

## Provider Information



### The TB/Nicotine Replacement Therapy (NRT) Initiative for Patients with Active Tuberculosis

The Kentucky Tobacco Prevention and Cessation Program applied for funding through the American Recovery and Reinvestment Act (ARRA) to increase and enhance Kentucky's Tobacco Quitline. One aspect of that funding request was to provide nicotine replacement therapy (NRT) to a population within our state disproportionately affected by tobacco use. Among those at-risk populations are Kentuckians with active tuberculosis.

The vast majority of active TB patients, approximately 100 annually, are smokers. Smoking is a risk factor for the delay in clearance of acid fast bacilli positive sputum smears in patients on treatment for active pulmonary TB. Smoking is also a risk factor for the development of LTBI among individuals exposed to active TB. Armed with this information we applied for and were awarded ARRA funds to address smoking cessation for TB patients. TB patients calling Kentucky's Tobacco Quitline and participating in cessation counseling will be provided up to four weeks of NRT patches (21 mg).

This packet contains information to assist you in providing brief intervention for the TB patient, sample strategies to use during that conversation, a fact sheet about Kentucky's Tobacco Quitline, and instructions for using the Fax Referral Form (FRF).

We have also included two fact sheets for the patient; the first provides information about the health risks TB patients' face when they smoke, while the second fact sheet educates the patient about Kentucky's Tobacco Quitline.

Other resources are also available to you and the patient. Each health district in Kentucky has at least one part-time person whose responsibilities include tobacco prevention and cessation efforts. This individual can assist you with brief intervention and can provide information about local cessation services. Ask your local tobacco coordinator for a copy of the quitline brochure to share with your patient. If you do not know your local tobacco contact person, contact your Health Department administrator or [Jan.Beauchamp@ky.gov](mailto:Jan.Beauchamp@ky.gov).

Visit our web site <http://chfs.ky.gov/dph/info/dpqi/hp/tobacco.htm>, click on "Doctors, Dentist and Health Care Professionals" for additional information about tobacco cessation, the health risks of tobacco use and completing the fax referral form.

## The Process

Once assigned a active TB case, print out this packet and all attachments. The attachments are clearly marked as to whom they will best serve; you as the clinician or your patient. We suggest you review all documents so that you can better answer questions posed by your patient.

Included are:

- Intro to TB Packet 2 pages for nurses
- Ask Advise Refer 2 pages for nurses
- Strategies for Brief Intervention for nurses
- References and Resources for nurses
- Quit Lines 101 for nurses
- 2010 Clinician QL Fact Sheet for nurses and patients
- TB and Smoking for patients
- Kentucky's Tobacco Quit Line fact sheet – nurses and patients
- Fax Referral form for patient and nurse

Any TB patient also using tobacco should be encouraged to stop using all tobacco products immediately. They can contact Kentucky's Tobacco Quitline (KTQL) for assistance. There are two ways they may contact the quitline. We prefer that this group of callers use the FRF in contacting the quitline. A copy of the FRF is included in this packet. Please notice that this form is marked "TB NRT Initiative". If necessary, help the client complete the form. When you return to your office, fax this form to 1 800-261-6259.

The Quitline staff will contact the patient by phone to verify their interest in cessation. If appropriate, the Quitline staff will contact the listed physician to ensure no contraindications between the patient's meds and the 21mg NRT patch. Once approval is received and the patient has set a quit date and agreed to counseling, four weeks of NRT patches will be sent to the patient.

Patients diagnosed with TB may also contact KTQL directly at 1-800-QUIT NOW (1-800-784-8669). In order to receive the free four weeks of NRT patches, they will need to identify themselves as TB patients and be able to provide quitline staff with contact information for their physician. This process may take a day or two longer than using the FRF. For this reason, we **highly** urge you to use the FRF.

We encourage you to discuss tobacco cessation with your patient at every visit. If they have not appeared interested in tobacco cessation on the first visit, please attempt to introduce this possibility at every contact.

If at any time, you or your patient has questions about tobacco cessation and related services, please do not hesitate to contact this office. Project lead is Jan Beauchamp, 502-564-9358, extension 3817, [Jan.Beauchamp@ky.gov](mailto:Jan.Beauchamp@ky.gov) or contact Bobbye Gray at 502-564-9358, extension 3858, [Bobbye.Gray@ky.gov](mailto:Bobbye.Gray@ky.gov) the Tobacco Program's Nurse Consultant.

## TB and Tobacco

### Ask-Advise-Refer

The range of effective treatments for tobacco dependent TB patient includes brief routine advice to stop using tobacco products by healthcare professionals, more intensive support to quit, and pharmacotherapy. The specific combination of treatments depends on the patient's needs. Every patient should be asked if he or she smokes and those who smoke should be advised to quit.

STEP 1: **ASK** if the patient smokes. Every TB patient should be asked about tobacco use and documented on whether the patient never smoked, is a current smoker, or a former smoker.

Your responses to this inquiry might include:

**Never smoked** – “Congratulations, you have made a wise choice to protect your health.”

**Current smoker** – “How much and what type of tobacco do you use per day?”

**Former smoker** – “Congratulations, you made a wise decision in stopping your tobacco use.”

Be alert to any discrepancies. Most tobacco users are aware that their addiction to tobacco is hazardous to their health. They may not tell the truth about their tobacco use or the amount they smoke each day. You may find it beneficial to make a softer approach to brief intervention. For example, “It’s a good thing you don’t smoke, it would take twice as long for you to get well if you were smoking cigarettes.”

