

Why and How to Treat Tobacco Dependence in Addictions Settings

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Workshop Agenda

- Background – prevalence, what works, dependence
- Assisting with quitting
 - Identify issue – *Whether* to quit? *How* to quit?
 - Build Action Plan from the start
 - Discussing importance and confidence (*whether*)
 - Exploring past quit attempts
 - Evidence-based strategies for quitting (*how*)
 - Medications
 - Social Support
- Resources for training, materials



Tobacco causes more premature deaths than

- suicides
- alcohol
- fires
- homicides
- drug abuse
- MVA

and AIDS

COMBINED

● 430,000 each year

Most Smoke, Few Are Treated

- In U.S. 1 million people in treatment annually
- Smoking rates range from 77%-93%
- 48% of U.S. facilities offer any services to help clients quit smoking
 - 38% offer individual/group counseling
 - 17% provide quit-smoking medication
- Unless treated, most continue to smoke



1 in 2 Will Die of *Tobacco-Related Illnesses*

- 11-year study of 845 addictions patients: 51% of deaths were related to tobacco
- 24-year follow-up of 405 clients from '60s: death rate of smokers 4X that of non-smokers
- 3-yr longitudinal study of 254 polydrug users: smokers had higher rates of disability than nonsmokers, quitting smoking improved quality of life

[Hurt, 1996; Hser, 1994; McCarthy, 2002]

Treatment Increasingly Mandated

- JCAHO requires smoking policies *AND*
- At least 2 major disciplinary associations support smoking
 - NAADAC (National Association of Alcohol and Drug Abuse Counselors) and
 - ASAM (American Society of Addiction Medicine)
- States, Affiliates requiring treatment

How Addictive is Nicotine?

- If one merely asks how much pleasure the drugs produce
 - nicotine isn't same category as heroin and cocaine
- If the question is, “How hard is it to stop?”, then nicotine is a very impressive drug
 - In a given year, 80% say they want to quit, 35% try, 5% do
- The urges produced by nicotine are very similar to those from heroin
- fMRI and PET studies show brain damage very similar in chronic nicotine, alcohol, cocaine users

Cigarettes are Nicotine Delivery Systems: Rapid Delivery, Repeated Administrations

- Bolus of nicotine take 19 seconds to reach the brain
- Half life in the brain is 8 to 10 minutes
- Half life in the body is 2 to 4 hours
- Very rapid delivery and short half life increase frequency of use.
- addiction increases with duration and frequency used

Nicotine is an Addicting Drug: Tolerance and Withdrawal

- **Tolerance** is the need to increase amounts smoked over time, as well as the ability to smoke without nausea and other aversive side effects
- There are well defined **withdrawal** symptoms
 - dysphoric or depressed mood
 - insomnia
 - irritability, frustration, or anger
 - anxiety
 - difficulty concentrating
 - restlessness
 - decreased heart rate,
 - increased appetite or weight gain.



Wearing a mask to guard against SARS, a Toronto SURGEON takes a puff break outside St. Michael's Hospital

Does Not Threaten Recovery

- Most studies find that a) trying to quit, b) quitting are not associated with relapse
 - 12-site study – intervention site clients more likely to report alcohol abstinence at 6 and 12 months
 - 150 patients: those in the intervention group were less likely to use drugs and alcohol
 - 175 patients: methadone patients in smoking cessation trial were more likely to have drug-free urines when abstinent from tobacco

Does Not Threaten Recovery, cont'd

- Treating Alcohol and Smoking Cessation [Joseph, 2004]
 - 499 smokers enrolling in treatment for alcoholism
 - Randomized to
 - concurrent (on entry)
 - delayed tobacco treatment (6 months after enrollment)
 - Concurrently treated participated better in SC treatment
 - No difference in tobacco abstinence (13% at 18 months)
 - But, concurrently treated had *worse* alcohol outcomes
- May be good to wait until clients are stable – 6 months?

