



SUPPORT

1. **1-800- NO-BUTTS – Free phone counseling**
2. **The Last Drag, (www.lastdarg.com) – Group classes**
3. **SF Stop Smoking Program at: www.nobutts.org/county-listing**

5 D's to Reducing the Use

Adapted from: San Francisco General Hospital Stop Smoking Program

*D*elay the Craving:

Delay until the craving to smoke passes. Most urges come and go in 3 to 5 minutes. Set a time goal of how long you can wait each time.

*D*istract:

Shift your attention away from the cravings -- play a game on your phone, go for a walk, brush your teeth, or do a crossword puzzle.

*D*rink Water:

Drinking water can decrease the craving, flushes out toxins, and it gives you something to do. Good hydration helps you to feel better overall!

*D*eep Breaths:

Close your eyes. Breathe in slowly while counting to 5, and breathe out counting to 5. This will help you relax and de-stress.

*D*iscuss

Connecting with those who are also changing their smoking, or who have changed their smoking successfully.

The 5 R's: For Those Not Ready to Change

Adapted from "Treating Tobacco Use and Dependence. Quick Reference Guide for Clinicians", October 2000. U.S. Public Health Service

Relevance

Find out why changing the tobacco use patterns may be personally relevant to the client.

- Family, loved ones, children or pets
- Disease risk status, or health concerns
- Prior quitting experience

Risks

Help the client identify potential negative consequence of tobacco use, and highlight those that may be most relevant to them.

- Worsening asthma, shortness of breath, or impotence
- Higher chances of relapse with other substances
- Increased risks of cancer, or lung and heart disease
- Higher risk of HIV-related infection or worsened immune profile

Rewards

Help the client identify potential benefits of changing their smoking:

- Improved health
- Improved sense of taste and smell
- Save money!

Roadblocks

Help identify and acknowledge the potential obstacles to changing smoking patterns

- Withdrawal
- Previous attempts
- Weight gain
- Depression

Repetition

Repeat the motivational questions every time that you see this person.

It takes multiple exposures to the same information for people to shift to a different stage of change. For clients seen regularly, these conversations can make a huge impact. For those individuals seen in an outreach settings, each time they hear this information from a different provider, and in a different time in their life, can lead to different consequences and motivate them to begin thinking about change.