STEP 2: For those patients who indicate tobacco use, **ADVISE** them to quit. Every TB patient who smokes should be offered cessation counseling and be informed of the damage their tobacco smoke can do to others. After being advised, each identified smoker should be followed up by asking and recording the patient’s willingness to stop smoking.

Examples: “Have you thought about quitting?” or “Do you want to quit?”, “I can help you?”, “Quitlines have had proven success in helping people get through the difficult stages of quitting.”

STEP 3: **REFER** the patient to cessation services. A smoker with a lung-related disease such as TB is frequently motivated to quit smoking. Healthcare providers should strengthen such motivation by encouraging cessation. By quitting, the patient will directly benefit because the risks for future relapse will be less and the probability of the disease infecting other household members are likely to decrease in a tobacco free environment.

Examples: “I know quitting smoking is very difficult. Most people who want to quit are successful. Sometimes it takes more than one try. I know you can do it. Let me refer you to Kentucky’s Tobacco Quitline, they can help you quit.” Patients may also log on to [BecomeAnEX.org](http://BecomeAnEX.org) for online cessation services.

You may also want to determine if your non-smoking patient is living with a smoker. Advise your patient that exposure to secondhand smoke is also hazardous and will increase their recovery time.

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## NEXT STEPS:

- Give them a Kentucky's Tobacco Quitline information sheet.
- Give them the TB Fact sheet "Think Smoking or Secondhand Smoke has nothing to do with TB?".
- Discuss the fax referral to Kentucky's Tobacco Quitline if they are ready to consider quitting.
- Document tobacco status in the patient medical record.

## IF THE PATIENT IS INTERESTED IN CESSATION THROUGH KENTUCKY'S TOBACCO QUITLINE:

- Patient or nurse can complete the FRF. Enter the patient's name, the current date, the patient's telephone number and email address.
- The telephone number should be for the phone the patient will be using for their counseling sessions. If this is a cell phone, determine if using minutes will be an issue. If a landline is available, that line may be more appropriate.
- Determine the best time for the Quitline staff to contact the patient. Take into consideration the patients schedule and cell phone minutes.
- Have them sign and date the FRF form.
- Health Care Provider is their physician or the physician prescribing the medications for TB. Include the physicians address, phone number and fax number if known.
- When you return to the office, sign and date the form. Fax it to 1-800-261-6259.

## IF THE PATIENT IS NOT INTERESTED IN TOBACCO CESSATION:

- Use the FRF to document that you have discussed tobacco cessation with the patient. **DO NOT INCLUDE ANY PATIENT IDENTIFIERS ON THIS FORM.**
- On the bottom of the FRF, enter the date and a check (✓) mark in the appropriate column to indicate that you have spoken with the patient about tobacco cessation and referral to KTQL.
- Keep this form with other documents on this patient.
- Sometime within each two- week period, discuss tobacco cessation with the patient again. If they are interested in cessation, fax the FRF to the quit line when you return to your office. If they are not interested in tobacco cessation, enter the date and make a check in the appropriate column.
- Continue this process every two weeks until
  1. The patient contacts the quitline
  2. The patient asks not to discuss this anymore
  3. The patient is no longer under your care
- In the case of 2 or 3 above, fax the FRF to the KDPH office with the appropriate notation.

## PLEASE NOTE:

This project is funded through ARRA grant funding. The CDC is requiring regular reporting. After you have faxed the Fax Referral Form to the quitline, fax a copy of it to our office at 502-564-2983. This is a secure fax. We are looking at the total number of patients counseled not any specific patients name or contact information. Mark through their name if you feel more comfortable.

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## Strategies for Smokers at Each Stage of Change

<b>Case:</b>	Dad comes in with son after asthma hospitalization. No sense that smoking is part of the problem.
<b>Stage:</b>	Pre-contemplation
<b>Task:</b>	ASK about quitting.
<b>Scripts:</b>	<ul style="list-style-type: none"> <li>• “Have you thought about quitting smoking?”</li> <li>• “Think of this as a 'gift' to your son - helping him learn not to start smoking.”</li> <li>• “That’s great that you’ve been able to smoke outside, but there’s some more we can do to help your son.”</li> <li>• “I’ll ask you again at our next visit, because I think this is a really important health issue.”</li> <li>• “I have some ideas about how we might try to get you to quit smoking. Are you interested?”</li> </ul>
<b>Resource:</b>	Handouts on the dangers of secondhand smoke - available from the American Lung Association or AAP.

<b>Case:</b>	Mom comes in for first newborn visit and has started smoking, but knows it's not the best decision.
<b>Stage:</b>	Contemplation
<b>Task:</b>	ADVISE her to quit again.
<b>Scripts:</b>	<ul style="list-style-type: none"> <li>• “I understand it was hard for you not to smoke during your pregnancy, but it’s still so important for you, and now your new baby, that you quit again.”</li> <li>• “I realize this is a really stressful time for you to think about quitting. Still it’s an important thing to do.”</li> </ul> <p>Avoid getting into oppositional interaction -- the patient may perceive that you are trying to take something away from him/her. Make it more collaborative.</p>
<b>Resource:</b>	Handout on secondhand smoke.