Clients w/Depression

- However for clients with mental illness....
 - Smokers with a history of major depression who quit were at higher risk of a new major depressive episode than persons with a similar history who continued to smoke (Glassman, 2001)
 - History of depression, not necessarily history of addiction, predicts cessation failure
 - A small proportion of patients may be at risk for psychiatric/drug relapse when quitting -- had emergent symptoms in prior quit attempts (Hughes, 2005)
- Important to screen for depression, monitor these clients carefully, proactively treat

Clients Want To Quit!

- Most (57%-86%) methadone clients somewhat, very interested in quitting
- Alcoholics are only slightly less likely than non-alcoholics to try to quit smoking
- KC Metro Methadone Survey - 402 of 550 had tried to quit, 110 for *>6 months*

People In Recovery *Can* Quit

- 1,465 active users – 21% were *former* smokers
 - Quit rate of 23%
- 550 Methadone patients – 11% were *former* smokers
 - Quit rate of 12%
- Persons w/ past history of alcohol problems quit at same rates as others

[Richter, 2002; Richter 2001; Hughes, 2003]

“ I avoided the boats, I concentrated on breathing. It seems whenever I got that serious nagging want or need for a cigarette, I’d just take 2-3 breaths and it’d go away. ... The only thing I ever really correlated with smoking was drinking. If I just avoided the bars and the boats, I figured I had it made. Well, AND people that smoked. ...So I bought a box of Nicoderms to help that craving, and the big breath. And I’m still not saying it was a walk in the park at all.”

(Richter, 2002)

Treatment Works

- Residential rehab: 7 weeks *daily* counseling, 4 weeks patches = 12% quit at 12 mos
- In/outpatient study: 4 counseling sessions, 10 weeks of NRT = 12% quit at 12 mos
- 2 trials in methadone: counseling + patches = high during treatment quit rates (36%), 5% - 7% quit at 12 mos
- 1 pilot study in methadone: 6 counseling sessions + bupropion and nicotine gum = 14% quit at 6 months
- It works, but quit rates are 1/3 that of similar interventions in the general population

[Burling, 2001; Joseph, 2004; Stein, 2006; Shoptaw, 2002; Richter, 2005]

Know Your Client's Resources

- Treating smoking takes time
 - Pharmacotherapy is expensive
- But,*
- A smoker spends \$3000-\$6000 a year on cigarettes
 - Most states have toll free quitlines
 - 1-800-4 Cancer OR 1-800 QUIT NOW
 - Pregnant smokers = 1800 QUIT NOW for *GREAT START*
 - Many State Medicaid programs cover pharmacotherapy
 - Kansas covers patch, bupropion, varenicline
 - VA has GREAT programs, medications

KanQuit at KUMed

Quit-Tobacco Resources for Kansas and Missouri

Free telephone-based counseling by tobacco treatment specialists:

- **KAN STOP:** This resource for Kansas residents offers tobacco-cessation help through the 24-hour toll-free Kansas Tobacco Quitline at 1-866-526-7867 (1-866-KAN-STOP). KAN STOP can also be reached through 1-800-784-8669 (1-800-QUIT-NOW) – you will get routed to your Kansas provider. KAN STOP offers free counseling and support materials through a nationally-recognized service – the American Cancer Society. For more information, visit www.k-state.edu/lafene/KISS/quittips.htm.
- **QUIT NOW:** The Missouri Tobacco Quitline is a similar resource for Missouri residents, available at 1-800-784-8669 (1-800-QUIT-NOW). This services is provided by Free And Clear, a nationally-recognized tobacco treatment organization. For more information, visit www.dhss.mo.gov/SmokingAndTobacco/QuitlineFactSheet2.pdf.