	NICOTINE REPLACEMENT THERAPY (NRT) FORMULATIONS USED AS MONOTHERAPY FOR CESSATION					COMBINATION NRT
	Gum	**Lozenge**	**Patch**	**Nasal Spray**	**Inhaler**	
Product	**Nicorette [i], Generic** OTC 2 mg, 4 mg Original, cinnamon, fruit, mint	**Nicorette Lozenge [i], Nicorette Mini Lozenge[1], Generic** OTC 2mg, 4 mg Cherry, mint	**NicoDerm CQ [i], Generic** OTC (NicoDerm CQ, generic) Rx (generic) 7mg, 14 mg, 21 mg (24-hour release)	**Nicotrol NS [ii]** Rx Metered Spray 0.5 mg nicotine in 50 ml aqueous solution	**Nicotrol Inhaler[2]** Rx 10 mg cartridge delivers 4 mg inhaled nicotine vapor	Combination with demonstrated efficacy Patch + gum Patch + lozenge Patch + nasal spray Patch + oral inhaler
Precautions	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Temporomandibular joint disease • Pregnancy [iii] and breastfeeding • Adolescents (<18 years)	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Pregnancy[iii] and breastfeeding • Adolescents (<18 years)	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Pregnancy [iii] (Rx formulations, category D) and breastfeeding • Adolescents (<18 years)	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Chronic nasal disorders (rhinitis, sinusitis,…) • Past inhalant drug use • Severe reactive airway disease • Pregnancy [iii] (Rx, cat. D), breastfeeding • Adolescents (<18 years)	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Bronchospastic disease • Pregnancy [iii] (category D) and breastfeeding • Adolescents (<18 years)	See precautions for individual agents
Dosing	1st cigarette ≤ 30 minutes after waking: 4 mg 1st cigarette > 30 minutes after waking: 2 mg Wks 1-6: 1 piece/ 1-2 hrs Wks 7-9: 1 piece/ 2-4 hrs Wks 10-12: 1 piece/ 4-8 hrs • Maximum 24 pieces/day • Chew each piece slowly • Use chew/park method (when tingly feeling appears, "park" between check and gum) until most of the nicotine is gone (tingle does not return); ~ 30 minutes • Park in different areas • No food or drink 15 mins 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 Wks 1-6: 1 lozenge/ 1-2 hrs Wks 7-9: 1 lozenge / 2-4 hrs Wks 10-12: 1 loz/ 4-8 hrs • Max 20 lozenges/day • Allow to dissolve slowly (20-30 mins for regular, 10 mins for mini) • Nicotine release may cause a warm tingling feeling • Do not chew/ swallow • Rotate to different parts of the mouth • No food or drink 15 mins before or during use • Duration: up to 12 weeks	> 30 cigarettes/ day 21 mg/day x 4-6 weeks 14 mg/day x 2 weeks 7 mg/day x2 weeks ≤ 30 cigarettes/ day 14 mg/day x 6 weeks 7 mg/day x 2 weeks • May wear patch for 16 hours if patient experiences sleep disturbances (remove at bedtime) • 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 • Maximum: - 5 doses/ hour, or - 40 doses /day • For best results, initially use at least 8 doses per day • Do not sniff, swallow, or inhale through the nose as the spray is being administered • Duration: 3-6 months	6-16 cartridges/ day Individual dosing: initially use 1 cartridge per 1-2 hrs • Best effects with continuous puffing for 20 minutes • Initially use at least 6 cartridges per day • Nicotine in cartridge is depleted after 20 mins • Inhale into back of throat or puff in short breaths • Do NOT inhale into the lungs (like cigarette) but "puff" as if lighting a pipe • Open cartridge retains potency for 24 hours • No food or drink 15 mins before or during use • Duration: 3-6 months	*Reserve for patients smoking ≥10 cigarettes/ day* **Long-acting NRT:** to prevent onset of severe withdrawal symptoms **Nicotine patch:** 21 mg/day x 4-6 weeks 14 mg/day x 2 weeks 7 mg/day x2 weeks **PLUS** **Short-acting NRT:** used as needed to combat cravings **Nicotine gum OR Nicotine lozenge (2mg)** 1 piece/ 1-2 hrs as needed **OR Nicotine nasal spray** 1 spray in each nostril/ 1-2 hrs, as needed **OR Nicotine Inhaler** 1 cartridge/ 1-2 hrs as needed

Adapted from: Rx for Change (1999-2015). ***Nicotine Replacement Therapy Medications for Tobacco Cessation.***

	NICOTINE REPLACEMENT THERAPY (NRT) FORMULATIONS USED AS MONOTHERAPY FOR CESSATION					COMBINATION NRT
	Gum	Lozenge	Patch	Nasal Spray	Inhaler	

Adverse Effects	• Mouth/ jaw soreness
	• Hiccups
	• Dyspepsia
	• Hyper salivation
	• Effects association with incorrect chewing technique:
	  ○ Lightheadedness
	  ○ Nausea/ vomiting
	  ○ Throat and mouth irritation
		• Nausea
		• Hiccups
		• Cough
		• Heartburn
		• Headache
		• Flatulence
		• Insomnia
			• Local skin reaction
			• Headache
			• Sleep disturbances (insomnia, vivid dreams) associated with night-time nicotine consumption
				• Nasal and/or throat irritation
				• Rhinitis
				• Tearing
				• Sneezing
				• Cough
				• Headache
					• Mouth and/or throat irritation
					• Cough
					• Headache
					• Rhinitis
					• Dyspepsia
					• Hiccups
						See adverse effects listed for individual agents