<b>Case:</b>	Dad comes in with son after asthma hospitalization. Tried quitting last summer, now interested.
<b>Stage:</b>	Preparation
<b>Task:</b>	ASSIST him to quit smoking.
<b>Scripts:</b>	<ul style="list-style-type: none"> <li>• “What do <u>you</u> think is the impact of your smoking on your son?”</li> <li>• “What can <u>we</u> do to help you quit?”</li> <li>• “There are a lot of new medicines that can help you quit.”</li> <li>• “It is really hard to quit. You may even have to try several times. Let’s start by picking a quit date.”</li> <li>• “Who would be supportive of your plan to quit smoking?”</li> <li>• “What do you know about different cessation programs?”</li> </ul>
<b>Resource:</b>	<ul style="list-style-type: none"> <li>• Resource list for smoking cessation classes.</li> <li>• Name of adult medicine specialist to refer patients to for medications.</li> <li>• Some basic info on nicotine patches (Patient Advisor)</li> <li>• Workplace Wellness Program referral.</li> </ul>

<b>Case:</b>	Woman who quit smoking comes in for first newborn visit
<b>Stage:</b>	Maintenance
<b>Task:</b>	ARRANGE Follow-up
<b>Scripts:</b>	<ul style="list-style-type: none"> <li>• “You’re doing great. Keep up the good work.” – direct encouragement.</li> <li>• “I know this is a really stressful time for you, but you’ve already done the hard work of quitting.”</li> <li>• “Who is there at home who can help support you through this challenging time?”</li> <li>• “I know it’s tempting to start smoking again, but there are so many dangers to your new baby from smoking.”</li> <li>• “What kinds of situations might make you want to smoke again?” “How will you handle those situations?” – encourages active problem solving and planning ahead.</li> <li>• “I understand that you’re anxious to lose the weight that you gained during pregnancy. How can I help you meet this goal?”</li> </ul>
<b>Resource:</b>	<ul style="list-style-type: none"> <li>• Handouts on dangers of secondhand smoke - available from the American Lung Association or AAP.</li> </ul>

## TB and Tobacco References

Treating Tobacco Use and Dependence, Clinical Practice Guideline, 2008 Update, Chapter 3, pgs 37-62.

<http://www.ahrq.gov/path/tobacco.htm>

Centers for Disease Control and Prevention Office of Smoking and Health <http://www.cdc.gov/tobacco>

International Union Against Tuberculosis and Lung Disease <http://www.tobaccofreeunion.org/content/en/8/7.-Tobacco-and-tuberculosis>

World Health Organization (TB) [www.who.int/tb](http://www.who.int/tb) (Tobacco) [www.who.int/tobacco](http://www.who.int/tobacco)

*Smoking as a Risk Factor for TB, Nicholas Robert, Univ. of Missouri Sinclair School of Nursing,*

[http://www.cdc.gov/tb/publications/newsletters/notes/TBN\\_2\\_09/highlights.htm#smoking](http://www.cdc.gov/tb/publications/newsletters/notes/TBN_2_09/highlights.htm#smoking)

## TB and Tobacco Resources

Become An Ex [www.becomeanex.org](http://www.becomeanex.org)

American Lung Association <http://www.lungusa.org>

North American Quitline Consortium <http://www.naquitline.org>

Kentucky Tobacco Prevention and Cessation Program <http://chfs.ky.gov/dph/info/dpqi/hp/tobacco.htm>

International Union Against Tuberculosis and Lung Disease <http://www.tobaccofreeunion.org/content/en/13/>



# QUITlines for

The continued use of tobacco in the United States presents a public health challenge in terms of life expectancy, quality of life, and economic cost. The numbers are familiar to health educators:

- In the U.S., more than 440,000 adult deaths per year are directly related to tobacco use.<sup>1</sup>
- Direct medical costs associated with smoking *alone* total more than \$75 billion per year.
- In addition to direct medical costs, lost productivity due to smoking-attributable illness and death costs \$82 billion per year.<sup>1</sup>
- Of the 45.4 million smokers\* in the U.S.,<sup>2</sup> it is estimated that 70% wish to quit, but less than 5% quit successfully each year.<sup>3</sup>
- About 4 in 10 current smokers (42.4%) attempted to quit smoking in the past year.<sup>4</sup>

Tobacco cessation is more cost-effective than other common and (health insurance) covered disease prevention interventions, such as the treatment of hypertension and high blood cholesterol.<sup>5</sup> Yet as evidenced by the numbers of current tobacco users\* and tobacco-related deaths, the leading preventable cause of death in the United States is an addiction and therefore difficult to quit. However, use of tobacco quitlines as part of comprehensive tobacco dependence treatment is becoming a major state, regional, and federal effort.

## What are Tobacco Quitlines?

Tobacco quitlines are telephone-based tobacco counseling services for individuals interested in and / or attempting to quit smoking. Counselors specifically trained to help smokers quit answer callers' questions and help them to develop an individual and effective plan for quitting. As of May 2005, people in all 50 United States, the District of Columbia, and several U.S. Territories have access to quitline services, either through state-managed quitlines or the Cancer Information Service of the National Cancer Institute.<sup>6</sup>

Quitlines have some variability in how they are structured:

- Reactive quitlines provide a one-time counseling session to callers;
- Proactive quitlines usually provide counseling during the initial call, but then schedule 3-5 additional follow-up calls to support the quit process.