Free, interactive internet quit-smoking support:

- **Freedom from Smoking Online:** This is a “do-it-yourself at home” version of the program the hospital will offer – an alternative for participants who don't want to attend group sessions or who have scheduling conflicts. To participate in this program, visit www.LungUSA.org. Your local library has free computers, internet access, and computer support.
- **Quit Smoking Now:** This site offers step-by-step information on quitting. Participants can exchange text messages (in English) and get advice from a smoking-cessation counselor from the National Cancer Institute. Visit this site at www.Smokefree.gov.
- **Center for Tobacco Research and Intervention:** This is a great site with links to lots of evidence-based resources for tobacco users, including the ABC News Quit to Live series, Quitnet.com, and Joe Chemo.com. At: <http://www.ctri.wisc.edu/Smokers/smokers.htm>

Quit smoking medications:

- Resources available across the country:
 - Most doctors can help you obtain low-cost bupropion (Zyban) for quitting smoking.
 - The VA has excellent coverage of a number of quit smoking medications, as well as quit smoking programs on site.
 - Some insurance plans and Medicare part D plans cover some quit smoking medications – this varies by plan.
 - Many community health clinics have pharmaceutical assistance programs and can help you get the nicotine inhaler and other quit-smoking medications for free or reduced prices.
- Kansas Medicaid covers the nicotine patch, bupropion (Zyban), and varenicline (Chantix). Get your health care provider to write a prescription for these and ask your pharmacist to fill the prescription with the brands that are covered by Medicaid.
- Sometimes you can obtain quit-smoking medications for less on the internet. Use a search engine (like “Google”) to find sites and comparison shop.
- Consider family/friends. Some ask for quit-tobacco medications as birthday/holiday gifts. Although not a “fun” gift, it's a very meaningful one for tobacco users and their loved ones.



6 “A”s for Treating Tobacco

- **ASK-** identify smokers and record smoking status
- **ADVISE-** routinely advise patients to quit
- **ASSESS-** readiness to quit, screen for past mood/anxiety disorders, discuss history of quit attempts, symptoms
- **ASSIST-** patients to quit with group/individual counseling or classes, pharmacotherapy, referral to outside agency for treatment, proactive therapy for past major depression
- **ARRANGE–** follow up to monitor tobacco use, drug craving, depression/anxiety or other emergent symptoms
- **AVOID-** undermining quit attempts or interest in quitting

Individual Treatment – Initial Session

FIRST SESSION (Just a suggestion! Modify as needed)

- Ask permission to discuss tobacco use
- Collect brief tobacco use history
- Explore importance of quitting, confidence in being able to quit
 - Summarize, list in behavioral action plan
 - Low importance = build motivation
 - High importance, low confidence = build confidence
 - High importance, high confidence = quit plan, quit date
- Learn from past quit attempts
- Discuss quit smoking medications/counseling
- Summarize, set time/goals for next time you meet

Build an Ongoing Action Plan

Kan Quit at KUMed Behavioral Action Plan

Personal reasons/motivators for quitting:

Barriers/challenges:

Strategies for barriers/challenges:

Key Strategies:

- ◇ Quit smoking medications:

- ◇ Recruit a friend/family member/coworker for social support? Who? How?

- ◇ Behavioral mgt/stimulus control techniques?
 - Oral substitutes (carrots, candy)
 - Prep for quit day? (dispose of smoking paraphernalia (ashtrays, lighters, matches, etc?), stop buying, other
 - Specific ways to deal with stress?
 - Weight Management issues?
 - Other strategies? (what has worked for part. in the past; draw from previous conversation(s))

Goals – What would you like to achieve/do between now and next session?

For session 2:

For session 3:

For session 4:

Individual Treatment – Follow up

FOLLOWING SESSIONS (Just a suggestion! Modify as needed)

- Ask how they are doing, reflect on >any< progress
- Assess current tobacco use
 - Still smoking at regular rates = explore discrepancy bet. behav/goals
 - Still smoking, but made progress = celebrate! Ask what helped
 - Quit = celebrate! Ask what helped, cover relapse prevention
- Assess withdrawal
 - Troubleshoot pharmacotherapy if withdrawal a problem
 - Elicit-provide-elicited (use worksheet)
- Address other issues as needed (driving, weight gain, etc)
- Summarize, set time/goals for next session

