

Tobacco Cessation Toolkit *for* Healthcare Providers

Evidence-based tools to support
your patients in quitting for good



**SNOHOMISH
COUNTY** 
HEALTH DEPARTMENT

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Language Disclaimer

For centuries, some American Indian Tribes have used traditional tobacco in sacred ways. Traditional tobacco differs from commercial tobacco in the ways that it is grown and utilized. Commercial tobacco is manufactured for profit by companies and includes chemical additives that make its consumption the leading cause of preventable death and disease in the United States. Traditional tobacco should not be confused with commercial tobacco, so terms tobacco, nicotine, and smoking in this document will be referring to commercial tobacco unless otherwise specified to respect the sacred nature of traditional tobacco. (Keep it Sacred: <https://keepitsacred.itcmi.org/tobacco-and-tradition/traditional-v-commercial/>)¹

Background

While there have been significant decreases in cigarette smoking over the past 60 years, (70% since 1960s),² commercial tobacco use is still a leading cause of preventable disease and death in the United States. According to a 2024 U.S. Surgeon General report, approximately 470,000 people die every year from smoking cigarettes, and 19,000 more die from secondhand smoke exposure.³ In Washington State, smoking causes 8,300 deaths per year.⁴

Tobacco Use and Income Disparities – Snohomish County

2020-2022 Behavioral Risk Factor Surveillance System (BRFSS) data shows that 9.2% of Snohomish County adults are current smokers.⁵ However, low-income households are more likely to be impacted by commercial tobacco use.

Current smoking is nearly 3 times as common among Snohomish County adults in low-income households* compared to those in high income households* (20% vs 7%).⁵

Interest in Quitting

In Snohomish County, over 50% of residents who currently smoke have tried to quit in the past year (BRFSS, 2020-2022). A greater share of residents in low-income households reported trying to quit (62% vs. 54%).⁵ This suggests that many Snohomish County residents, particularly those of low-income status, have the desired to quit, but require more support to do so successfully.

Healthcare and Smoking Cessation

Healthcare organizations, particularly those prioritizing low-income communities, are well-positioned to help patients quit by prescribing medications and creating linkages to effective resources.

National data shows that more than two-thirds of adult smokers who attempted to quit did not use evidence-based cessation methods (HHS, 2020).⁶ Most people who are successful in quitting use a combination of medications and counseling.⁶⁻⁸ Counseling can provide emotional and behavioral support by helping individuals develop coping strategies, manage triggers, and navigate the social and environmental challenges associated with quitting. Using a nicotine replacement therapy medication (NRT) can increase the chances of quitting by 50-60% compared to attempting to quit without (Hartmann-Boyce et al., 2018).⁹ Non-nicotine medications (e.g., varenicline) can also help manage cravings and withdrawal symptoms but are only available by prescription.

* “Low-income” corresponds to a household income less than \$25,000. “High-income” corresponds to a household income \$100,000 or more.

Snohomish County Healthcare Provider Cessation Services Survey

In 2024, the Snohomish County Health Department (SCHD) surveyed healthcare providers at Sea Mar, Lahai, and Community Health Centers to identify barriers to screening and treating patients for tobacco use (Appendix A). Providers were also asked to describe what resources were needed to increase capacity for better tobacco cessation programming.

34 providers responded, with 50% reporting that patients are screened for tobacco and/or nicotine use at all appointments.

Three main barriers were identified to screening and comprehensive treatment:

- 1. Accessibility and affordability for patient medications**
- 2. Provider time restrictions**
- 3. Provider training and resources**

Providers shared three recommendations to address screening and treatment barriers:

- 1. Quit kits (including nicotine replacement therapy)**
- 2. Resource pamphlets**
- 3. Access for providers to trainings and other resources**

In response to survey findings, SCHD developed this toolkit to support providers wishing to implement a more robust cessation program.

Content

The following section contains evidence-based resources to support your clinical efforts in helping patients quit tobacco and nicotine use. Each tool aims for ease of use in a busy healthcare setting. Click the links to access printable guides, patient handouts, trainings, and other practical materials that can be used during or after a visit.

Implementation Resources

Use these toolkits to access comprehensive cessation guides including brief intervention counseling (Ask-Advise-Act), prescribing guides for Nicotine Replacement Therapy (NRT) and cessation medications, and patient handouts.

Source	Link
<p>Duke UNC Essential Tobacco Treatment Toolkit</p> <ul style="list-style-type: none"> • PDF downloadable and printable toolkit • Ask-Advise-Act (3 A's) guide • Medication decision making aid • Mindfulness tools for patients 	<div style="text-align: center;">  </div> <p style="text-align: center;"> https://www.dukeuncccts.com/files/ugd/e8852fbf2c2b60ced1474ebef92d3efcb8fcc6.pdf </p>
<p>Rx for Change Toolkit</p> <ul style="list-style-type: none"> • Tools for Clinicians (PDFs) <ul style="list-style-type: none"> > 5 A's Counseling Guide > Drug Interactions with Smoking Table > Pharmacologic Product Guide > Relapsed Smokers Protocol • Tools for Patients (PDFs) <ul style="list-style-type: none"> > Benefits of Quitting > Withdrawal Symptoms Management > Coping with Quitting > Tobacco Use Log > Planning for Quitting > Patient-friendly medication handouts (NRT, varenicline, bupropion SR) • Continuing Education Programs <ul style="list-style-type: none"> > Register for a free account to access full curricula 	<div style="text-align: center;">  </div> <p style="text-align: center;"> https://rxforchange.ucsf.edu/implementation_toolkit.php </p>

CDC Clinical Cessation Tools

- Printouts and resources for identifying patients who use tobacco, action steps, and cessation guides for clinicians



<https://www.cdc.gov/tobacco/hcp/patient-care/clinical-cessation-tools.html>

American Dental Association

Implementing & Fostering Quitline Referrals: A Guide for Oral Health Professionals

- Toolkit offering practical guidance for oral health providers interested in connecting patients to Quitline services
- Suggestions for integrating Quitline referral process into existing systems



<https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/library/oral-health-topics/adanaqctoolkitimplementingfosteringquitlinereferrals.pdf?rev=7fdb10f38d3747509cda2d04e110caa5&hash=C2378D0792BA24778498E5889EDD1FF5>

DUKE UNC TOBACCO TREATMENT SPECIALIST TRAINING PROGRAM

Comprehensive training for healthcare professionals and the public health sector

TOBACCO TREATMENT TOOLKIT

3 A's: Brief Intervention for Tobacco Cessation

The 3 A's model, an adapted version of the 5 A's model, is an intervention that can be used in any brief office setting to increase rates of tobacco cessation. The Ask, Advise, Act method utilizes motivational interviewing, which is proven to be more effective than briefly advising a patient to quit.

- Providers should use a patient-centered approach that is personalized to the patient's tobacco use experience.
- Motivational interviewing can be done during a 15-minute visit.
- Use of the 3 A's model will increase the number of accepted referrals to quit support by more than 23%.

ASK
Do you currently use tobacco?

During every visit, ask all patients about their tobacco use. Identify all patients using tobacco. Ask directly if they want to quit.

ADVISE
Urge all patients using tobacco to quit.

Advise all patients using tobacco to quit, using a firm and personalized recommendation.

- Advise users on the benefits of smoking cessation utilizing a patient-centered approach.
- Inform patients that the current recommendation for quitting involves combining behavioral and pharmacological interventions.

ACT
Aid the patient in quitting.

For those ready to make a quit attempt, connect them to resources for medication management and behavioral counseling. If the patient is not ready to quit, provide support and let them know that you are available to help when they are ready to work on quitting tobacco.

- Offer appropriate pharmacotherapy
- Refer to a smoking cessation program
- Arrange for follow-up care

KEY IMPLEMENTATION RESOURCE: 3 As Brief Intervention for Tobacco Cessation, Duke UNC Tobacco Treatment Toolkit, https://www.dukeunetts.com/_files/ugd/e8852f_bf2c2b60ced1474ebef92d3efcb8fcc6.pdf

Pharmacotherapy

These resources contain information on tobacco cessation aids, such as combination NRT and non-nicotine mediations. For the best chances of quitting for good, patients should combine cessation aids with counseling. Patients can be referred to the Quitline for counseling and to potentially receive free NRT.

