



TOBACCO SMOKE & CHILD HEALTH

THERE IS NO SAFE LEVEL OF EXPOSURE TO TOBACCO SMOKE

Among children aged 3 to 11 in the United States, nearly 60% are exposed to tobacco smoke, and almost 1 in 4 lives in a home with at least one smoker.¹ These children are at greater risk of:

- Sudden infant death syndrome (SIDS);
- More severe and frequent asthma attacks;
- Respiratory illness, like bronchitis and pneumonia;
- Middle ear infections; and
- Slowed lung growth.¹

Tobacco dependence is a pediatric disease; nearly 90% of smokers start smoking before the age of 18. Children whose parents/caregivers smoke and who grow up in homes where smoking is allowed are also more likely to become smokers themselves.^{1,2}

HEALTHCARE PROVIDERS HAVE A ROLE TO PLAY

Pediatric healthcare providers come into direct contact with approximately 25% of smokers in the U.S. during child health visits. Parents may see their child's pediatrician more often than their own healthcare provider, especially during the first two years of their child's life.³ You are in a unique position to motivate parents and caregivers to stop smoking by taking these three simple steps:

- **ASK about tobacco smoke exposure at every visit.** The majority of parents and caregivers, even those who smoke, expect providers to ask about secondhand smoke exposure and provide advice or information during a pediatric health visit.⁴
- **ADVISE all tobacco users to quit.** By talking to parents/caregivers about quitting smoking, you can have a positive influence on their decision to quit – even if the discussion only lasts 3 minutes or less.¹ Also, did you know you can bill for cessation counseling? See the billing codes guide enclosed in this toolkit for more information.
- **REFER tobacco users to the Texas Tobacco Quit Line: 1-877-YES-QUIT.** If the parent/caregiver is ready and willing to make a quit attempt in the next 30 days, refer the patient to the Texas Tobacco Quit Line. **Why?** When a clinician submits a referral to the Quit Line, adult patients become eligible for up to five telephone-based cessation counseling sessions and two weeks of nicotine replacement therapy at no cost to the individual.

To find out more information and access toolkit materials, visit www.YesQuit.org/healthcare-providers



1. U.S. Department of Health and Human Services. *Children and Secondhand Smoke Exposure. Excerpts from The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, 2007.
2. Centers for Disease Control and Prevention. (2016). *Health effects of secondhand smoke.* Available at http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/
3. American Academy of Pediatrics Julius B. Richmond Center of Excellence. (n.d.). *Counseling about smoking cessation.* Available at www2.aap.org/richmondcenter/CounselingAboutSmokingCessation.html
4. American Academy of Pediatrics Julius B. Richmond Center of Excellence. (n.d.). *Speakers' kit.* Available at <http://www2.aap.org/richmondcenter/PowerpointPresentations.html>



CLINICAL TOOLKIT FOR TREATING TOBACCO DEPENDENCE INTRODUCTION

The influence your role as a healthcare practitioner carries in helping smokers quit cannot be overstated. Evidence produced by the U.S. Public Health Service in 2000 shows that a clinician's advice to quit improves a patient's success in maintaining abstinence. With the addition of a few minutes of counseling, this success rate **doubles**.

One-third of the 3,367,000 adults in Texas who smoke will try to quit this year. Regrettably, only one in 20 will be able to stay tobacco-free. Tobacco claims the lives of approximately 24,100 Texans every year, and every year, about 56,900 young Texans under the age of 18 become new, daily smokers. Of all Texas youth alive now, nearly 486,000 will ultimately die from tobacco-related diseases.

Adding to this challenge is the \$726 million spent annually on tobacco marketing in Texas. Research has found that children are three times more sensitive to tobacco industry marketing efforts than adults, and that cigarette marketing carries more influence than peer pressure in underage experimentation with smoking.

As daunting as the task for smoking intervention may seem, current data underscore this fact:

The coordinated efforts of healthcare administrators, insurers, purchasers, and practitioners can boost cessation success.

The tools in this kit are designed to support your clinic's own tobacco intervention efforts. They offer flexibility to meet the needs of different office practices and different patients, and their focus on brevity, as with the "Quick Guides" available at www.YesQuit.org, seeks to accommodate the busiest practitioner.

Use only those tools that fit the specific needs of your office, and enlist the support of clinic staff in implementing a system that ensures that, for every patient at every clinic visit, tobacco use is queried and documented. Most important is your consistent support of your patients' efforts to stay tobacco-free.