Engagement & Clinical Process

- Client-centered approach
- Support self-efficacy
- Manage disappointment re: failure, careful about judging
- Support individualized strategies
- Focus on coping with negative emotions and stressors

Counseling Approach

- “Spirit” of Motivational Interviewing
 - Motivation comes first, focus on change/commitment talk
 - Reflective listening
 - Non-confrontational
 - Avoid giving unsolicited advice
 - Client does most of talking, comes up with solutions
- Tools from Cog. Behavior Therapy, other approaches
 - Supporting/troubleshooting medications
 - Learning from past quit attempts
 - Identifying/coping with triggers
- Move from “whether” to “how” to quit

Listening is Key

- Listening/Summarizing Exercise
- Choose a personal health behavior you want to change
- Turn to your neighbor, take turns being listener, talker
 - Listener starts with open-ended question
 - What health behavior would you like to change/adopt in the next month?
 - 3 reflective statements
 - Summarize
 - Switch

Importance/Confidence

- Importance and Confidence Rulers:

Importance

On a scale of 0-10, with 10 being very important, how important is it to you to quit smoking?

1	2	3	4	5	6	7	8	9	10
	Not at all				Somewhat				Very

- “You said a 5 - that’s a lot higher than zero, so you’ve been thinking about this - what makes you that motivated?”
- “You said a 5 - that’s a good bit lower than 10 - what keeps you from being a 10?/ OR “What would need to happen for you to get from from X to (higher number)?”

Learning From Past Quit Attempts

- Tell me about the last time you quit or had to stop smoking
- How did going without cigarettes affect your mood, alcohol/drug cravings, or your alcohol/drug use?
- When you think back over those quits, what did you do that was helpful – that made it easier for you to quit?
- When you think back over those quits, what happened that made you go back to smoking, and what did you do that was helpful?
- What do you think will be helpful this time around?
- Summarize

Discussing Quit-Smoking Medications

Tobacco Treatment Medications *Double Your Chances of Quitting*

All quit-tobacco medications are equally effective, so the choice of medication should be based on your preferences and needs. The medications aren't a silver bullet – they don't make *everyone* quit. *But*, they do reduce cravings and withdrawal so you can stay *on top of your game* while your body learns to live without nicotine. That's why *twice* as many people are able to quit, and stay quit, that take quit-tobacco medications compared to people who don't take the medications. Some people use a quit smoking medication but still have a lot of withdrawal or cravings. First, check to make sure you're using it properly so you're getting the most out of it. If it still doesn't work, try another. For some, combining two quit smoking medications is helpful – for this option, talk to your doctor or pharmacist. Combining medications with counseling or self-help materials works even better, so try your local tobacco quitline. 1-800-QUIT NOW (748-8669) will route you to your state quitline provider for *free* counseling.

Non-Nicotine Medications – *Your pharmacist will provide instructions for use.*

Varenicline, available by prescription, is marketed under the brand name **CHANTIX**. It blocks some of the rewarding effects of nicotine and reduces withdrawal symptoms like cravings, irritation, and restlessness.

Bupropion SR is a prescription pill marketed under the brand name Zyban and is also available generically. It helps reduce cravings for nicotine and can relieve symptoms of depression for some patients.

Nicotine Replacement Medications:

Patch. Patches give you a low, steady stream of nicotine through your skin over 16-24 hours, depending on the product. The patch is available by prescription or over the counter (OTC). Patches are easy to use – put one on each day.

Gum. Gum is available without a prescription. You decide how much gum to chew, up to 1-2 pieces per hour, 24-30 pieces per day. Use the 4 mg gum if you smoke 10 or more cigarettes daily or use chewing tobacco. Use the 2 mg gum, or half a piece of 4mg gum at a time, if you smoke fewer than 10 cigarettes daily. You get the most nicotine when it's "parked" between your cheek and gum. Remember to "park and chew" – chew briefly, park it between your cheek and gum for a minute or two, repeat. Replace gum after 30-45 minutes.