Source	Link
<p>Combining NRT Methods</p> <ul style="list-style-type: none"> • Webpage from CDC • Tips to combine long acting (patch) with short acting (gum/lozenge) NRT • This page also has patient-friendly information on all NRT methods and cessation medications 	 https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/quit-smoking-medications/how-to-use-quit-smoking-medicines/how-to-combine-medicines.html
<p>Varenicline</p> <ul style="list-style-type: none"> • Drug label information 	 https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f0ff4f27-5185-4881-a749-c6b7a0ca5696&audience=consumer
<p>Bupropion SR</p> <ul style="list-style-type: none"> • Drug label information 	 https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a591e33a-52f0-41c8-a00b-4a1afcc3dc4c&audience=consumer
<p>Pharmacologic Product Guide (Rx for Change)</p> <ul style="list-style-type: none"> • PDF download • Guidelines for NRT products, varenicline, and bupropion SR 	 https://rxforchange.ucsf.edu/download.php?file=A9+PRODUCTS.pdf

Pharmacotherapy: Your Patients' Best Chance to Become Tobacco-Free (MD Anderson Cancer Center)

- Quick guide to cessation pharmacotherapy
- NRT and non-nicotine medications outline



https://www.mdanderson.org/documents/Programs/endtobacco/TCCEP_Toolkit_Pharmacotherapy.pdf

Pharmacotherapy, cont.

THE UNIVERSITY OF TEXAS
**MDAnderson
Cancer Center**
Making Cancer History™

Types of Nicotine Replacement Therapy (N.R.T.)

 **Transdermal Patch**
A small patch that is applied once a day to the skin anywhere on the upper body. This is designed to deliver a steady dose of nicotine through the body. Patches may contain latex.

 **Gum**
Gum releases nicotine into your system and helps to relieve withdrawal if used regularly – at least eight pieces per day. Gum begins to work within five to 10 minutes and comes in different flavors and two doses.

 **Lozenge**
Candy-like pieces that will release nicotine into your system and are best used for a quick fix of nicotine. When used regularly – at least eight pieces per day, they will take effect in five to 10 minutes and fully dissolve within 20 – 30 minutes.

 **Nasal Spray**
Nasal sprays are similar in size and shape to allergy or congestion nasal sprays but should not be inhaled into your sinus cavities. When you let the spray sit in your nostril, a quick burst of nicotine gets absorbed into your bloodstream that helps with withdrawals for anyone with cravings.

 **Inhaler**
A plastic tube around the size and shape of a pen. Using it is similar to puffing on a cigarette but without inhaling. The inhaler releases nicotine slowly into the mouth and then into the bloodstream.

KEY PHARMACOTHERAPY RESOURCE:

Pharmacotherapy: Your Patients' Best Chance to Become Tobacco-Free, MD Anderson Cancer Center: https://www.mdanderson.org/documents/Programs/endtobacco/TCCEP_Toolkit_Pharmacotherapy.pdf

Vaping Cessation

While there is no FDA-approved medication specifically for vaping cessation, the same methods for smoking cessation can be applied off-label as nicotine is the main addictive ingredient in both products.

Source	Link
<p>Penn State Nicotine Dependence Index</p> <ul style="list-style-type: none"> This questionnaire helps to determine a patient's dependence level for vaping and cigarettes. Includes downloadable index and scoring guide. 	 <p>https://med.psu.edu/departments-faculty/center-for-research-on-tobacco-and-health/nicotine-dependence-index</p>
<p>Vaping Cessation Guide</p> <ul style="list-style-type: none"> PDF guide from Therapeutic Research Center. Contains recommendations for dosing NRT and medications plus steps for patients on social supports. 	 <p>https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/CDPH%20Document%20Library/Community/CessationServicesandResources/VapingCessationGuideforPharmacists2019TRC.pdf</p>



Penn State
College of Medicine

Penn State Center for Research on Tobacco and Health

Penn State Electronic Cigarette Dependence Index

- How many times per day do you usually use your electronic cigarette? (assume one "time" consists of around 15 puffs, or lasts around 10 minutes) _____ per day
- On days that you can use your electronic cigarette freely, how soon after you wake up do you first use your electronic cigarette? _____ minutes
- Do you sometimes awaken at night to use your electronic cigarette? Yes No
- If yes, how many nights per week do you typically awaken to do so? _____ nights
- Do you use an electronic cigarette now because it is really hard to quit (using e-cigs)? Yes No
- Do you ever have strong cravings to use an electronic cigarette? Yes No
- Over the past week, how strong have the urges to use an electronic cigarette been? (check one)
 - No urges
 - Slight
 - Moderate
 - Strong
 - Very strong
 - Extremely strong
- Is it hard to keep from using an electronic cigarette in places where you are not supposed to? Yes No

When you have not used an electronic cigarette for a while, OR when you tried to stop using one:

- Did you feel more irritable because you couldn't use an electronic cigarette? Yes No
- Did you feel nervous, restless or anxious because you couldn't use an electronic cigarette? Yes No

Used with permission from Jonathan Foulds, PhD, Penn State College of Medicine. For more information about this questionnaire, email Jonathan Foulds, PhD, at jfoulds@psu.edu.

If you plan to publish using the questionnaire, please cite the original source:
Jonathan Foulds, Susan Veldheer, Jessica Yingst, Shari Hrabovsky, Stephen J. Wilson, Travis T. Nichols, Thomas Eisenberg, Development of a Questionnaire for Assessing Dependence on Electronic Cigarettes Among a Large Sample of Ex-Smoking E-cigarette Users, *Nicotine & Tobacco Research*, Volume 17, Issue 2, February 2015, Pages 186-192. <https://doi.org/10.1093/ntr/ntu204>

KEY VAPING CESSATION RESOURCE: Penn State Electronic Cigarette Dependence Index. Foulds et. al, 2015: <https://med.psu.edu/departments-faculty/center-for-research-on-tobacco-and-health/nicotine-dependence-index>

Lung Cancer Screening

Screening for lung cancer in people who smoke and meet eligibility criteria is generally covered under insurance as a preventative test and recommended by the US Preventative Services Task Force. This is an underutilized way to increase chances of catching lung cancer early.

Source	Link
<p>Screening for Lung Cancer Summary for Clinicians</p> <ul style="list-style-type: none"> PDF guide on lung cancer screening eligibility from the US Preventative Services Task Force 	 <p>https://www.uspreventiveservicestaskforce.org/home/getfilebytoken/gpMtFCtW7cvssqc6wRuogm</p>
<p>Lung Cancer Screening Information and Eligibility Quiz</p> <ul style="list-style-type: none"> Information on lung cancer screening, insurance coverage, and eligibility quiz for patients from the American Lung Association 	 <p>https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/saved-by-the-scan</p>

KEY LUNG CANCER SCREENING RESOURCE: American Lung Association’s Screening Criteria Guide: <https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/screening-resources/is-lung-cancer-screening-right>

Who is a good candidate for lung cancer screening? ^

If a patient meets the following criteria, they are considered to be at "high risk" for developing lung cancer and screening is recommended:

- You are between 50-80 years of age
- You have a 20 pack-year history of smoking (this means 1 pack a day for 20 years, 2 packs a day for 10 years, etc.)
- AND, you are a current smoker, or have quit within the last 15 years

There is insufficient evidence at this time that other groups benefit from screening.

Billing Guidance

Healthcare providers can bill Medicaid, Medicare, and private insurance for tobacco cessation services, but many don't. Use the following guide to properly bill for this time.

Source	Link
<p>Billing Guide for Tobacco Screening and Cessation</p> <ul style="list-style-type: none"> PDF from the American Lung Association provides comprehensive information with ICD-10 and CPT codes to bill for tobacco cessation services. 	<div style="text-align: center;">  </div> <p>https://www.lung.org/getmedia/275e15df-413d-450f-9bed-b98a9fb04e1a/ala-billing-guide-2021.pdf</p>

Youth Cessation Resources

Despite notable decreases in youth nicotine product use during recent years,¹⁰ the tobacco industry continues to refine product development and targeted marketing strategies to maintain youth appeal.¹¹ Through flavors, highly potent nicotine vapes, smart vapes, and decreasing perception of harm, nicotine addiction and corresponding mental health harms remain a public health problem for young people.