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/ cravings	• 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/ cravings	• 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 hrs	• Can be titrated to manage withdrawal symptoms • Can be used in combination with other agents	• 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	• Consistent nicotine levels, and option to titrate therapy to manage symptoms and cravings • Research studies suggest combination therapy provides a small but meaningful increase in success rates • Good option for those not successful previously
Disadvantages	• Need for frequent dosing can compromise adherence • Might be problematic for patients with significant dental work • Proper chewing technique is needed 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 might be bothersome	• When used as monotherapy, cannot be titrated to manage immediate withdrawal symptoms • Not recommended for use by patients with dermatological conditions (psoriasis, eczema, etc.)	• 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, severe reactive airway disease or history of inhalant drug use	• Need for frequent dosing can compromise adherence • Cartridges might be less effective in cold environments (<60° F)	• Combination therapy is more costly than monotherapy • See disadvantages listed for individual agents

i - Marketed by GlaxoSmithKline

ii – Marketed by Pfizer

iii – The US 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. Pregnant smokers should be offered behavioral counseling interventions that exceed minimal advice to quit.

For complete information on each medication type, please refer to the manufacturer's package inserts.

Tobacco Cessation Pharmacology 2007: Non-Nicotine Medications

Adapted from: "*Bringing Everyone Along*" Tobacco Cessation Leadership Network. Portland, OR. 2008.

	Bupropion SR 150 mg. (Zyban®, Wellbutrin®)	Veneicline (Chantix®)	For all medications
Length of treatment	• 7-12 weeks • May take up to 6 months of total therapy to prevent relapse	• 12 weeks • If quit at 12 weeks, may take for additional 12 weeks to prevent relapse	• Patients should continue on medications even if not successfully quit at first. Research shows that up to 8 weeks may be needed to fully quit. • Symptoms or history of substance use and/or depression reduce success in quitting. • Clients on psychiatric medications should be monitored for potential increase in medication side effects after reducing or quitting smoking • Clients with a history of depression should be monitored more closely for symptoms of depression following smoking cessation. • Women metabolize nicotine more rapidly than men, especially when pregnant women and on when on birth control. NRT, if used, may need to be adjusted.
Dosing	• 7-day up titration prior to quitting Days 1-3: 150 mg tablet in the morning Days 4-end: 150 mg tablet in the morning and at night • Doses should be more than 8 hours apart • Dose not adjusted by # cigarettes smoked per day • May be combined with NRT to improve efficacy.	• 7-day up titration prior to quitting Days 1-3: 0.5 mg white tablet per day Days 4-7: 0.5 mg white tablet twice per day Days 8 – end: 1.0 mg light blue tablet twice per day • Take after eating with full glass of water • Doses should be more than 8 hours apart • Dose not adjusted by # cigarettes smoked per day	
Precautions	• Immediate release form of Wellbutrin® increases seizure risk compared to Sustained Release (SR) or Extended Release (XL) forms. • Do not use with seizure disorder, heavy drinking, eating disorders, or while on monoamine oxidase inhibitor • Can increase suicidal thoughts in children and adolescents • Can cause agitation • Not recommended for clients with bipolar disorder.	• Dosage adjustment is recommended for patients with severe renal impairment • Not recommended for combination therapy with NRT • Not tested in children or pregnant women • Can cause sleep disturbances and abnormal dreams (take second dose earlier in the day) • Can cause nausea – up to 30% of patients. Doses can be reduced to 0.5 mg twice per day if nausea can't be tolerated • Client psychiatric symptoms should be monitored after quitting.	
Advantages	• Easy to use • Reduces urge to smoke	• Easy to use • Reduces urge to smoke + satisfaction from smoking	
Disadvantage	• May disturb sleep • May cause dry mouth • Prescription only	• Nausea • Sleep disturbances • Prescription only	

For complete information on each medication type, please refer to the manufacturer's package inserts.