Lozenge. Lozenge is available over the counter. You decide how many lozenges to use, up to 1-2 pieces per hour, 24 pieces per day. Use at least 6 to 12 each day. If you typically have your first cigarette or dip within 30 minutes of awakening, use the 4 mg dose. Otherwise, use the 2 mg dose. Place it in your mouth, under your tongue, and let dissolve. Brush your teeth frequently to prevent mouth irritation.

Inhaler. Patients "puff" small doses of nicotine through this prescription product that looks similar to a cigarette. You decide how many cartridges to use, up to 16/day. Unlike a cigarette, there is no harmful carbon monoxide.

Nasal spray. This prescription product sprays nicotine into your nose. It is very fast-acting, but it burns at first. Use 1-2 sprays an hour, 8-40/day. Hold breath when applying. Administer one spray toward the outer lining of each nostril (directed outward NOT straight up into the sinus) Breaths normally but only through the mouth for a few seconds. After 1 day of at least 6 doses (usually less) it will stop burning and give good relief.

Hughes, J. R., Goldstein, M. G., Hurt, R. D., & Shiffman, S. (1999). Recent advances in the pharmacotherapy of smoking. *JAMA*, 281(1), 72-76.
Henningfield, J. E., Fant, R. V., Buchhalter, A. R., & Stitzer, M. L. (2005). Pharmacotherapy for nicotine dependence. *CA Cancer J Clin*, 55(5), 281-299; quiz 322-283, 325.

Gonzales, D., Rennard, S. I., Nides, M., Oncken, C., Azoulay, S., Billing, C. B., et al. (2006). Varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, vs sustained-release bupropion and placebo for smoking cessation: a randomized controlled trial. *JAMA*, 295(1), 47-55.

When you Need to Provide Information

Elicit-Provide-Elicit

- Elicit what they've tried in the past
 - Tell me about how you have tried to tackle this issue in the past
- Ask permission to provide information
 - If it's ok with you, I'd like to share with you some strategies others have found helpful
- Provide information
 - Some have found that... is helpful
 - Several studies suggest that...
- Elicit reaction
 - How would that fit into your situation?
 - What do you make of that?

Summarize, Set Goals for Next Time

Refer to Action Plan for summary.

- Summarize:
 - You want to quit because of ____ and _____. You tried _____ and _____ to quit in the past, and you feel that _____ made you relapse. This time around, you're interested in _____. You don't have money for medications, but you're very interested in _____. Did I leave anything out?
- Set Goals, note in Action Plan:
 - What would you like to work on about your smoking between now and the next time we talk?
 - Talk to doctor about medications
 - Cut down on cigarettes
 - Stop smoking in house, car

Next Sessions

- Ask global question – how is it going?
 - Reflect successes, difficulties
 - Revisit Action Plan – what got done, what didn't
- If using medication, troubleshoot medications
- If a clear issue for client arises, address it
 - Craving/withdrawal (3 options – use a med, use 2 meds, use behav strategies)
 - Coping with triggers (difficulty in car)
 - Weight gain
 - Mood
- If no one issue or if multiple issues emerge, let client choose topic to address
- When done, summarize, set goals, note in Action Plan:
 - What would you like to work on about your smoking between now and the next time we talk?

Troubleshooting Medications

- How is your quit-smoking medication working?
- Use elicit-provide elicit to optimize meds
 - Tell me how you're using your medication
 - If it's OK with you, I'd like to mention some strategies that others have found helpful in getting the most out of _____.
- Use elicit-provide elicit to address craving/withdrawal
 - What have you done to cope when you have a hard time not smoking or when you slip?
 - If it's OK with you, I'd like to mention some strategies that others have found helpful...
 - Dual pharmacotherapy
 - Behavioral strategies