According to the 2021 National Youth Tobacco Survey, roughly 65% of high school and middle school students currently using tobacco products were seriously thinking about quitting, and 60% made an attempt (NYTS, 2024).¹² While prevention is important, cessation support for youth already addicted to nicotine and ready to quit is also essential. Healthcare providers can help youth hoping to quit through screening for tobacco use, offering supportive counseling, and linking patients to behavioral and pharmacological resources for those with more severe nicotine addiction.

Vape Product Education

The tobacco industry regularly produces new nicotine delivery products, often to evade federal and state regulations. Healthcare providers should stay informed on what's being developed, marketed, and used most commonly among youth.

Source	Link
<p>Disposable Vape Devices</p> <ul style="list-style-type: none"> 2025 Press Release from Truth Initiative highlighting findings from American Journal of Preventative Medicine. Title: The Concentration of Nicotine in E-cigarettes Continues to Soar, Putting Young People at Higher Risk of Addiction 	<div style="text-align: center;">  </div> <p>https://truthinitiative.org/sites/default/files/media/files/2025/05/Bigger_Stronger_Cheaper_2.0_Release.pdf</p>

<p>Brands Common Among Youth</p> <ul style="list-style-type: none"> • 2024 National Youth Tobacco Survey Infographic 	 <p>https://digitalmedia.hhs.gov/tobacco/hosted/NYTS-2024.pdf</p>
<p>Oral Nicotine Products</p> <ul style="list-style-type: none"> • PDF from the Stanford REACH Lab's Tobacco Prevention Toolkit • Provides overview of ZYN pouches and why they are concerning for youth in particular. 	 <p>https://drive.google.com/file/d/1CFIN8BAEdRs00002I995dYMVvteoC8Gg/view</p>
<p>New Product: Vapes with Smart Technology</p> <ul style="list-style-type: none"> • FDA issues a warning to online retailers selling vape devices advertising smart technology features (music, gaming, receiving texts/calls). 	 <p>https://www.fda.gov/tobacco-products/ctp-newsroom/fda-warns-firms-illegally-selling-e-cigarettes-resembling-products-smart-technology-including-phones</p>
<p>Health Risks of Nicotine Exposure – A Literature Review</p> <p>By the Public Health Law Center</p> <ul style="list-style-type: none"> • Provides summaries of recent studies exploring the health risks of nicotine across all delivery methods (vaping, combustible, smokeless, etc.) 	 <p>https://www.publichealthlawcenter.org/sites/default/files/resources/Health-Risks-Nicotine-Exposure.pdf</p>

THE MORE YOU KNOW | **! OUR CONCERNS ABOUT ZYN**

What are oral nicotine pouches?
Pouches are a form of nicotine delivery that are growing in popularity. The product is derived from tobacco and contains nicotine.

The pouch is placed between the upper lip (or "upper decky") or lower lip (or "lower decky") and gum.

What is ZYN?
ZYN is the name of a popular brand of oral nicotine. ZYN are small pillow-like pouches that contain pre-portioned amounts of white nicotine powder.

ZYN comes in many flavors, including menthol, spearmint, cool mint, peppermint, wintergreen, citrus, coffee, unflavored, and cinnamon.



- ZYN comes in **3 milligram** and **6 milligram** nicotine pouches
- Each tin of ZYN contains **15-20** nicotine pouches
- Adolescents use multiple pouches throughout the day, and **often place more than one in their mouth at once**

KEY VAPE PRODUCT RESOURCE: Stanford REACH Lab Tobacco Prevention Toolkit: Our Concerns About ZYN: <https://drive.google.com/file/d/1CFIN8BAEdRs00002I995dYMVvteoC8Gg/view>

Flavored Products & Youth

Vapes and other nicotine products are readily available in flavors that are familiar and therefore appealing to youth.¹³ Many are inspired by popular candy and cereal products (e.g., gummy bear, fruity pebbles). Flavors mask the harsh taste of tobacco/nicotine products, making it easier for teens to initiate use.¹⁴

In Washington’s 2023 Healthy Youth Survey, 74% of WA 10th graders who currently use a vapor product reported using a flavored nicotine product.¹⁵ Healthcare providers should be aware of how flavored products can increase the risk of nicotine addiction and the risks associated with inhaling chemicals used to create flavors.

Source	Link
<p>Flavored Disposable E-cigarettes Appeal To Kids And Remain Widely Available</p> <ul style="list-style-type: none"> • Campaign for Tobacco Free Kids fact sheet explains flavored disposable products’ rise in popularity among youth. 	 <p>https://assets.tobaccofreekids.org/factsheets/0411.pdf</p>
<p>Flavors and risks to cardiovascular health</p> <ul style="list-style-type: none"> • Stanford study finds that e-cigarette flavorings are harmful to blood vessel cells even in the absence of nicotine. 	 <p>https://med.stanford.edu/news/all-news/2019/05/e-cigarette-use-and-flavorings-may-increase-heart-disease-risk.html</p>
<p>Menthol Flavoring</p> <ul style="list-style-type: none"> • Fact sheet from Washington Breathes explaining burden of Mentholated products. 	 <p>https://washingtonbreathes.org/documents/52/Menthol-Cessation-FactSheet_FinalFeb2024.pdf</p>



KEY FLAVORED PRODUCTS RESOURCE: Washington Breathes Menthol and Nicotine Cessation Fact Sheet: https://washingtonbreathes.org/documents/52/Menthol-Cessation-FactSheet_FinalFeb2024.pdf

Youth Nicotine Addiction Screening Tools & NRT Guidance

Source	Link
<p>Youth Tobacco Cessation: How to ACT (Ask-Counsel-Treat) in 2-3 Minutes</p> <ul style="list-style-type: none"> AAP’s progressive web application to assess a teen’s level of nicotine dependence with NRT dosing recommendations. 	 <p>https://www.aap.org/helpkidsquit</p>  <p>https://www.aap.org/globalassets/tobacco/aap_cessation_act_flowchart.pdf</p>
<p>Hooked on Nicotine Checklist (HONC)</p> <ul style="list-style-type: none"> Nicotine dependence scoring tool for adolescents from the National Cancer Institute 	 <p>https://www.aap.org/globalassets/tobacco/hooked-on-nicotine-checklist-honc-scale-and-scoring.pdf</p>
<p>Nicotine Replacement Therapy and Adolescent Patients</p> <ul style="list-style-type: none"> Fact sheet from the AAP describing contraindications, dosing guidelines, and sample treatment plans 	 <p>https://downloads.aap.org/AAP/PDF/NRT_and_Adolescents_Pediatrician_Guidance_factsheet.pdf?_gl=1*1x52k2*_gcl_au*MjA4OTEyMjQ5LjE3NTMyMTM3MTc.*_ga*MTY5MTE3MDE0Ny4xNzUzMjEzNzE3*_ga_GMZCQS1K47*_czE3NTM3MzQ0ODckbzlkZzAkdDE3NTM3MzQ0ODckajYwJGwwJGgw*_ga_FD9D3XZVQQ*_czE3NTM3MzQ0ODgkbzlkZzAkdDE3NTM3MzQ0ODgkajYwJGwwJGgw</p>

The Hooked on Nicotine Checklist

The HONC is scored by tallying the number of yes responses, from 0-10. Any score greater than zero indicates that the smoker has lost some degree of autonomy over their smoking. This indicates that nicotine addiction has begun.

	YES	NO
1) Have you ever tried to stop vaping, but couldn't?		
2) Do you vape now because it is really hard to quit?		
3) Have you ever felt like you were addicted to vaping?		
4) Do you ever have strong cravings to vape?		
5) Have you ever felt like you really needed to vape?		
6) Is it hard to keep from vaping in places where you are not supposed to, like school?		
When you tried to stop vaping...(or, when you haven't vaped for a while...)		
7) did you find it hard to concentrate because you couldn't vape?		
8) did you feel more irritable because you couldn't vape?		
9) did you feel a strong need or urge to vape?		
10) did you feel nervous, restless or anxious because you couldn't vape?		