"As clinicians, you are in a frontline position to help your patients by asking two key questions: 'Do you smoke?' and 'Do you want to quit?'"

*– David Satcher, MD, PhD
U.S. Surgeon General*





CLINICAL TOOLKIT FOR TREATING TOBACCO DEPENDENCE

for teens, pregnant women, and adult populations

Access these materials at www.YesQuit.org/healthcare-providers

Clinician Resources

- Electronic referral form
- Training video series
- e-Tobacco Protocol interactive tool
- Toolkit materials:

Guides

- Introductory Guide
- 5As & 5Rs Guide
- e-Tobacco Protocol Brochure
- Pharmacotherapy Quick Guide
- Resources & Further Reading List
- Helping Smokers Quit Guidebook Treating
- Quick Reference Guide

Office Displays and Forms

- Fax referral form
- Patient encounter checklist
- Identification & vital signs stickers
- Business card holder
- Brochure holder display
- Table tent visual aid

Patient Brochures (English/Spanish)*

- Yes! I am ready to quit.
- Maybe. I'm thinking about quitting.
- No. I'm not ready to quit.
- Never Too Young to Get Addicted
- Smoking and My Baby

Patient Handouts

- Information for Expectant Fathers
- Information for Expectant Mothers
- Information for Vietnamese Men
- Quit Line bookmark
- Quit Line wallet cards

Patient Brochures (English/Spanish)

The following three patient take-home brochures address three distinct stages in the quitting process, allowing you to deliver appropriate materials for your patients' smoking status.

- **Yes! I'm ready to quit.** This brochure contains, among other relevant suggestions and techniques, a personalized quit plan sheet that acts as a "contract" for your patient to set a quit date and write a quit plan.
- **Maybe. I'm thinking about quitting.** This brochure acknowledges the difficulties in quitting an addiction and presents the many benefits and rewards of not smoking. A short worksheet helps your patients identify their personal reasons for quitting.
- **No, I'm not ready to quit.** This brochure acknowledges how a smoker feels and lists reasons why some people smoke. Risks and rewards are listed, including a "Healing Time Line" that charts the body's healing from 20 minutes after the last cigarette to 10 years of smoke-free life.

Brochures for Special Patient Audiences (English/Spanish)

- **Smoking and My Baby:** Quitting at any point in pregnancy can yield benefits. This brochure outlines the numerous risks to both the woman and the fetus, and builds on the increased motivation to quit during pregnancy.
- **You're Never Too Young to Get Addicted:** This brochure finds ways to appeal to the fastest growing population of new smokers: teens. Every day, more than 3,000 young people under the age of 18 try their first cigarette. Designed to appeal to the special concerns and interests of teens, this brochure provides background information, tips for quitting, and referral to the Texas Tobacco Quit Line at **1-877-YES-QUIT**.

Talking to Teens About Tobacco Use



Clinical interventions to prevent initiation of tobacco use among youth can protect patients' lives, especially when they occur with other initiatives such as mass media campaigns, smoke-free communities, higher tobacco prices, school programs, and family involvement.

The five As of smoking cessation (*ASK* about tobacco use every visit, *ADVISE* smokers to quit, *ASSESS* the patient's readiness to quit, *ASSIST* in creating a quit plan, *ARRANGE* follow-up care) are great conversation starters. Here are some other points you can make to your adolescent patients.

ADVICE ON TALKING WITH YOUR TEEN PATIENTS

- **Ask** what your patients know about smoking and health, and help them fill in the gaps. Tell them they are more susceptible to nicotine addiction than adults. Smoking does make you sick and can do so even if you're not a heavy smoker or a longtime smoker. Most teen smokers already have early cardiovascular damage, and smoking can have immediate effects on athletic performance, activity level, and endurance.
- **Tell them** fewer than one out of five high school students smoke, but nearly four out of five of them end up smoking into adulthood, even if they plan to quit in a few years.
- **Remind them** that all tobacco products—even the smokeless ones—contain nicotine and can cause addiction.
- **Share** some of the tobacco industry's marketing myths—that smoking is cool, popular, or can make you thin, for example—then share the truth:
 - Most teens don't like smoking. Fewer than a third say it's OK to be around smokers.
 - Teens don't want to date smokers. Most high school seniors prefer to date nonsmokers.
 - As a group, teen smokers are no thinner than their nonsmoking peers.
- **Remind them** it's much easier to say no in the first place than to quit later.