Medication	Cautions	Side Effects	Dosage	Use	Availability	Average Cost
Bupropion SR 150	Not for use if you: * Currently use a monoamine oxidase (MAO) inhibitor * Use Bupropion in any other form (Zyban/Wellbutrin) * Have a history of seizures * Have a history of eating disorders	* Insomnia * Dry mouth	* Begin 7-14 days before quit date * Days 1-3: 150 each a.m. * Days 4 on: 150 mg a.m. and p.m.	2 to 6 months	Prescription Only: * Zyban * Wellbutrin SR * Generic SR	1 box of 60 tablets, 150 mg: * Z: \$185.99 * W: \$167.99 * G: \$101.99
Nicotine Gum (2 mg or 4 mg)	* Caution with dentures * Don't drink acidic beverages during use	* Mouth soreness * Stomach ache	* 1 piece every 1 to 2 hours * 2 mg: If smoking 24 cigarettes or less per day * 4 mg: If smoking 25+ cigs or chewing tobacco	Up to 12 weeks or as needed	OTC Only: * Nicorette * Generic	2 mg box of 50: * N: \$29.99 * G: \$22.99 4 mg box of 50: * N: \$32.99
Nicotine Inhaler	* May irritate mouth/throat at first (but improves with use) * Don't drink acidic beverages during use	* Local irritation of mouth and throat	* 6 - 16 cartridges/day * Inhale 80 times/cartridge * May save partially-used cartridge for next day	Up to 6 months; taper at end of use	Prescription Only: Nicotrol inhaler	1 box of 168 cartridges = \$166.99
Nicotine Lozenge (2 mg or 4 mg)	* Do not eat or drink 15 minutes before or during use * One lozenge at a time * Limit 20 in 24 hours	* Hiccups * Cough * Heartburn	* 2 mg: If smoking after first 30 minutes you're awake * 4 mg: If smoking within first 30 min. you're awake * Weeks 1-6: 1 every 1-2 hrs * Wks 7-9: 1 every 2-4 hrs * Wks 10-12: 1 every 4-8 hrs	Up to 12 weeks	OTC Only: * Commit * Generic (Nicabate)	2 mg, 48 tablets: * Commit: \$29.99 4 mg, 48 tablets= * Commit: \$29.99 * Generic: \$24.99
Nicotine Nasal Spray	* Not for patients with asthma * May irritate nose (improves over time) * May cause dependence	* Nasal irritation	* 1 "dose"= 1 squirt per nostril * 1 to 2 doses per hour * 8 to 40 doses per day * Do NOT inhale	3 - 6 months; taper at end	Prescription Only: Nicotrol NS	1 box of 40 ml = \$190.99
Nicotine Patch	Do not use if you have severe eczema or psoriasis	* Local skin reaction * Insomnia	* One patch per day * If ≥ 10 cigs/day: 21 mg for 4 wks, then 14 mg for 2 wks, 7 mg for 2 wks * If <10 /day: 14 mg for 4 wks, 7 mg for 4 wks	6-8 weeks	OTC: * Nicoderm CQ * Nicotrol * generic Prescription: * generic (Legend)	21 mg, box of 7: Nicoderm: \$29.99 Generic: \$21.99 14 mg, box of 7: Nicoderm: \$29.99 Generic: \$21.99
Varenicline	Use with caution and consider dose reduction in patients: * With significant renal impairment. * Undergoing dialysis.	* Nausea * Insomnia * Abnormal dreams * Headache	* Days 1-3: 1 pill/day, 0.5 mg * Days 4-7: 1 pill twice daily, 0.5 mg (am & pm) * Day 8 - end: 1 pill twice daily, 1 mg (am & pm)	Start 1 week before quit date; use 3-6 months	Prescription only: Chantix	Cost varies. Approximately \$115 per month (\$3.70 per day)

They've Quit or They've Slipped or Relapsed

- Client quit!
 - Ask what is helping them not use tobacco
 - Do relapse prevention – ask about foreseeable challenges, how will cope, how will stick with what's working
- Client quit but relapsed!
 - Ask about barriers to staying quit
- Give client a menu of options for the session
- When done, summarize and set goals