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Tools for Organizations

In this section:

- Policy and practice questionnaire
- Discussion questions
- SWOT tools
- Information on insurance reimbursement
- Policy suggestions
- Additional resources

Tobacco Use Policy & Practice Questionnaire

The purpose of this activity is to identify the ways in which your organization already incorporates tobacco use-related activities into your work, or to look at the areas where the organization would like to expand the services.

Programmatic & Staff Activities	**Always**	**Sometimes**	**Never/ Not applicable**
Are program staff and volunteers trained on tobacco use information, nicotine addiction, health risks, screening and cessation information?			
Do we screen clients for tobacco use?			
Do we talk to clients about their tobacco use?			
Do we offer services to address their tobacco use?			
Do we refer to outside services that address clients' tobacco use?			
Do we ask clients when the last time was that they used tobacco and/or last time they tried making changes to their tobacco use?			
Do we have educational materials (brochures, fact sheets) for clients who smoke or use tobacco?			
Do we have posters up about tobacco use facts, stages of change, or tobacco cessation services?			
Do we discuss or incorporate tobacco use and nicotine addiction in client group meetings?			
Do we provide or incorporate tobacco use and nicotine addiction in individual case management and treatment plans?			
Have we talked with our clients about the importance of connecting to primary care regarding their tobacco use?			
Do we offer referrals to places where clients can get medical support for their tobacco use?			
Do we offer referrals for nicotine replacement therapy (ie: patches, gum, lozenges) or other tobacco cessation medications?			
Other (specify):			

1. Is there anything your program would like to do to address the issue of tobacco use and nicotine dependency but is not currently doing? If yes, what would you like to be doing?

   ☐ Integrate questions about tobacco use into assessments/intakes, treatment plans or discharge planning

   ☐ Discuss changing their tobacco use with clients

   ☐ Provide groups/workshops on addressing tobacco use

   ☐ Provide referrals to tobacco cessation programs, and medical providers (or pharmacists) who can prescribe Nicotine Replacement Therapies if appropriate

   ☐ Display posters and distribute educational materials about tobacco use to clients

   ☐ Other_____
   _____
   _____

2. What do you think the barriers/challenges to providing these services/information at your program would be?

3. Is there any support you need to establish or enhance your tobacco use and nicotine dependency related efforts? Does your program need any technical assistance or training?

   ☐ Yes, we would like training for our staff

   ☐ Yes, we would like to receive technical assistance to implement different strategies to address our clients' tobacco use into our work.

   ☐ No, we do not have the capacity to address tobacco use

   ☐ No, we can train internally

4. What training would your program need in order to put your plan into action?

5. What resources do you already have (space, staff, time, copier, etc.)? And what do you need?

6. What will your first steps be?

Discussion Questions: Integrating Tobacco and HIV Prevention Efforts

1. Could you envision your agency addressing smoking as part of the regular activities/ programming? Why, or why not?
2. Could you envision yourself having a conversation about smoking with a client during an HIV prevention intervention? Which one(s)? Why, or why not?

   Consider how you could apply tobacco questions at the following programs:

   - HIV testing
   - Syringe access
   - Mobile testing
   - Outreach events
   - Group education sessions
3. What are the supports and barriers to such conversation?
4. With whom and under what circumstances would it be appropriate to start such a conversation? When and with whom would it not be appropriate?
5. How would you introduce the topic? What might the conversation look like?
6. What would your agency and staff need in order to integrate conversation about smoking into your HIV prevention work?

SWOT Analysis: Integrating Tobacco and HIV Prevention Efforts

Another tool you can use with staff, or leadership is an analysis of strengths, weaknesses, opportunities and threats related to the integration of tobacco cessation efforts in your regular HIV prevention programming. Below are just some examples of issues that may be relevant in your organization. Discuss these with your team, and see what issues resonate with the staff.