In addition to clinical cessation treatment and advice, www.teen.smokefree.gov can help teens quit smoking. For stories of real people living with the consequences of smoking, tell your patients to go to www.cdc.gov/tips.



Talking to Parents About Tobacco Use

Parents can be powerful allies in your efforts to prevent your patients from using tobacco and to protect them from secondhand smoke (SHS) exposure. The following information can help you persuade parents to be actively engaged in keeping their children safe from the health effects of smoking:

- Infants and children are especially vulnerable to serious health consequences from SHS exposure. Infants whose parents smoke in the home or family vehicles are more likely to die from SIDS. Children regularly exposed to SHS have more ear infections, asthma attacks, and upper respiratory infections than children who are not exposed. Parents should not allow anyone to smoke around their children.*
- Nicotine is a highly addictive drug, and youth are particularly susceptible to nicotine addiction. The younger they are when they start smoking, the greater their risk for addiction and the more strongly addicted they will become.*
- Teens tend to underestimate the powerful addictive effect of nicotine. Nearly four out of five high school smokers will become adult smokers, even if they intend to quit after a few years.*
- Smoking has immediate health effects, even for young people. As an example, smoking can decrease athletic performance, activity level, and endurance. Even adolescent smokers exhibit cardiovascular damage, including early signs of abdominal aortic atherosclerosis; those most sensitive die very young.*
- One of the most important examples parents can set for their children is to stop smoking.* Parents can call 1-800-QUIT-NOW or go to www.smokefree.gov for free help with quitting.
- Even very young children can understand that smoking makes people sick.
- Teens don't like to be preached to, but studies show they're less likely to smoke if their parents are clear that they disapprove of tobacco use.* They also respond when parents share their own struggles with tobacco use and their own regrets over having smoked in the first place.



*Source: *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, 2012.*

For more information and resources, go to <http://www.cdc.gov/tobacco/>, <http://www.surgeongeneral.gov/>, or the American Academy of Pediatrics Julius B. Richmond Center resources for clinicians and clinical practice at http://www2.aap.org/richmondcenter/Clinicians_ClinicalPractice.html.

For information to help patients quit smoking, go to <http://www.cdc.gov/tobacco/campaign/tips/groups/health-care-providers.html>.



Thirdhand smoke: A Threat to Child Health

Thirdhand smoke is a danger to children. People with breathing problems, pregnant women, the elderly, and animals are also vulnerable to thirdhand smoke. The American Academy of Pediatrics (AAP) recommends that all children be protected from tobacco smoke. This fact sheet offers information and suggestions to prevent exposure to thirdhand smoke.

What is Thirdhand Smoke?

- The left-over pollution after a cigarette is put out
- The smoke residue can stick to dust, furniture, carpeting, car seats, hair, or clothes
- Secondhand smoke particles are released into the air, combine with particles normally in the atmosphere (ie, nitrous acid or ozone) and forms a new compound called nitrosamines, which are released into the air as cancer-causing chemicals

Facts about Thirdhand Smoke

- 43% of smokers (65% of nonsmokers) believe thirdhand smoke can hurt children
- There is **no** safe level of exposure to tobacco smoke
- Thirdhand smoke contains more than 250 chemicals
- Homes and cars where people have smoked can smell of cigarettes for a long time
- Decontaminating a home or car that was used by a smoker may require expensive professional cleaning as it can stain walls, floors, and the smell can remain in dry wall, insulation, and other building materials
- Smoking in a different rooms using fans, or smoking in front of an open window does not prevent thirdhand smoke
- Babies and children can be harmed because they breathe in toxic chemicals when they crawl on floors, sit in cars, or are held by adults- thirdhand smoke can settle on all of these surfaces
- Pets are also at risk because the chemicals from smoke stay in their fur or feathers

How to Protect against Thirdhand Smoke

- Do not allow smoking inside your home or car
- Do not allow smoking near you, your children, or your pets
- Ask anyone who cares for your child or pet to follow these rules- and tell them why
- E-cigarette vapor or aerosol also contains chemicals. Do not let anyone use e-cigarettes in your home, car, or near your child or pet
- The only way to completely protect against thirdhand smoke is to quit. The AAP recommends talking to your child's pediatrician about ways to keep your child healthy

E-Cigarettes and Electronic Nicotine Delivery Systems: What Parents Need to Know

E-cigarettes have become very popular. Also called electronic nicotine delivery systems (ENDS), e-cigarettes, vape pens, personal vaping devices, e-hookah, and e-cigars are not a safe alternative to cigarette smoking. The American Academy of Pediatrics (AAP) supports actions to help prevent children and youth from using or being exposed to the vapor from ENDS. This fact sheet offers facts and tips for parents to help address ENDS use and exposure.