KEY YOUTH SCREENING RESOURCE: Hooked on Nicotine Checklist (HONC), National Cancer Institute: <https://www.aap.org/globalassets/tobacco/hooked-on-nicotine-checklist-honc-scale-and-scoring.pdf>

Youth-Specific Quit Resources (13+)

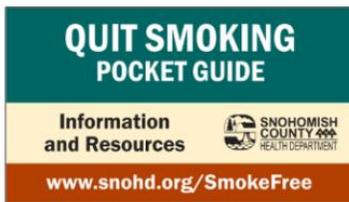
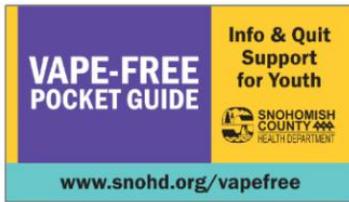
Source	Link
<p>Washington State's 2Morrow Health App</p> <ul style="list-style-type: none"> Nicotine cessation smartphone app for youth 13+ with different programs for vaping and cigarette use. 	 <p>https://doh.wa.gov/you-and-your-family/tobacco/how-quit/self-help-options/2morrow-health</p>
<p>EX Program for vaping or smoking cessation</p> <ul style="list-style-type: none"> Evidence-based cessation program created by the Truth Initiative and Mayo Clinic. Early research shows 40% improved odds of quitting. Integrated with mental health supports. 	 <p>https://join.exprogram.com/home-b?adobe_mc_sdid=SDID%3D6B07312DC8B05302-38AC9BB420457DD7%7CMCORGID%3D2B360C3A53DA81330A490D4D%40AdobeOrg%7CTS%3D1753213404</p>
<p>SmokeFree Teen Program</p> <ul style="list-style-type: none"> Text-based program that helps participants create a quit plan. 	 <p>https://teen.smokefree.gov/become-smokefree/smokefreeteen-signup</p>



KEY YOUTH CESSATION RESOURCES: WA Department of Health’s 2Morrow Health App for vaping (13+): <https://doh.wa.gov/you-and-your-family/tobacco/how-quit/self-help-options/2morrow-health> and the EX Program (Truth Initiative Instagram): <https://www.instagram.com/exprogram>

Printed and Digital Resources for Cessation

Source	Link
<p>Snohomish County Health Department Vape-Free Pocket Resources for Youth</p> <ul style="list-style-type: none"> • Business card-sized cessation pocket resources for teens and adults. See Appendix B. • Fill out form or scan QR code to order (free). 	 <p>https://forms.office.com/g/Aa83Myesmi</p>
<p>WA State Quitline quit cards and rack cards</p> <ul style="list-style-type: none"> • Call the WA State Quitline or the ADAI Clearinghouse website to order FREE quit cards for youth and adults, and other take-home cessation materials. 	<p>WA State Quitline: 1-800-784-8669</p>  <p>http://adaiclearinghouse.net/</p>
<p>Washington Breathes resources page</p> <ul style="list-style-type: none"> • Wide variety of youth cessation resources as well as best practices for tobacco prevention and current research. 	 <p>https://washingtonbreathes.org/resources/#!/sort=created</p>



KEY PATIENT CESSATION RESOURCES AVAILABLE FOR ORDER: SCHD

Cessation Pocket Guides: <https://forms.office.com/pages/responsepage.aspx?id=qIbUawe8GEKJfE0KaIA-4I9ymACjRy5GsE0VAO2jSypUQjJBN0IXQ0JYTUs2TzRSTTM5VEU1TzA1My4u&route=shorturl> and WA Quitline Cards (Spanish/English): <http://adaiclearinghouse.net/>

Other Resources for Patients

Source	Link
<p>Rx for Change Patient Handouts</p> <ul style="list-style-type: none"> • PDF printouts for behavioral aspects of quitting, medication handouts, cost saving calculator, referral resources 	<div style="text-align: center;">  </div> <p>https://rxforchange.ucsf.edu/implementation_toolkit.php</p>
<p>Providence Nicotine Cessation Courses</p> <ul style="list-style-type: none"> • Free, virtual (live) courses available to everyone, everywhere (not required to be a Providence patient) • 2 courses available <ul style="list-style-type: none"> > 1-time quit journey prep > 8-week small group class 	<div style="text-align: center;">  </div> <p>https://www.providence.org/services/tobacco-cessation#tabcontent-1-pane-3</p>

WA State Quitline Referral

- Providers can send a referral to the Quitline for a patient, either fax or online, and they will receive a phone call from the Quitline.

Provider Quitline Information:



<https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/professional-resources/tobacco-use-and-dependence-treatment/washington-state-quitline>

Online, select “Refer a Patient” in upper right corner:



<https://quitnow.net/washington>

Fax form:



<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/340-221-FaxReferralForm.pdf>

<p>SingleCare, Good Rx, & Cost Plus Drugs</p> <ul style="list-style-type: none"> • Discount prescription programs • Use for cessation medications, like varenicline, bupropion, or NRT • Cost Plus has varenicline for <\$50, as opposed to ~\$500 normally (at the time of this writing, subject to change) 	 <p>https://www.singlecare.com</p>  <p>https://www.goodrx.com/</p>  <p>https://www.costplusdrugs.com/</p>
<p>Snohomish County Health Department's Smoke-Free Living webpage</p> <ul style="list-style-type: none"> • Information about cessation, hookah & health, vaping & health, no smoking & vaping laws, smoke-free housing, and more! 	 <p>https://www.snohd.org/240/Smoke-Free-Living</p>
<p>SmokeFree.gov</p> <ul style="list-style-type: none"> • Information about planning to quit, using NRT, and managing challenges. • Tailored resources to a variety of communities 	 <p>https://smokefree.gov/</p>

SingleCare
How to use SingleCare

1. Search prescriptions
See our available discounted prices for your prescriptions.
2. Choose a free coupon
It can be used at participating pharmacies near you.
3. Show your pharmacist
They'll input the magic numbers to apply the discount.

Good Rx

Nicotine

Avg retail price: \$44.08 (Save 63.83%)
GoodRx discount: \$15.05
[See all discounts](#)

How it works

1. Use GoodRx to find medications, pharmacies, and discounts.
2. GoodRx discounts can help you pay less for your prescription.
3. Bring your free coupon or savings card to the pharmacy.

Cost Plus Drugs
How Cost Plus Drugs works

1. Find your medication
2. Ask your doctor to send our pharmacy partner your prescription
3. Receive your medications

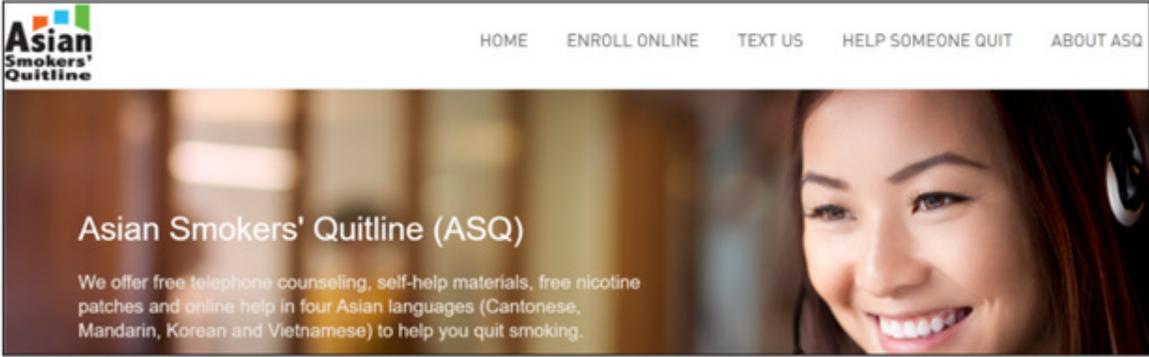
KEY PATIENT RESOURCES: Prescription discount programs that cover NRT and non-nicotine medications - Single Care (<https://www.singlecare.com>), GoodRx (<https://www.goodrx.com/>), Cost Plus Drugs (<https://www.costplusdrugs.com/>)

Multicultural Resources

Source	Link
<p>Asian Smokers' Quitline</p> <ul style="list-style-type: none"> • Quitline available in Chinese, Korean, and Vietnamese. • Culturally tailored resources • Patients can receive free NRT and counseling • Providers can refer patients online, they will receive a call within 2 business days 	 <p>https://www.asiansmokersquitline.org/health-care-providers/</p>
<p>Native American Resources</p> <ul style="list-style-type: none"> • List of cessation programs and resources tailored for Native American patients • SmokeFreeNative is a culturally tailored text program for American Indians and Alaska Native adults and teens 	 <p>https://keepitsacred.itcmi.org/quitlines/</p>  <p>https://smokefree.gov/tools-tips/text-programs/quit-for-good/smokefreenative</p>

<p>LGBTQIA+ Community</p> <ul style="list-style-type: none"> • Webpage with resources from the National LGBT Cancer Network 	 <p>https://cancer-network.org/outlast-tobacco/</p>
<p>Nuestras Voces Adelante – National Alliance for Hispanic Health</p> <ul style="list-style-type: none"> • Information for providers about tobacco use in the Hispanic community 	 <p>https://www.healthyamericas.org/nuestras-voces-adelante</p>

KEY MULTICULTURAL RESOURCE: Asian Smokers’ Quitline: <https://www.asiansmokersquitline.org/enroll-online/>
 Support for Cantonese, Mandarin, Korean, and Vietnamese speakers and their families.