	Helpful to achieving integration	**Harmful** to achieving integration
Internal origin: organization	Organizational and Staff **Strengths**: ○ Stable organizational structure ○ Organizational tobacco-free policy ○ Good electronic health record system ○ Great motivational interviewing skills ○ Committed staff champions ○ Other: _____	Organizational and Staff **Weaknesses**: ○ High rate of staff turn-over ○ Lack of needed training ○ Lack of tobacco-free policy ○ Limited interaction with clients ○ Lack of needed materials ○ Other: _____
External origin: environment	**Opportunities** for Organization and Staff: ○ Social pressures to quit smoking ○ New legislation around tobacco and tobacco-free workplaces ○ Potential tobacco tax revenue funding ○ Research on the benefits of cessation ○ Other: _____	**Threats** to Integration Efforts: ○ External industry pressures ○ Alignment of tobacco cessation with the harm-reduction model ○ Changes in funding ○ Resistance from clients ○ Other: _____

Smoking Cessation Counseling Reimbursement

Relevant ICD-9 Diagnosis Codes[55, 56]

305.1 Tobacco use disorder

V15.82 History of tobacco use

989.84 Toxic effect of tobacco

Relevant ICD-10 Diagnosis Codes[56]

- **F 17.200/ F 17.201**

Nicotine dependence, unspecified, uncomplicated / in remission

- **F 17.210/ F 17.211**

Nicotine dependence, cigarettes, uncomplicated/ in remission

- **F 17.220/ F 17.221**

Nicotine dependence, chewing tobacco, uncomplicated/ in remission

- **Z 87.891**

Personal history of nicotine dependence

Other Relevant Billing Codes:

Tobacco cessation counseling visit for a symptomatic patient; *intermediate*, 3 to 10 minutes

CPT Code 99406

Tobacco cessation counseling visit for a symptomatic patient; *intensive*, greater than 10 minutes

CPT Code 99407

Source: AAFP, 2016 [56]

Tobacco cessation counseling visit for the non-symptomatic patient; *intermediate*, 3 to 10 minutes

CMS Code G0436

OPPS Code C9801

Tobacco cessation counseling visit for the non-symptomatic patient; *intensive*, greater than 10 minutes

CMS Code G0437

OPPS Code C9802

Source: CMMS, 2010 [55]

Medicare funded programs have been able to bill for smoking cessation services for patients with symptoms of tobacco-related disease since 2005.

In 2010, this ruling had been expanded to ALL Medicare beneficiaries "who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease,"[55] as long as they are competent at the time of the intervention and counseling is done by a Medicare-recognized practitioner. Furthermore, **effectively January 1st, 2011, tobacco cessation services must be 100% covered, without a deductible, by private insurance plans, and Medicare**.

While the type of counseling is not specified, **Medicare will cover up to 8 tobacco cessation counseling sessions** (intermediate or intensive) provided by a Medicare provider, **every 12 months[56]**.

Traditional Medicaid must cover FDA-approved smoking cessation medication (may be a co-pay), and comprehensive cessation services for pregnant women, children and youth up to age of 21 (at 100%).

Expanded Medicaid must cover tobacco cessation preventative services *and* FDA-approved Nicotine Replacement Therapies (NRT) at no cost, if provided as a preventative service[57].

In California, Medi-Cal members are eligible for:

- FREE telephone support from the California Smokers' Helpline at 1-800-NO-BUTTS.
- 90-day Nicotine Replacement Therapy (NRT) regimen such as NicoDerm CQ patches, Zyban, and Chantix[58], without any requirements or restrictions[59].
- 4 counseling sessions for at least two separate quit attempts per year, without prior authorization, and regardless of utilization of NRTs or the Helpline. These quit attempts may immediately follow one another without any breaks in between[58].