Quitlines provide a range of services:

- Individualized telephone counseling
- Mailed self-help or informational materials
- Recorded messages
- Provision of smoking cessation medications at low or no cost
- Referral to local programs and community services

Some quitlines also have the capacity to provide targeted services for specific populations. According to the North American Quitline Consortium, most states offer counseling in Spanish (in addition to English), and both California and Massachusetts offer services in three or more languages *other* than English. Other targeted services offered by some quitlines include those for high-risk populations (e.g. low income, ethnic), teen smokers, pregnant smokers, smokeless tobacco users, and Medicaid recipients.<sup>6,7,8,9</sup>

## Why Quitlines?

Quitlines provide effective cessation interventions that can overcome barriers smokers face in more traditional cessation programs, particularly accessibility and efficiency. More specifically, quitlines:

- Are free to callers, as they are accessible via a toll-free number;
- Eliminate the need to wait for a local tobacco cessation class to form;
- Eliminate the need for transportation;
- Eliminate the need for childcare services;
- Offer services that are available at the smoker's convenience;
- Offer tobacco cessation services to smokers in rural and underserved areas.

Studies indicate that smokers are more likely to use a telephone-based cessation service than they are a face-to-face program.<sup>10</sup>

Quitlines also offer important advantages from a health education / program perspective. Quitlines function based on a centralized system of operation and promotion, allowing for:

- Economies of scale, where financial and staffing resources can be utilized more efficiently.
- Standardized protocols and training for all cessation / counseling activities.
- Routine monitoring of counseling for quality assurance and continuity of services.
- Easier collection and evaluation of data.
- Ease of marketing and promotion, as only one campaign is necessary, though it may be (or need to be) large scale.

## Quitlines Help Tobacco Users Quit

Strong evidence shows that quitlines are effective in helping tobacco users quit.<sup>7,8,9,11</sup>

- Interactive telephone counseling and face-to-face counseling are more effective than services that only provide educational content or self-help materials.<sup>7,12</sup>

\*In this document the terms *smokers* and *tobacco-users* are used interchangeably. We recognize that while smokers comprise the bulk of the tobacco-using population and are the subject of most tobacco research, *all* tobacco-users are targeted in comprehensive tobacco prevention and control programs, including quitlines.

- Smokers are more likely to take advantage of telephone counseling than they are to participate in face-to-face individual or group counseling sessions.<sup>10</sup>
- Members of communities that are underrepresented in traditional smoking cessation programs actively seek help from quitlines, such as smokers of ethnic minority backgrounds.<sup>13</sup>

States implementing quitlines as part of comprehensive tobacco cessation and control programs have demonstrated significant success, including Maine, Oregon, California, Arizona, and West Virginia.

### Comprehensive Tobacco Prevention and Control

The most effective means of addressing tobacco-use prevention and cessation comes in the form of comprehensive tobacco prevention and control programs. Comprehensive programs aim to:

- Prevent people from starting to use tobacco;
- Help people quit using tobacco;
- Reduce exposure to secondhand smoke;
- Identify and eliminate disparities in tobacco use among population groups.<sup>14</sup>

In combining educational, clinical, regulatory, economic and social strategies, programs aim to not only reduce tobacco use, but also affect social norms around the broader issue of cultural acceptability of tobacco use. Quitlines are a complementary component of comprehensive tobacco control programs, serving those smokers who want to quit, but also promoting tobacco cessation to the general population, helping to spread knowledge of cessation services, and thereby socially normalizing cessation for smokers.<sup>15</sup>

The Centers for Disease Control and Prevention recommends state-operated tobacco control programs that are comprehensive, sustainable, accountable, and include community interventions, counter-marketing strategies, and program policy and regulation. Quitlines are recommended in both the *United States Public Health Service Clinical Practice Guidelines*<sup>5</sup> and *The Guide to Community Preventive Services*<sup>6</sup>. As part of comprehensive efforts, quitlines can not only help to advance

these program goals, but are in fact most effective when they are combined with medication and counseling.

As part of a comprehensive tobacco prevention and control program, quitlines focus on cessation. This message is reinforced through other components of the program that promote quitting, regardless of whether or not they provide direct cessation services. Anti-smoking media campaigns, worksite restrictions on smoking, school-based tobacco prevention programs, and referrals from healthcare providers who advise and educate smokers on quitting all support and normalize tobacco cessation.<sup>7</sup>

### Quitline Evaluation and Research

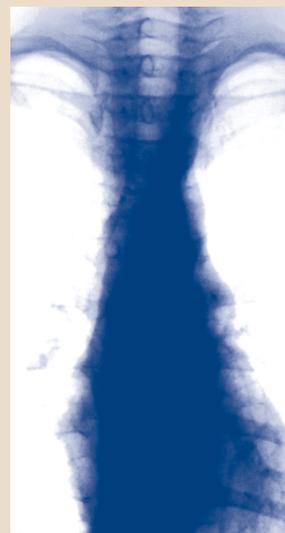
Since 2003 the North American Quitline Consortium (NAQC) has worked with the Centre for Behavioral Research and Program Evaluation at the University of Waterloo to develop a standard approach to evaluating tobacco cessation quitlines. This minimal data set (MDS) will:

- Provide a mechanism for evaluating quitline performance;
- Identify performance benchmarks that can be used to determine quitline effectiveness and cost-efficient cessation interventions;
- Allow for innovative cessation techniques to be tested and assessed across large and diverse populations (not possible by a single quitline); and

- Collect consistent and comparable data across quitlines for improved analysis of the multiple variables involved in quitline services.