*"I quit smoking for coffee. But
now I have a new problem."*

Wrapping It Up

- Clients should be routinely offered tobacco treatment, but not required to quit
- Consider providing information about quit options before asking whether they're ready to quit or not
- Do brief motivational intervention with clients with low interest
- Use collaborative approach to quitting
- Encourage/troubleshoot quit smoking medications
- Use tobacco relapse as a learning/building step

Smoking Cessation is Good for Drug Treatment, Too

- Improve health of all (255)
- Permit more comprehensive services (93)
- Improve drug treatment (89)
- Monetary/financial benefits for clinic/patient (38)
- Cleanliness, Aesthetics (30)
- Improved education for clinic or patient (24)
- No benefit or unclear benefit (64)

Total comments = 593

Resources for Training, Materials

Materials, Guides For Treating Smoking Available Online

- University of Wisconsin Center for Tobacco Research and Intervention. Information for: Researchers, Healthcare Providers, Smokers, Insurers, Employers, Advocates. Patient and clinician handouts, posters, training manuals and videos, links to research and advocacy. <http://www.ctri.wisc.edu/>
- Agency for Healthcare Research and Quality. How-To Guides for Implementing the Public Health Service Guidelines. <http://www.ahrq.gov/clinic/tobacco/>
- Treatobacco.net provides evidence-based information about how to treat tobacco, including a QuitTip database of stop-smoking products. <http://www.treatobacco.net/home/home.cfm/>
- Center for Tobacco Cessation. American Dental Hygienists' Association Smoking Cessation Initiative. Toolkit for brief intervention, tobacco news, patient resources. <http://www.askadviserefer.org/>
- CDC Tobacco Information and Prevention Source. Offers patient education materials for quitting smoking in English and Spanish. http://apps.nccd.cdc.gov/osh_pub_catalog/
- American Lung Association. ALA web site includes a Tobacco Control section with information on smoking and cessation, as well as Freedom From Smoking Online, a free quit-smoking program. <http://www.lungusa.org/>
- American Cancer Society. Includes a Tobacco Control section with information on health, cessation programs, and more: <http://www.cancer.org/>
- Addressing Tobacco in Managed Care: A Resource Guide for Health Plans. Includes case studies of various types of interventions; how to develop and implement a tobacco control initiative. www.ahip.org/content/default.aspx?docid=2270
- The Association for the Treatment of Tobacco Use & Dependence (ATTUD) is an organization of tobacco treatment providers from many disciplines dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user. ATTUD advocates for policy change, supports an excellent listserv for tobacco treatment providers, and develops competency guidelines to define the field of tobacco treatment specialists. <http://www.attud.org/>

Online Training

- The Alliance for the Prevention and Treatment of Nicotine Addiction (APTNA) maintains a comprehensive listing of online trainings for treating tobacco dependence at http://www.aptna.org/APTNA_Online_Courses_General.html. APTNA also provides information on specialist training, Medicare and Medicaid coverage of tobacco treatment, and links to other resources through its homepage at <http://www.aptna.org>