All California Department of Health and Human services providers must receive training on the use of the 5 A's model (Ask, Advise, Assess, Assist, Arrange)

340B Drug Pricing Program

Another strategy for HIV prevention organizations to support their clients in receiving their Nicotine Replacement Therapy and other tobacco cessation medication is to consider enrolling in a Federal 340B Drug Pricing Program. This program requires pharmaceutical companies to provide drugs to eligible organizations at a significant discount, with the intent to reach more underserved populations and help overcome some of the barriers to accessing care[60].

When an organization is enrolled in the program and begins working as a 340B "covered entity" they are able to purchase medication at a discounted price from wholesale distributors and continue to bill the patient's insurance at the same rate as previously. Thus, organizations are able to make a profit and pass the savings on to the uninsured patients or expand services to reach underserved populations[61].

Most 340B covered entity organizations choose to dispense medication though[62]:

- A complete in-house licensed pharmacy – fully stocked pharmacy open to all patients
- An in-house dispensing provider – a licensed provider dispenses to patients of participating providers only
- A contracted pharmacy service – an organization may contract with a local private pharmacy provider to stock and dispense medication to organization's clients

What organizations are eligible?

To be eligible, an organization must be owned or operated by state or local government, or have a nonprofit status and receive funding from specific Federal programs[60], such as the Ryan White HIV/AIDS Program. These organizations can include

- Registered Federally Qualified Health Centers (FQHCs)
- Specialized hospitals or clinics
- Family planning and sexually transmitted disease clinics
- Public housing primary care clinics and homeless clinics

What medications can be purchased at a discount?

The 340B program covers outpatient medicine[60], such as:

- FDA-approved prescription drugs: such as Bupropion and Varenicline
- Over-the-counter (OTC) drugs with a prescription: such as NRTs like nicotine patches
- Other outpatient drugs

Want more information?

"340B Drug Pricing Program" – Health Resources and Services Administration (2016)

"Report to the Congress: Overview of the 340B Drug Pricing Program" - Medicare Payment Advisory Commission. (2015)

Tobacco–Free Organizational Policies

Secondhand smoke is harmful to everyone – children, adults and seniors. Almost 10% of all tobacco-related deaths are deaths of non-smokers exposed to secondhand smoke[63]. Policies that institute smoke-free zones and environments are the most effective way to reduce the impact of secondhand smoke on the health of the clients, and staff at any organization.

Benefits of Tobacco-Free Organizational Policies

Employers are spending on average an additional

$4,100 per smoker

every year, by paying for smoke breaks, smoking-related sick days, & healthcare costs[63]

- Reduce secondhand smoke exposure of staff and clients
- Reduced daily cigarette use by staff and clients[64, 65]
- Reduce tobacco-related healthcare costs, and illness-related lost productivity hours[66]
- Less cigarette-related trash on the premises; lower fire risk
- Communicate agency's commitment to public health, and wellbeing

! **NEW** California bill **SB5/AB6, added E-Cigarettes to the definition of tobacco products**. E-cigarettes are now subject to the same laws and regulations as regular cigarettes.

Sample Tobacco-free Workplace Policies:

Organizations have several options for Tobacco-free Workplace policies they may adapt.

1. **Complete Tobacco-Free Policy:** No use of *any* tobacco products, including cigarettes, chewing tobacco or e-cigarettes is allowed within the facilities, vehicles, company-sponsored events/ conferences, or on the property of the employer at any time.
2. **Tobacco Use in Designated Outdoor Areas Only:** No use of tobacco products, including cigarettes, chewing tobacco or e-cigarettes is allowed within the facilities. Tobacco use is permitted only in designated outdoor smoking areas. This outdoor area must comply with all associated city, county, state and federal laws.

Effective on June 9th, 2016, **SB6/ AB7 expands the Smoke-Free Workplace** laws in CA to:

- Owner-operated businesses with less than 5 employees
- Hotel lobbies and 80% smoke-free hotel guest rooms
- Banquet rooms
- Warehouse facilities
- Employee break rooms

At the same time, **SB8/AB9** mandates that all California **school district** and county office of education buildings and campuses, including charter schools, **must be smoke-free**.