Training for Providers

The below trainings are designed for healthcare providers to gain new insights or refresh knowledge on tobacco cessation. CEs are offered for most courses listed.

Source	Link
<p>King County Tobacco Cessation Course for Healthcare Providers</p> <ul style="list-style-type: none"> • Self-guided content with comprehensive tips for discussing cessation and health risks/benefits with patients, medications, and preventing relapse. • No CE offered 	 https://kingcounty.gov/en/dept/dph/health-safety/safety-injury-prevention/cannabis-tobacco-vapor/resources-for-quitting
<p>Rx for Change Continuing Education</p> <ul style="list-style-type: none"> • Multiple programs offered, tailored by medical profession • All with CE units available for free 	 https://rxforchange.ucsf.edu/continuing_education.php
<p>Medscape – Adult Smoking Cessation Course</p> <ul style="list-style-type: none"> • Evaluate smoking cessation behaviors and how patients would like to receive cessation information • CEs offered 	 https://www.medscape.org/viewarticle/1001862
<p>Dental CE Academy – Providing a Brief Tobacco Dependence Intervention</p> <ul style="list-style-type: none"> • Free online webinar, dental CEs available • Promote tobacco cessation motivation in the dental practice 	 https://www.dentalceacademy.com/on-demand-tobacco-cessation-training

<p>UCSF Smoking Cessation Leadership Center – Webinar Recordings</p> <ul style="list-style-type: none"> • Browse the catalogue of tobacco cessation recorded webinars on various topics • CEs available for cost, recordings can be watched for free 	 <p>https://smokingcessationleadership.ucsf.edu/webinars/cme</p>
<p>MD Anderson Cancer Center (University of Texas)</p> <ul style="list-style-type: none"> • Recurring webinars on various tobacco cessation topics for providers • Free, provides certificate and CE 	 <p>https://iecho.org/public/program/PRGM1701386918594IP1TCPVKV</p>

KEY PROVIDER TRAINING RESOURCE: Public Health Seattle King County’s 90 minute, asynchronous tobacco cessation training. Visit the website to register: <https://kingcounty.gov/en/dept/dph/health-safety/safety-injury-prevention/cannabis-tobacco-vapor/resources-for-quitting>



King County

Cessation training and resources for health care providers, social service providers, educators

Our online training on tobacco cessation teaches providers and those in a position to counsel, how to use tools, resources and information to address tobacco use. Participants will learn how to use brief intervention and Motivational Interviewing techniques to encourage, empower, and assist people as they move toward their quit journey.

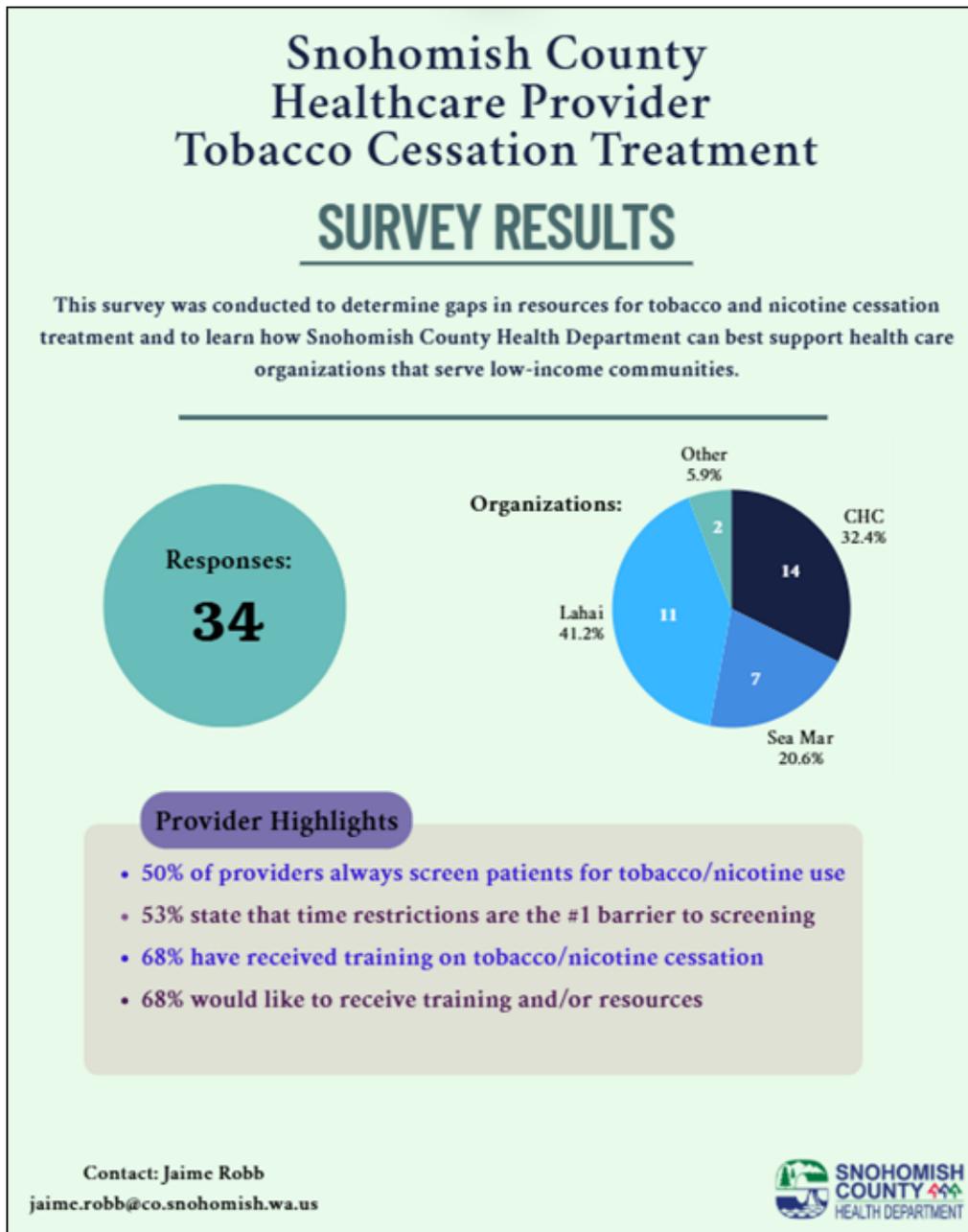
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https://www.hhs.gov/sites/default/files/2024-sgr-tobacco-related-health-disparities-consumer-guide.pdf?utm_campaign=email&utm_medium=sg-report&utm_source=disparities-c&emci=5ec8f1cc-e2a8-ef11-88d0-6045bdd62db6&emdi=6bc8f1cc-e2a8-ef11-88d0-6045bdd62db6&ceid=994503
4. The Health and Economic Toll of Commercial Tobacco in Washington State - Washington State Department of Health
<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/340-373-TollofTobaccoWA.pdf>
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https://www.cdc.gov/brfss/data_documentation/index.htm
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<https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/2020-cessation-sgr-factsheet-key-findings/index.html#:~:text=Smoking%20cessation%20reduces%20the%20risk%20of%20stroke%20morbidity%20and%20mortality,higher%20prevalence%20in%20some%20subgroups.>
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<https://washingtonbreathes.org/priorities/support-healthy-youth/#:~:text=In%20the%202023%20Healthy%20Youth,used%20a%20flavored%20product%20first.>