Data for the MDS will be derived from quitline administrative files, the intake calls of those smokers who call quitlines, and both short- and long-term follow-up calls to evaluate service outcomes. The MDS will address, among others, the following variables:

- Caller characteristics (basic demographics)
- Current tobacco behaviors
- Explanatory factors demonstrated to be predictors of cessation success, e.g. level of addiction, self-efficacy
- Service delivery
- Changes in smoking behaviors
- Actions taken as a result of the call / quitline services
- Quit rates
- Quitline utilization (call volume)



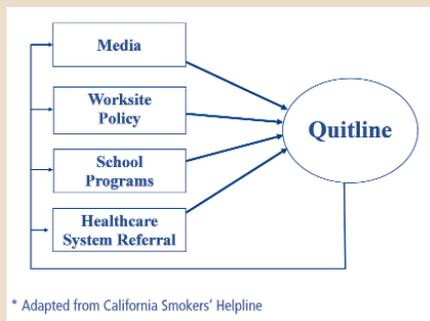
### The National Network of Tobacco Cessation Quitlines

On February 3, 2004, U.S. Department of Health and Human Services Secretary Tommy G. Thompson announced a federal initiative to establish a national network of tobacco cessation quitlines to provide all smokers in the U.S. access to cessation support and information on quitting. The response was the formation of the *National Network of Tobacco Cessation Quitlines*, a collaborative effort of the National Cancer Institute's Cancer Information Services, the Centers for Disease Control and Prevention's Office on Smoking and Health, and the North American Quitline Consortium. The National Network of Tobacco Cessation Quitlines:

- Provides a common point of access to services, recognizable and available to a very mobile and transient society.
- Strengthens the delivery of service by providing a mechanism for integrating and implementing state, regional and national cessation campaigns.
- Increases access to cessation services by minority and medically underserved populations.
- Builds and enhances the capacity of quitlines in the states and U.S. territories.

As a result of the National Network of Tobacco Quitlines initiative and the collaboration of the agencies and organizations that comprise the Network, people in all 50 states, the District of Columbia, and several U.S. Territories have access to tobacco quitlines. **On November 10, 2004, with funding from the National Cancer Institute, 1-800-QUIT-NOW began operations as the only nationwide, toll-free portal to telephone-based tobacco cessation services for every person in the United States.** 1-800-QUIT-NOW (800-784-8669) links existing state quitlines together through this number, then instantly electronically routes the caller by area code to available quitline services provided in his/her state. Calls originating in states that do not currently provide quitline services are automatically routed to the NCI's Smoking Quitline, operated by the Cancer Information Service, on a temporary basis until those state-based quitlines are operational. With funding from CDC for building capacity and enhancing state-based quitlines, most states and several of the US Territories, such as Puerto Rico, will be operating their own quitlines by the end of this year.

A complete listing of state quitline information is provided at the end of this article. For detailed information - including quitline contact information, language services, services offered, populations counseled, websites, and more - visit the North American Quitline Consortium online at <http://www.naquitline.org/quitline.php> and search by state.



\* Adapted from California Smokers' Helpline

### The Role of Health Education and Health Educators

There are a number of ways and levels by which health educators can be involved in tobacco cessation and prevention efforts. Each of these can be part of a comprehensive tobacco prevention and control program, and combined with other services, policies, and activities in an ecological approach to reduce tobacco use.

- **Work with State Health Department Tobacco Control Programs** and other state / local programs to determine what cessation / prevention initiatives exist, and to assess individual and community needs for health education on tobacco control and cessation.
  - Include smokers, friends and families of tobacco users, policy makers, employers, and health care providers.
  - Identify specific populations in the community that may be hard to reach and / or are not being served.
  - Identify specific populations in the community that may be disproportionately affected by tobacco use.
  - Promote health care systems change to institutionalize effective tobacco treatment.
- **Offer and participate in tobacco cessation programs and resources** in the community.
  - Reinforce the value of combining cessation medication with counseling.
- **Advocate to local, state, and federal legislators** for:
  - **Increased funding for expanding comprehensive tobacco control programs**, including the number and type of tobacco cessation activities, and mass media campaigns.
  - **Affordable tobacco-cessation assistance**, including:
    - Expanded coverage and provision of effective tobacco cessation treatments among private employers and health care programs, as well as all health care programs provided, funded, or operated by the state; and
    - Reducing or eliminating the out-of-pocket costs for cessation treatments offered in health benefit plans.<sup>8,11</sup>
  - **Excise tax increases on tobacco products** at the municipal, state, and federal levels.
- **Let smokers know that help is available** when they are ready to quit, and promote available tobacco cessation services including quitlines, other counseling services in the community, and pharmacotherapy options (both over-the-counter and prescription).
  - **Establish referral relationships**, especially a reciprocal referral with the state quitline.
- **Act as a resource person** to smokers, friends and families of smokers, employers, policy makers, and health care providers to promote tobacco cessation information and resources.
- **Work with local healthcare providers / clinicians to ensure they refer patients** to quitlines and other community resources.