Want More Information?

Take a look at the "DIMENSIONS: Tobacco-Free Policy Toolkit" for many useful employer tools, guidelines, sample timelines, budgets and policies[67].

Evaluating Tobacco Industry Funding and Investments

The tobacco industry has long profited from the addiction and suffering of the poor minority populations. Big tobacco companies provided funding to organizations serving underprivileged communities such as mental health providers, LGBT organizations and events, and global efforts to combat HIV/AIDS, thereby gaining new generations and populations of smokers.

Government, public, non-profit and private organizations all have to make decisions about funding that they receive as well as, in some cases, the investments that they make. These financial decisions can be difficult, and it is up to the organization to develop written policies that will dictate what funding streams and investments align with the organization's mission.

Changing funding and investment practices is not limited to the tobacco industry:

- **2016:** New York and San Francisco city governments banned city-funded travel to North Carolina in response to laws discriminating against transgender individuals.
- **2014:** The Rockefeller Fund aligned their investment practices with its commitment to combating climate change and ended investing in fossil fuels.
- **2009:** Global Fund to Fight AIDS, TB and Malaria passes formal resolution to stop accepting donations or working with transnational tobacco companies.
- **2006:** Regents of University of California ended investment in companies in Sudan that had ties to the genocide in Darfur.

Develop Written Policies Regarding Accepting Tobacco Industry Funding:

Whether or not your organization currently accepts donations from the tobacco industry, or makes investments in tobacco companies, it is important to think about how this may or may not fit in with the organizational mission. The first steps to writing such a policy include:

- Involve key stakeholders, such as the Executive Team, or Board of Directors
- Think about health impact of tobacco on the health of the community served
- Explore other sources of funding and investment opportunities
- Connect with other organizations that have passed similar policies

Remember that accepting funding from the tobacco industry may come with "strings attached," or, be a way to cover their products' harm by promoting their "good deeds."

! **Even federal regulations have written policies limiting tobacco company sponsorship. See Title 21, Sec 1140.34 (2013)**
No manufacturer, distributor, or retailer of tobacco may sponsor any athletic, musical, artistic, social or cultural event, or any entry or team in any event.

Want More Information?

"Ethical Funding: The Ethics of Tobacco, Alcohol and Pharmaceutical Funding. A Practical Guide for LGBT Organizations." – Laurie Drabble (1999) The Coalition of Lavender Americans on Smoking and Health, Progressive Research and Training for Action.

"Death is a Bad Investment: The Tobacco Industry, Corporate Power & Your School's Money. A Divestment Action Guide"- Council for Responsible Public Investment. (2015)

Quit Tobacco

How Pharmacists Can Help

Pharmacists are a new resource for tobacco cessation in local communities

- A new California law (Senate Bill [SB] 493, enacted 2013) designates pharmacists as health care providers, and expands opportunities for pharmacists to assess and treat patients.[1]
- SB 493 authorizes pharmacists, certified in smoking cessation therapy, to furnish prescription nicotine replacement therapy products (NRT) such as nicotine nasal spray or inhalers.[1]
- Pharmacists are taking an active role in promoting health in their communities by helping patients quit smoking, and referring smokers to cessation services such as the no-cost California Smokers' Helpline, 1-800-NO-BUTTS.
- Designating pharmacists as health care providers increases access to tobacco cessation services.

Pharmacists have an important role in their communities

- Pharmacists are highly qualified and trained in direct patient care, and disease prevention and management.[2]
- Most pharmacies are open beyond normal business hours.[2]
- Pharmacists are widely accessible health care providers. Over 90 percent of people live within five miles of a pharmacy.[2]

Why pharmacists are a great resource for tobacco cessation

- No appointment is necessary to see a pharmacist.
- A pharmacist may be closer or more accessible than a primary care provider.
- Pharmacists can help tobacco users determine the right NRT medicine to meet their needs.
- Pharmacists certified in smoking cessation can furnish prescription NRT to their patients. They can also help patients locate additional support for quitting.