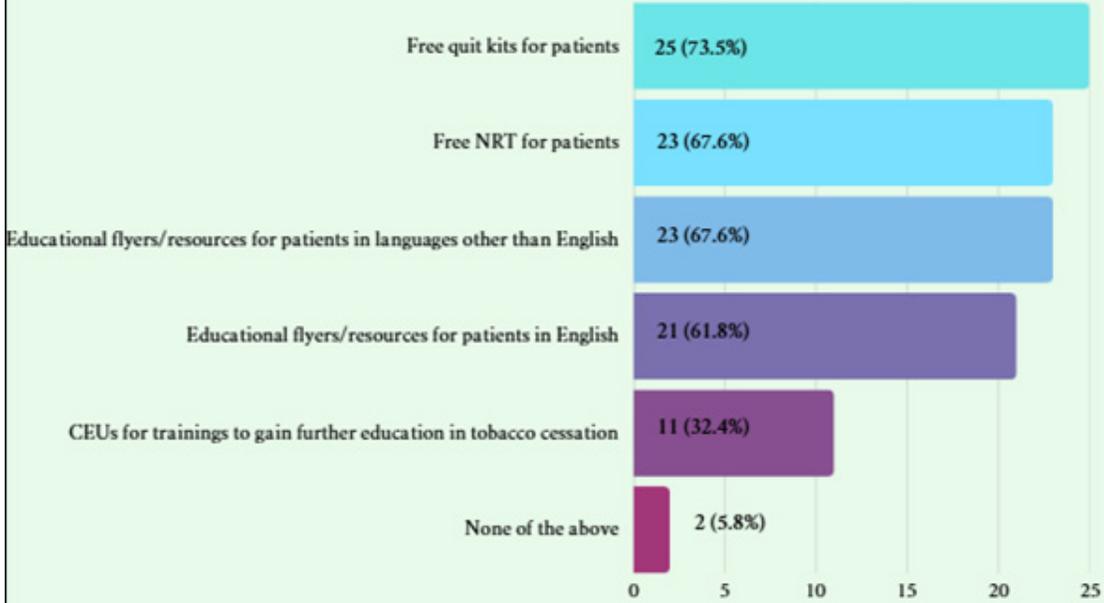
Appendices

Appendix A:

Snohomish County Tobacco Cessation Services in Healthcare Gap Analysis – Key Provider Survey Results



Which of the following resources would be helpful to you or your patients for tobacco cessation treatment?



What do you wish you could offer to patients who use tobacco or nicotine but currently cannot?

- “ *Medications at no cost*
- A personal coach or group meeting for those quitting smoking*
- Written material for patients to read and understand the need to quit and resources that are available*
- Physical resources like a "quit now" kit*
- ”

Contact: Jaime Robb
jaime.rob主@co.snohomish.wa.us



Appendix B: Snohomish County Health Department Tobacco Cessation Pocket Guides



Order Here: <https://forms.office.com/pages/responsepage.aspx?id=q1bUawe8GEKJfE0KaIA-4I9ymACjRy5GsE0VAO2jSypUQjJBN0IXQ0JYTUs2TzRSTTM5VEU1TzA1My4u&route=shorturl>

QUIT SMOKING POCKET GUIDE

Information and Resources

www.snohd.org/SmokeFree

Steps to Quitting

Call **1-800-QUITNOW** (1-800-784-8669) or text **READY** to **200-400** to access free resources like Nicotine Replacement Therapy (NRT) and counseling. People who use both NRT and counseling are twice as likely to successfully quit.

Contact your healthcare provider. They can prescribe medications and NRT that can help you quit, and it may be covered by insurance.

Set a quit date and make a plan. It helps to have items ready that can help with cravings and nicotine withdrawal symptoms, like:

- Flavored gum and toothpicks
- Fidget toys or a game on your phone to keep your mind busy
- A water bottle (quitting nicotine can make you thirsty)

Learn more below:

 How to Quit: www.cancer.org/cancer/risk-prevention/tobacco/guide/quit-smoking.html	 Top Tips for Quitting: www.lung.org/quit-smoking/i-want-to-quit/top-tips-for-quit-smoking	 Withdrawal Symptom Information (PDF): rxforchange.ucsf.edu/download.php?files_A2+WDR+SX.pdf	 Support Services: washington.breathes.org/priorities/improve-access-to-cessation-treatment/quit-services/
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Smoking is expensive!

Use this online calculator to see how much money you can save by quitting.

<https://smokefree.gov/quit-smoking/why-you-should-quit/how-much-will-you-save>

FACTS ABOUT QUITTING

Quitting smoking is one of the best things you can do to improve your health and your quality of life. Nearly 70% of people who smoke cigarettes want to quit, but it's no secret that quitting is hard.

Nicotine is very addictive, and attempting to quit without help is even harder. Using tools proven to work, like medication and counseling, can be your best bet to quit smoking for good.

Will vaping help to quit smoking?

Switching to another tobacco product like e-cigarettes (vapes) has not been shown to help people quit. Along with nicotine, vapes have many of the same dangerous chemicals as cigarettes and other things that people should not be inhaling, like lead, nickel, and harsh flavorings. Switching to e-cigarettes is not a helpful alternative and still puts your health at risk.

BENEFITS OF QUITTING

Your health begins to improve minutes after you quit! It's never too late.

- **20 minutes:** Heart rate and blood pressure begin to drop.
- **12 hours:** Carbon monoxide levels in your blood return to normal.
- **2 weeks to 3 months:** Improved circulation and lung function.
- **1 year:** Risk of coronary heart disease is half that of someone who continues to smoke.
- **5 years:** Risk of multiple cancers and stroke decreases.

READY TO QUIT?

Use these free resources:

 Washington Quitline: https://quitnow.net/washington	 2Morrow Health: https://doh.wa.gov/you-and-your-family/tobacco/how-quit/self-help-options/2morrow-health	 EX Program Truth Initiative: https://www.exprogram.com/
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VAPE-FREE POCKET GUIDE

Info & Quit Support for Youth



www.snohd.org/vapefree

Vaping Companies Target Youth

The industry designs and markets vape products with flavors that appeal to youth. They do this to hook young customers early on while the brain is still developing, when there is higher risk of nicotine addiction.

Even worse? They continue to aggressively target BIPOC and LGBTQIA+ youth. Learn more about the fight against flavors at FlavorsHookKidsWA.org



Quit Support for Ages 13+

READY TO QUIT? USE THESE FREE RESOURCES & MAKE A PLAN



2Morrow Health:
doh.wa.gov/2morrow-health



NOT for Me:
notforme.org/



Keep It Sacred:
(For Indigenous/
Native Youth)
keepitsacred.itcmi.org/quitlines/



EX Program:
<https://www.exprogram.com/>

Nicotine Replacement Therapy (NRT) may be available for teens under 18. Talk with your healthcare provider to learn more. **School district policies may not permit the use of NRT on school grounds.** Please discuss options with your School Nurse, Administrator, or Counselor.

Think everyone is doing it?

**Most teens in Snohomish County
say they don't vape.**

HEALTHY YOUTH SURVEY, 2023

Life as a teen can be stressful, and it's important to have healthy ways to cope. Instead of reaching for a vape, talk to a friend, do something creative, move your body, or spend time outside.

05/2025 SAC

GET THE FACTS

Tobacco and vape companies are lying to you. They want you to believe that vaping is a safe and healthy alternative to smoking cigarettes. They try to get your attention with familiar flavors and market vapes as a way to de-stress.

In reality, vaping puts your physical health, your mental health, and the planet at risk.

IT'S NOT WATER VAPOR

What comes out of a vape is an aerosol – a cloud of chemicals, dyes, and heavy metals that can settle deep in the lungs. It's not safe to inhale.

Don't lose your breath. The aerosol causes airways to swell and tighten. This can keep your lungs from getting all the oxygen your body needs.

Give your heart a break. The aerosol damages blood vessels. This weakens your heart over time and makes it harder to pump blood through your body.

Stay strong. Damage to your lungs and heart can weaken other muscles, making you struggle with activities, whether it's sports, arts, or just getting around.

PROTECT YOUR MENTAL HEALTH

Research shows people who vape are twice as likely to be diagnosed with depression than those who don't. Quitting – even if it's hard – is a win for your mental health.

NICOTINE IS VERY ADDICTIVE

Most vapes contain nicotine, and your brain and body get hooked. This can cause withdrawal symptoms when you quit (headache, trouble concentrating, cravings, and feeling irritable, anxious, or sad).

VAPES HARM THE PLANET

Disposable vapes are hazardous waste, electronic waste, and a single use plastic. The batteries can cause fires, putting the safety of people close by at risk. With no good way to dispose of them, vape waste ends up in landfills, and can enter our food sources and oceans if littered.