## U.S. Quitlines by State†

1-800-QUIT-NOW is the national portal number through which smokers in every state, the District of Columbia, and some U.S. territories can access telephone-based tobacco cessation services. Calls to 1-800-QUIT-NOW are automatically routed to available quitline services provided in the state from which the call originates. Many of these state quitlines, however, do have a direct dial number for smokers within the state. These numbers are provided below. Work with your state's comprehensive tobacco prevention and control program to connect smokers in your community and state with your state quitline services.

<b>Alabama</b> 1-800-QUIT-NOW	<b>Maine</b> 1-800-207-1230	<b>Pennsylvania</b> 1-877-274-1090
<b>Alaska</b> 1-888-842-QUIT	<b>Maryland</b> 1-800-399-5589	<b>Rhode Island</b> 1-800-TRY-TO-STOP
<b>Arizona</b> 1-800-556-6222	<b>Massachusetts</b> 1-800-TRY-TO-STOP	<b>South Carolina†</b> 1-877-44U-QUIT
<b>Arkansas</b> 1-866-NO-BUTTS	<b>Michigan</b> 1-800-480-QUIT	<b>South Dakota</b> 1-866-SD-QUITS
<b>California</b> 1-800-662-8887	<b>Minnesota</b> 1-888-354-PLAN	<b>Tennessee</b> 1-800-QUIT-NOW
<b>Colorado</b> 1-800-639-QUIT	<b>Mississippi</b> 1-800-244-9100	<b>Texas</b> 1-877-YES-QUIT
<b>Connecticut</b> 1-866-END-HABIT	<b>Missouri</b> 1-800-QUIT-NOW	<b>Utah</b> 1-888-567-TRUTH
<b>Delaware</b> 1-866-409-1858	<b>Montana</b> 1-866-485-QUIT	<b>Vermont</b> 1-877-YES-QUIT
<b>District of Columbia</b> 1-800-QUIT-NOW	<b>Nebraska</b> 1-800-QUIT-NOW	<b>Virginia</b> 1-800-QUIT-NOW
<b>Florida</b> 1-877-U-CAN-NOW	<b>Nevada</b> 1-888-866-6642	<b>Washington</b> 1-877-270-STOP
<b>Georgia</b> 1-877-270-STOP	<b>New Hampshire</b> 1-800-TRY-TO-STOP	<b>West Virginia</b> 1-877-Y-NOT-QUIT
<b>Hawaii</b> 1-800-QUIT-NOW	<b>New Jersey</b> 1-866-NJ-STOPS	<b>Wisconsin</b> 1-877-270-STOP
<b>Idaho</b> 1-800-QUIT-NOW	<b>New Mexico</b> 1-800-QUIT-NOW	<b>Wyoming</b> 1-866-WYO-QUIT
<b>Illinois</b> 1-866-QUIT-YES	<b>New York</b> 1-866-NY-QUITS	<b>Great Start</b> 1-866-566-START A tobacco quitline operated by the American Legacy Foundation providing free counseling to <b>pregnant smokers</b> who want to quit.
<b>Indiana</b> 1-800-548-8252	<b>North Carolina</b> 1-800-QUIT-NOW	
<b>Iowa</b> 1-866-U-CAN-TRY	<b>North Dakota</b> 1-866-388-QUIT	
<b>Kansas</b> 1-866-KAN-STOP	<b>Ohio</b> 1-800-QUIT-NOW	
<b>Kentucky</b> 1-800-QUIT-NOW	<b>Oklahoma</b> 1-866-PITCH-EM	
<b>Louisiana</b> 1-800-LUNG-USA	<b>Oregon</b> 1-877-270-STOP	

†As several states begin operating state-based quitlines in the next several months, some of these numbers will be changing.

†This number is expected to change to 1-800-QUIT-NOW in early 2006. Check with the South Carolina Department of Environment and Control, Division of Tobacco Prevention and Control for updates.



# Key Resources

## for More Information on Tobacco Quitlines

<sup>1</sup> Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs-United States, 1995-1999. *Morbidity and Mortality Weekly Report* 2002;51(14):300-303.

<sup>2</sup> Centers for Disease Control and Prevention. Cigarette Smoking Among Adults - United States, 2003. *Morbidity and Mortality Weekly Report* 2005; 54(20):509-513.

<sup>3</sup> Centers for Disease Control and Prevention. Cigarette Smoking Among Adults - United States, 2000. *Morbidity and Mortality Weekly Report* 2002;51(29):642.

<sup>4</sup> Schoenborn CA, Adams PF, Barnes PM, Vickerie JL, Schiller JS. Health Behaviors of Adults: United States, 1999-2001. National Center for Health Statistics. *Vital Health Statistics* 10(219). 2004.

<sup>5</sup> Cummings SR, Rubin SM, Oster G. The cost-effectiveness of counseling smokers to quit. *Journal of the American Medical Association* 1989; 261(1):75-79.

<sup>6</sup> North American Quitline Consortium. *Quitline Facts*. Accessed online May 20, 2005 at [http://www.naquitline.org/quitline\\_facts.php](http://www.naquitline.org/quitline_facts.php)

<sup>7</sup> Fiore MC, Baily WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guidelines*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.

<sup>8</sup> Zaza S, Briss PA, Harris KA, eds. The guide to community preventive services : what works to promote health? / Task Force on Community Preventive Services. New York, NY: Oxford University Press. 2005.