For Free Help Quitting Smoking, Call 1-800-NO-BUTTS

1. California Pharmacists Association. (2014). What does SB493 mean for me? Retrieved from http://www.cshp.org/sites/main/files/file-attachments/sb_493 _fact_sheet_-_10.8.13.pdf
2. California Pharmacists Association. (2014). SB 493 (Hernandez): Putting pharmacists on the care team. Retrieved from http://www.cshp.org/sites/main/files/sb_493_talking_points.pdf

9/15

CDPH California Department of PublicHealth

Additional Resources

More on billing for cessation services:

→ *How to Get Paid For Smoking Cessation Counseling*.

Peter Rappo, MD, FAAP, Gary Wheeler, MD, FAAP. American Academy of Pediatrics. 2012.

Data and information sources:

→ *California Tobacco Facts and Figures 2015*.

California Department of Public Health, California Tobacco Control Program. June, 2015.

→ *The Health Consequences of Smoking – 50 Years of Progress*.

Office of the Surgeon General. DHHS. Rockville. MD. 2014.

Tools for Providers:

→ *HIV Provider Smoking Cessation Handbook: A Resource for Providers.*
U.S. Department of Veterans Affairs. Washington, DC. 2012.

Contains information specific to HIV care and treatment and smoking cessation, including: HIV care provider's role, NRT interaction with HIV medicines, as well as counseling techniques.

→ *Rx for Change*
University of California, San Francisco. San Francisco, CA. 2008-2016.

An on-line comprehensive tobacco cessation training program that equips health professional students and practicing clinicians, of all disciplines, with evidence-based knowledge and skills for assisting patients with quitting.

→ *Providing Transgender-Inclusive Healthcare Services*
Planned Parenthood of the Southern Finger Lakes. Ithaca, NY. 2006

A toolkit for healthcare professionals on building transgender-inclusive practices. Includes background information, checklists, action plan model and staff training resources.

→ *Bringing Everyone Along*
Tobacco Cessation Leadership Network. Portland, OR. 2008.

Resource guide for health professionals providing tobacco cessation services for people with mental illness and substance use disorders. Includes information on assessment, treatment planning, medication prescribing guide, and more.

→ *DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers.*
Behavioral Health and Wellness Program, University of Colorado School of Medicine. 2013

This toolkit is designed for a broad continuum of healthcare providers. Materials are intended for direct providers, as well as administrators and healthcare organizations. Also available: supplements on behavioral health, low-income population, pregnant and postpartum women, young adults (18-25) and youth (11-18), as well as a policy-making kit.

Additional Tools for Organizations:

→ *HIV Tobacco Cessation Campaign.* New York State Department of Health. Albany, NY. 2015

Overview of the New York State HIV Tobacco Cessation Campaign, including program's quality improvement measures, guidelines and tips for providers, and other useful resources.

→ *UNAIDS HIV Prevention Toolkit*. UNAIDS. 2008.

Online toolkit for managers and staff who are implementing HIV prevention programs and would like to expand and intensify their efforts.

→ *Implementing a Tobacco-Free Campus Initiative in Your Workplace*

Center for Disease Control. Atlanta, GA. 2010

Guide for implementing a tobacco-free workplace, including policy and employee cessation support resources. Based on U.S. DHHS *Tobacco-Free HHS* initiative.

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

PACT. Professional Assisted Cessation Therapy. Hackensack, NJ.

This Guide provides information for healthcare professionals and organizations on how to obtain reimbursement for smoking cessation treatment and counseling. The specific codes may be out of date.

→ *TRDRP: Tobacco Related Disease Research Program*

University of California. San Francisco, CA. 2014

The Tobacco-Related Disease Research Program (TRDRP) funds research that enhances understanding of tobacco use, prevention and cessation, the social, economic and policy-related aspects of tobacco use, and tobacco-related diseases in California.

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