On-site Training for Brief Intervention

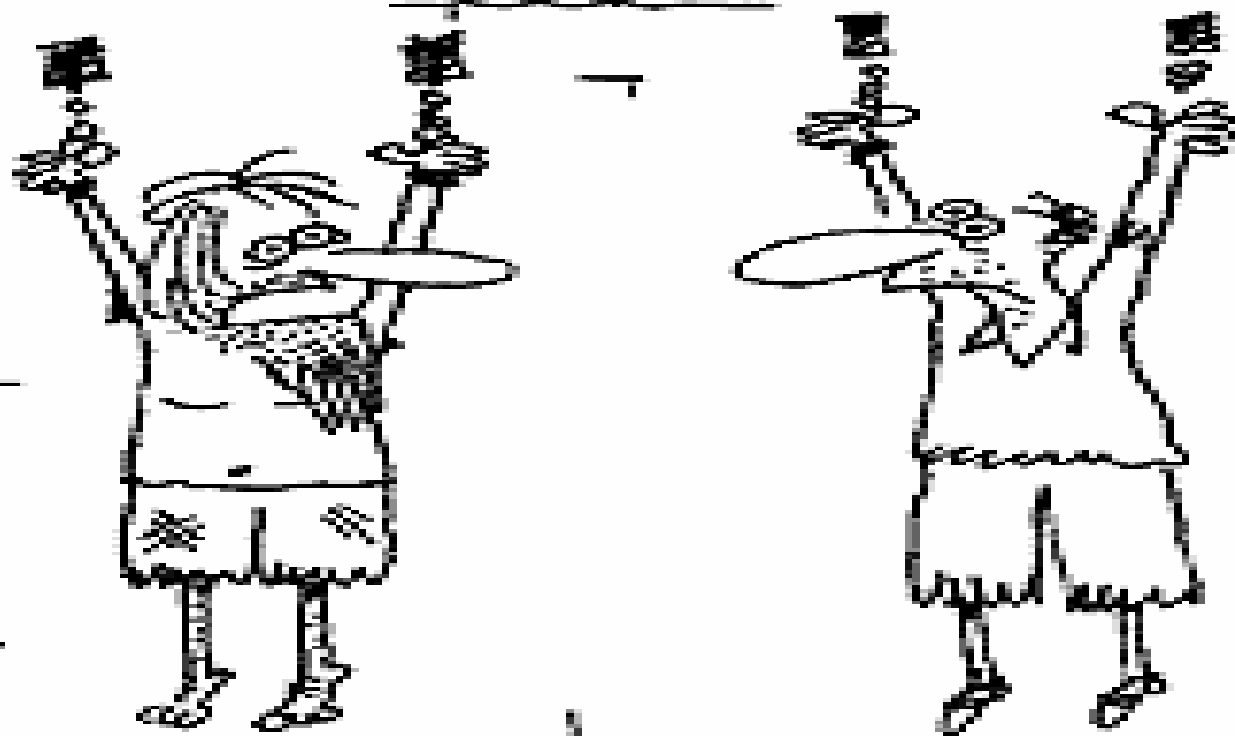
- The University of Mississippi Medical Center ACT Center. The ACT Center offers Brief Treatment of the Tobacco Dependent Patient: A Training Program for Health Care Providers. More information is available at: <http://actcenter.umc.edu/TreatingtheTobaccoUser.htm>. The ACT Center also offers intensive tobacco treatment specialist training.

On-site Training for Intensive Intervention

- The University of Massachusetts Medical School's Center for Tobacco Prevention and Control offers a Tobacco Treatment Specialist (TTS) Training and Certification Program. This is an intensive program designed for persons who deliver moderate to intensive tobacco treatment services within a health care or community setting. <http://www.umassmed.edu/behavmed/tobacco/train.cfm>. UMASS also offers a Basic Skills for Working with Smokers online course, available through the same web page.
- The University of Medicine and Dentistry of New Jersey's Tobacco Control Program offers Tobacco Treatment Specialist trainings as well as consultation services. <http://www.tobaccoprogram.org/>. UMDNJ also developed a comprehensive manual for treating tobacco dependency in chemical dependency treatment programs. A new edition should be available soon at the same web page.
- The Mayo Clinic Nicotine Dependence Center offers Tobacco Treatment Specialist trainings, and has a unique array of treatment programs, including an 8-day residential program. <http://www.mayoclinic.org/ndc-rst/tts-certification.html>

Lessons Learned

- Clients will DIE if they keep smoking
- Cigarette smoking is an ADDICTION
- Clients CAN quit smoking
- Facilities ALREADY help with quitting
- There ARE barriers to offering services
- There are also BENEFITS to offering services



"I've been here for 13 years. But the good news is I finally quit smoking."