<sup>9</sup> Lancaster T, Stead LF. Individual behavioural counselling for smoking cessation (Review). *The Cochrane Library*. Chichester, UK: John Wiley & Sons, Ltd. Issue 2, 2005.

<sup>10</sup> Zhu SH, Anderson CM. Bridging the clinical and public health approaches to smoking cessation: California Smokers' Helpline. In: Jammer MS, Stokols D, eds. *Promoting Human Wellness: New Frontiers for Research, Practice, and Policy*. Berkeley, CA: University of California Press; 2000:378-394.

<sup>11</sup> Hopkins DP, Briss PA, Ricard CJ, et al. Review of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *American Journal of Preventive Medicine* 2001; 20(2S):16-66.

<sup>12</sup> McAfee T, Sofian N, Wilson J, Hindmarsh M. The role of tobacco intervention in population-based health care. *American Journal of Preventive Medicine* 1998; 14:46-52.

<sup>13</sup> Zhu SH, Rosbrook B, Anderson CM, et al. The demographics of help-seeking for smoking cessation in California and the role of the California Smokers' Helpline. *Tobacco Control* 1995;4(Suppl 1):S9-S15.

<sup>14</sup> Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs*. 1999.

<sup>15</sup> Centers for Disease Control and Prevention. Telephone Quitlines: A Resource for Development, Implementation, and Evaluation. 2004.

This special insert has been supported by funds from the Centers for Disease Control and Prevention, Office on Smoking and Health. Purchase Order No. 211-2004-M-09382. Written by Blakely Pomietto, MPH, Society for Public Health Education.

### Organizations

Centers for Disease Control and Prevention  
Tobacco Information and Prevention Source  
<http://www.cdc.gov/tobacco/>

National Cancer Institute, Cancer Information Service  
1-800-QUIT-NOW  
Live Help link at <http://www.cancer.gov>

North American Quitline Consortium  
<http://www.naquitline.org>

American Cancer Society  
[http://www.cancer.org/docroot/PED/ped\\_10.asp?sitearea=PED](http://www.cancer.org/docroot/PED/ped_10.asp?sitearea=PED)

Agency for Healthcare Research and Quality  
<http://www.ahrq.gov/path/tobacco.htm>

American Legacy Foundation  
<http://www.americanlegacy.org>

American Lung Association  
<http://www.lungusa.org/tobacco>

Office of the Surgeon General  
<http://www.surgeongeneral.gov/tobacco>

U.S. Department of Health and Human Services  
<http://www.smokefree.gov>

### Publications and Resource Guides

Telephone Quitlines: A Resource for Development, Implementation, and Evaluation  
<http://www.cdc.gov/tobacco/quitlines.htm>

Treating Tobacco Use and Dependence: Clinical Practice Guidelines  
[http://www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf)

The Guide to Community Preventive Services  
<http://www.thecommunityguide.org>

Linking a Network: Integrate Quitlines with Health Care Systems  
[http://www.paccenter.org/pages/pub\\_reports.htm](http://www.paccenter.org/pages/pub_reports.htm)

A Quick Reference Guide to Effective Tobacco Cessation Treatments and Activities  
<http://www.CTCinfo.org>

The Health Consequences of Smoking: A Report of the Surgeon General  
<http://www.surgeongeneral.gov/library/smokingconsequences/>

Kentucky's Tobacco Quitline is a FREE telephone service that helps Kentuckians quit smoking and using tobacco products.



Many people who use tobacco want to quit. By calling Kentucky's Tobacco Quitline, you are one-step closer to becoming tobacco free.

#### WHO CAN CALL?

Kentuckians who want to stop using tobacco OR are concerned about a family member or friend's tobacco use.

#### WHEN CAN I CALL?

Kentuckians can call **1-800-QUIT-NOW**

(1-800-784-8669) from 8 a.m. to 1 a.m. (EST) Monday through Sunday. 24-hour voice mail and recorded QuitFacts are also available after hours.

#### WHAT HAPPENS WHEN I CALL?

When you call Kentucky's Tobacco Quitline you'll receive FREE:

- Support and advice from an experienced quit specialist
- A personalized quit program with self-help materials
- The latest information about the medications that can help you quit

#### DOES IT WORK? YES.

Quitline callers are more likely to succeed than those who try to quit on their own.

#### THREE GOOD REASONS TO CALL IT QUILTS:

- Your Family – Live a healthier, longer life and watch your family grow.
- Your Health – Tobacco use causes cancer, heart disease, chronic bronchitis, emphysema and asthma attacks—to name just a few health risks of tobacco use.
- The Cost – The average smoker spends \$500 to \$3,000 a year on cigarettes a year. Tobacco use is costly to your health and your cash flow.

#### PLEASE CALL:

- If you smoke and want to stop
- If you use spit tobacco and want to stop
- If you are pregnant, use tobacco and want to stop.
- If you want to help someone you care about stop using tobacco

All services are available in English and Spanish with quitline coaches. Translation service for other languages is available, free of charge, through a translation service at the time of your call. For the deaf and hard of hearing community TTY: 888-229-2182.