Mental Health Help Lines



Teen Link:
Call or text
1-866-833-6546



The Trevor Project:
1-866-488-7386



Suicide & Crisis Lifeline:
Call or text 988



WA Counselors of Color Network

Appendix C: Go To Provider Resources

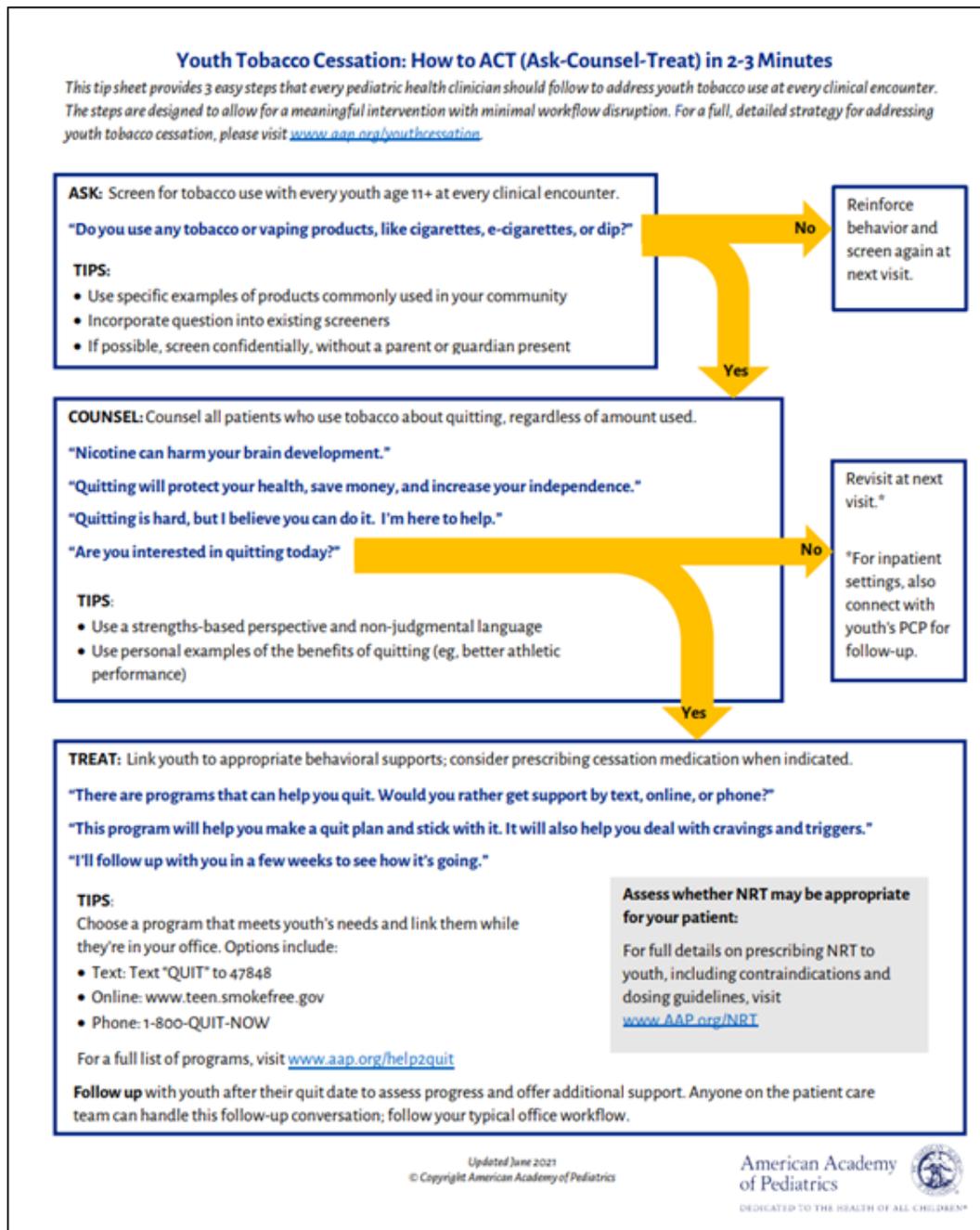


5 A's Counseling Guide (Rx for Change): <https://rxforchange.ucsf.edu/download.php?file=A1+GUIDE.pdf>

<p>STEP One: ASK about Tobacco Use</p> <p>➔ Suggested Dialogue</p> <ul style="list-style-type: none"> ✓ Do you ever smoke or use other types of tobacco or nicotine, such as e-cigarettes? <ul style="list-style-type: none"> – I take time to talk with all of my patients about tobacco use—because it's important. ✓ Condition X often is caused or worsened by exposure to tobacco smoke. Do you, or does someone in your household smoke? ✓ Medication X often is used for conditions linked with or caused by smoking. Do you, or does someone in your household smoke? 	<p>STEP Four: ASSIST with Quitting</p>  <ul style="list-style-type: none"> ✓ Assess Tobacco Use History <ul style="list-style-type: none"> • Current use: type(s) of tobacco, amount, time to first cigarette • Past use: <ul style="list-style-type: none"> – Duration of tobacco use – Recent changes in levels of use • Past quit attempts: <ul style="list-style-type: none"> – Number of attempts, date of most recent attempt, duration – Methods used previously—What did or didn't work? Why or why not? – Prior medication administration, dose, adherence, duration of treatment – Reasons for relapse ✓ Discuss Key Issues (for the upcoming or current quit attempt) <ul style="list-style-type: none"> • Reasons/motivation for wanting to quit (or avoid relapse) • Confidence in ability to quit (or avoid relapse) • Triggers for tobacco use • Routines and situations associated with tobacco use • Stress-related tobacco use • Concerns about weight gain • Concerns about withdrawal symptoms ✓ Facilitate Quitting Process <ul style="list-style-type: none"> • Discuss methods for quitting: pros and cons of the different methods • Set a quit date: ideally, less than 2 weeks away • Recommend Tobacco Use Log • Discuss coping strategies (cognitive, behavioral) • Discuss withdrawal symptoms • Discuss concept of "slip" versus relapse • Provide medication counseling: adherence, proper use, with demonstration • Offer to assist throughout the quit attempt ✓ Evaluate the Quit Attempt (at follow-up) <ul style="list-style-type: none"> • Status of attempt and engagement in quitting program; "slips" and relapse • Medication compliance, extent to which nicotine withdrawal is being alleviated with current regimen, and plans for discontinuation of medication(s)
<p>STEP Two: ADVISE to Quit</p> <p>➔ Suggested Dialogue</p> <ul style="list-style-type: none"> – Quitting is the most important thing you can do to protect your health now and in the future. I have training to help my patients quit, and when you are ready I would be more than happy to work with you to design a treatment plan. – Prior to imparting advice, consider asking the patient for permission to do so – e.g., "May I tell you why this concerns me?" [then elaborate on patient-specific concerns] 	
<p>STEP Three: ASSESS Readiness to Quit</p> <p>➔ Suggested Dialogue</p> <ul style="list-style-type: none"> – For current tobacco users: What are your thoughts about quitting? Might you consider quitting sometime in the next month? <div data-bbox="194 1008 787 1270"> <pre> graph TD Q1[Does the patient now use tobacco?] -- YES --> Q2[Is the patient now ready to quit?] Q1 -- NO --> Q3[Did the patient once use tobacco?] Q2 -- NO --> A1[Enhance motivation and Discuss the 5 R's: Relevance, Risks, Rewards, Roadblocks, Repetition] Q2 -- YES --> A2[Provide 5 A's intervention or (in absence of time or expertise) Ask-Advise-Refer] Q3 -- YES --> A3[Prevent relapse*] Q3 -- NO --> A4[Encourage continued abstinence] </pre> </div> <p>* Relapse prevention interventions are not necessary if patient has not used tobacco for many years and is not at risk for re-initiation.</p> <p><small>Flore MC, Jain CR, Baker TB, et al. <i>Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.</i> Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.</small></p>	<p>STEP Five: ARRANGE Follow-up Counseling</p> <ul style="list-style-type: none"> ✓ Monitor patients' progress throughout the quit attempt. Follow-up contact should occur during the first week after quitting. A second follow-up contact is recommended in the first month. Additional contacts should be scheduled as needed. Counseling contacts can occur face-to-face, by telephone, or by e-mail. Keep patient progress notes. ✓ Address temptations and triggers; discuss strategies to prevent relapse. ✓ Congratulate patients for success and reinforce need for continued support.

TOBACCO CESSATION COUNSELING GUIDESHEET

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DUKE
UNC

TOBACCO
TREATMENT
SPECIALIST
TRAINING
PROGRAM

Comprehensive training for
healthcare professionals and
the public health sector

TOBACCO TREATMENT TOOLKIT

Medication Decision-Making Aid (page 1 of 2)

FDA-Approved
Pharmacotherapy

Varenicline (Chantix)

OR

*Combination Nicotine Replacement
Therapy (NRT)*

*(Nicotine patches plus nicotine gum, lozenges,
inhaler, or nasal spray)*

+

Evidence-Based
Behavioral Intervention

- Individual or group counseling
- Managing smoking triggers
- Planning a quit day
- Identifying social support
- 3 A's, mindfulness, cognitive behavioral therapy (CBT), skills training, etc.

Medical Considerations

Start with either
varenicline or nicotine
patch-based treatment

⇄

Does your patient
tolerate one or the
other better?

Does your patient have
a personal preference?

Can your patient get
the medication?

»»

Varenicline

- AVOID if previous severe side effects, active seizure history, or recent suicidal ideations.
- RECOMMENDED for light smokers (< 5 cpd).

Bupropion

- USE if neither patch nor varenicline is tolerated. Contraindicated in patients with a history of seizures or at risk for a seizure.
- CONSIDER bupropion if patients have weight concerns, mild depression, or financial challenges to getting medications.

Patch: AVOID if the patient has an adhesive allergy.

Adding immediate release medication:

- MUST add immediate release medication if patient is on patch
- MAY add immediate release medication if patient is on varenicline or bupropion
- USE immediate release medication ALONE if patch, bupropion, and varenicline are contraindicated.

Immediate release medication options:

- INHALER if strong hand-to-mouth habit, can be expensive, rx only
- GUM/LOZENGE – patient preference, available OTC
- NASAL SPRAY is frequently not tolerated due to nasal irritation

WWW.DUKEUNCTS.COM / CTTSPROGRAM@DUKE.EDU / 919.668.5042

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Medication Decision-Making Aid (page 2 of 2)

Length of Treatment

12 weeks vs. 16 weeks: Using medications for 4 weeks pre-quit can increase success of cessation. Continue medications at least 12 weeks post quit date.

Extended treatment: Continue to 6 months if chance of relapse at 12 weeks post-quit.

Medication Dosing

Varenicline (standard dose):

- 1 mg once daily for 7 days with breakfast.
- Increase to 1 mg twice daily with breakfast and dinner after first week for 11 weeks.

Varenicline (low dose):

- 0.5 mg twice daily if patient unable to tolerate due to nausea.
- 1 mg once daily if patient unable to tolerate due to insomnia or nightmares.

Bupropion SR:

- 150 mg once daily for 3 days.
- Increase to 150 mg twice daily after 3 days for 12 weeks.

Nicotine gum and lozenges:

- 4 mg if patient smokes within first 30 minutes of waking
- Otherwise 2 mg

Nicotine patch (16-week regimen):

5-10 cpd: 14 mg patch x 12 wks >> 7 mg patch x 4 wks

11-20 cpd: 21 mg patch x 12 wks >> 14 mg patch x 2 wks >> 7 mg patch x 2 wks

21-30 cpd: 21 mg patch + 14 mg patch x 12 wks >> 21 mg patch x 2 wks >> 7 mg patch x 2 wks

40+ cpd: 21 mg patch + 21 mg patch x 12 wks >> 21 mg patch x 2 wks >> 7 mg patch x 2 wks

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Treating Tobacco Use and Dependence: 2008 Update. Content last reviewed February 2020. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/prevention/guidelines/tobacco/index.html>

Appendix D: Go To Patient Handouts



Benefits of Quitting (Rx for Change): <https://rxforchange.ucsf.edu/download.php?file=A10+BENEFITS.pdf>

Quitting Smoking

How Quitting Can Benefit Your Health

Eyes, Ears, Nose, Mouth, and Throat

- Food tastes better
- Sense of smell is improved
- You and your personal space (clothes, hair, breath, home, car, work area, etc.) begin to smell better
- Teeth become less yellow or brown
- Gum disease or risk of tooth loss is reduced
- Less risk for voice box, throat, and mouth cancer
- Reduced risk for cataracts

General

- Energy is improved
- Increased life expectancy in comparison to those who continue to smoke
- Improved ability to fight infections

Heart

- Heart rate and blood pressure drop from increased levels
- Blood flow to the heart is improved
- Heart attack and stroke risk decrease

Lung

- Improved lung function and breathing
- Lung cancer risk does not increase further
- Oxygen levels in blood return to normal

Digestive and Endocrine

- Risk for diabetes decreases
- Less risk for cancer of the colon, stomach, and pancreas

Reproductive and Urinary

- Reduced risk for erectile dysfunction and infertility
- Reduced risk for birth defects
- Less risk for cervical cancer
- Less risk for bladder and kidney cancer

Quitting smoking improves health regardless of your:

- Age
- Number of years smoked
- Number of cigarettes smoked per day



WITHDRAWAL SYMPTOMS INFORMATION SHEET

Quitting tobacco use brings about a variety of physical and psychological withdrawal symptoms. For some people, coping with withdrawal symptoms is like riding a roller coaster—there can be sharp turns, slow climbs, and unexpected plunges. **Most symptoms begin within the first 1 to 2 days, peak within the first week, and subside within 2 to 4 weeks.** Report new symptoms to your health-care provider, especially if severe. Consider the impact of recent medication changes and your caffeine intake.

SYMPTOM	CAUSE	DURATION	RELIEF
Chest tightness	Your lungs are undergoing changes, and your body is tense because it is craving nicotine. It also might be caused by sore muscles from coughing.	Can last several weeks	<ul style="list-style-type: none"> ▪ Use relaxation techniques ▪ Try deep breathing ▪ Use of a nicotine medication might help
Constipation, stomach pain, gas	Intestinal movement decreases.	Can last several weeks	<ul style="list-style-type: none"> ▪ Drink plenty of fluids ▪ Add fruits, vegetables, and whole-grain cereals to diet
Cough, sore throat	The body is getting rid of accumulated mucus in the airways.	Variable	<ul style="list-style-type: none"> ▪ Drink plenty of fluids ▪ Attempt to avoid additional stress during first few weeks
Craving for a cigarette	Nicotine is a strongly addictive drug, and withdrawal causes cravings.	Frequent for first 2–3 days; can happen for months or years	<ul style="list-style-type: none"> ▪ Wait out the urge, which lasts only a few minutes ▪ Exercise (take walks) ▪ Use of a nicotine medication might help
Depressed mood	It is common to feel sad for a period of time after you first quit smoking. Many people have a strong urge to smoke when they feel depressed.	Can last weeks, but typically subsides after a month	<ul style="list-style-type: none"> ▪ Increase pleasurable activities ▪ Talk with your clinician about changes in your mood when quitting ▪ Get extra support from friends and family
Difficulty concentrating	The body needs time to adjust to not having constant stimulation from nicotine.	Can last several weeks	<ul style="list-style-type: none"> ▪ Plan workload accordingly ▪ Attempt to avoid additional stress during first few weeks
Dizziness	The body is getting extra oxygen.	Typically subsides within a couple of weeks	<ul style="list-style-type: none"> ▪ Use extra caution ▪ Change positions slowly
Hunger	Cravings for a cigarette can be confused with hunger pangs; sensation can result from oral cravings or the desire for something in the mouth.	Variable; weeks to months	<ul style="list-style-type: none"> ▪ Drink water or low-calorie liquids ▪ Be prepared with low-calorie snacks
Insomnia	Nicotine affects brain wave function and influences sleep patterns; coughing and dreams about smoking are common.	Variable; weeks to months	<ul style="list-style-type: none"> ▪ Reduce caffeine intake by about half (and none after lunchtime, to improve sleep), because its effects will increase with quitting smoking ▪ Use relaxation techniques
Irritability	The body's craving for nicotine can produce irritability.	Can last several weeks but typically subsides with 4 weeks	<ul style="list-style-type: none"> ▪ Take walks ▪ Try hot baths ▪ Use relaxation techniques

Adapted from materials from the National Cancer Institute.