## Think Smoking or Secondhand Smoke has nothing to do with TB?

Up to 1 in 5 TB deaths could be avoided if patients did not smoke. Recent studies have found links between smoking and TB:

- Smoking is linked with death from TB.
- Secondhand smoke is linked to developing TB.
- Treatment for TB is less effective for people who smoke.
- Treatment for TB is less effective for people exposed to secondhand smoke.
- Restarting smoking after treatment increases the risk of re-infection and disease. It is much more difficult and takes much longer to treat TB the second time.

Need help quitting? Call Kentucky's Tobacco Quit Line. It's FREE! Kentucky's Tobacco Quitline is staffed by trained tobacco cessation coaches to help you quit.

## Call 1-800-QUIT-NOW (1-800-784-8669)

### Five Steps for Quitting

1. Set a Quit Date.
  - Think about past quit attempts. What worked and what did not?
  - Get rid of all cigarettes and ashtrays at home and in the car.
2. Get Support and Encouragement.
  - Tell your family and friends you are quitting.
  - Talk to your healthcare provider about quitting.
  - Call the Kentucky Tobacco Quitline (1-800-784-8669) for **FREE** help.
3. Learn New Skills and Behaviors.
  - Change your routine when you first try to quit.
  - Distract yourself from urges to smoke. Try deep breathing. Call a friend.
  - Drink a lot of water. It will flush nicotine from your body.
4. Get Medication and Use It Correctly.
  - Talk with your healthcare provider about using the nicotine patch or medications to help you quit.
5. Be Prepared for Relapse or Difficult Situations.
  - Avoid alcohol; you will need to stay alert to your triggers.
  - For a while, avoid being around other smokers. Stay in nonsmoking areas.
  - Keep yourself busy. Try working puzzles or a hobby that requires using your hands.
  - Eat a healthy diet and stay as active as possible.

*Need to find something to do?*

*Log on to [BecomeAnEX.org](http://BecomeAnEX.org). This web site offers quitting tips and community chat rooms where you can "talk" with others also quitting tobacco use.*

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**M**any people who use tobacco want to quit. By calling Kentucky's Tobacco Quitline, you are one step closer to becoming tobacco free.

### WHO CAN CALL?

Kentuckians who want to stop using tobacco OR are concerned about a family member or friend's tobacco use.

### WHEN CAN I CALL?

Kentucky's Tobacco Quitline hours of operation are 8:00 am - 1:00 am EST ( 7:00 am - 12:00 am CST) Monday through Sunday. Callers after hours may leave a message or hear QuitFacts.

### WHAT HAPPENS WHEN I CALL?

When you call Kentucky's Tobacco Quitline, you'll receive FREE:

- Support and advice from an experienced quit coach
- A personalized quit program with self-help materials
- The latest information about the medications that can help you quit

### DOES IT WORK? Yes.

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### THREE GOOD REASONS TO CALL IT QUILTS:

- Your Family – Live a healthier, longer life and watch your family grow. They need you!
- Your Health – Tobacco use causes cancer, heart disease, chronic bronchitis, emphysema and asthma attacks — just to name a few.
- The Cost – The average smoker spends \$500 to \$3,000 a year on cigarettes. Tobacco use is costly to your financial and as well as your physical health.

### WHAT SHOULD YOU DO?

- Consider quitting tobacco use.
- Call Kentucky's Tobacco Quitline. They will help you create a plan to quit.

### Please Call:

- If you use spit tobacco and want to stop
- If you smoke and want to stop
- If you want to help someone you care about stop using tobacco
- If you are pregnant, use tobacco and want to stop

For more information about Kentucky's Tobacco Quitline, contact your local health department or Jan Beauchamp at 502-564-9358, or [Jan.Beauchamp@ky.gov](mailto:Jan.Beauchamp@ky.gov).

**Call today – Be a Quitter!**

All services available in English and Spanish. Translation service available, free of charge, for additional language needs. For the deaf and hard of hearing community TTY: (888) 229-2182.

**1-800-QUITNOW**



**TB NRT Initiative  
PATIENT FAX REFERRAL FORM**

Today's Date \_\_\_\_\_

**QL Fax # 1-800-261-6259**

**KDPH Fax # 502-564-2983**

Use this form to refer patients who are ready to quit tobacco in the next 30 days to Kentucky's Tobacco Quitline.

**PROVIDER(S): Complete this section**

Provider name	Contact Name
Clinic/Hosp/Dept	E-mail
Address	Phone ( ) -
City/State/Zip	Fax ( ) -

I have discussed tobacco cessation with this patient. They have chosen not to participate at this time. I will ask again.

TB Nurse \_\_\_\_\_ County \_\_\_\_\_

Date	Accept	Decline

**PATIENT: Complete this section**

\_\_\_\_\_ Yes, I am ready to quit and ask that a quitline coach call me. I understand that Kentucky's Tobacco Quitline  
Initial will inform my provider about my participation.

Best times to call?  morning  afternoon  evening  weekend

May we leave a message?  Yes  No

Are you hearing impaired and need assistance?  Yes  No

Do you have a pharmacy?  Yes  No

Pharmacy name: \_\_\_\_\_

Pharmacy Phone # 1 ( ) - Date of Birth? / / Gender  M  F

Patient Name (Last) (First)

Address City KY

Zip Code E-mail

Phone #1 ( ) - Phone #2 ( ) -

Language  English  Spanish  Other \_\_\_\_\_

Patient Signature Date

**Confidentiality Notice:** This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.