Are They Safe?

- The solution in ENDS devices and exhaled vapor contains chemicals, some of which can cause cancer
- These products are also used to smoke or “vape” marijuana, herbs, waxes, and oils
- The long-term health effects to the user and bystanders are still unknown
- There is no national regulation of the ingredients or amounts used in ENDS solution
- ENDS have exploded and caused fires while charging
- ENDS have not been approved by the government as a proven way to quit smoking
- The best way to protect your children is to never smoke or vape near them. Always go outside, away from children, or talk to your doctor about quitting.

Appeal to Youth

- Children, who are impressionable and model the behavior of adults, see ENDS ads everywhere- in television, radio, magazines, billboards, and social media
- The solution in ENDS devices is usually flavored. These flavors appeal to children, and are often things like peach schnapps, java jolt, piña colada, peppermint, bubble gum, or chocolate
- It is easy for children to illegally order ENDS online, and many retailers offer price discounts to make ENDS easier for children to purchase.

Risk of Poisoning

- ENDS solutions can poison children and adults through ingestion or skin contact
- A child can be killed by very small amounts of nicotine- less than half a teaspoon
- Calls to poison control centers have risen due to ENDS- there were 3,073 calls in 2015
- Symptoms of nicotine poisoning include sweating, dizziness, vomiting, increased heart rate and blood pressure, seizures, and slowed breathing

Recommendations for ENDS Users (Courtesy of the American Association of Poison Control Centers)

- Protect your skin when handling the products
- Always keep e-cigarettes and liquid nicotine locked up and out of the reach of children
- Follow the specific disposal instructions on the label
- If exposure to e-cigarettes and liquid nicotine occurs, call the local poison center at 1-800-222-1222

For more information about ENDS, including statistics and citations, please visit <http://www2.aap.org/richmondcenter/ENDS.html>

Electronic nicotine delivery systems

What physicians should know about ENDS

- Electronic nicotine delivery systems (ENDS), also called e-cigarettes, vaping devices or vape pens, are battery-powered devices used to smoke or “vape” a flavored solution.
- ENDS solution often contains nicotine, an addictive chemical also found in cigarettes.
- ENDS use is popular—the rate of adults trying an e-cigarette at least once more than doubled from 2010 to 2013,¹ and more youth are current users of e-cigarettes than combustible cigarettes.²
- There are no federal regulations addressing ENDS. Therefore, ingredients listed on packaging may not be accurate, may differ in quantities between devices, and product quality control is conducted by the manufacturer alone, if at all.
- Exhaled ENDS vapor is not harmless water vapor—it has been shown to contain chemicals that cause cancer,³ can cause harm to unborn babies,⁴ and is a source of indoor air pollution.⁵ ENDS are promoted as a way to smoke where smoking is prohibited. However, state and local officials are incorporating ENDS use into existing smoke-free air regulations to protect health.
- Some people use ENDS as a way to quit smoking combustible cigarettes, but this has not been proven effective,⁶ and some people use both devices due to the addictive nature of nicotine.

ENDS are a health hazard

- Lack of federal regulation means ENDS companies can legally promote these products by using techniques that cigarette companies have not been able to use since the 1998 Master Settlement Agreement. The agreement covered television and radio ads, billboards, outdoor signage, and sponsorships.
- ENDS and ENDS solutions are available in many flavors (bubble gum, chocolate, peppermint, etc.) that appeal to youth. Flavors, design, and marketing renormalize and glamorize smoking.
- There are no packaging safety standards for ENDS or the containers that hold ENDS solution. There is no mandate for safety warnings, child-resistant packaging, or flow restrictors that could make these products safer. As a result, U.S. poison control centers have reported skyrocketing adverse exposures from e-cigarettes and liquid nicotine since 2011.⁷

What physicians should tell patients and families about ENDS

- ENDS emissions are not harmless water vapor. Both the user and those around them are exposed to chemicals, some of which cause cancer.
- The U.S. Preventive Services Task Force guidelines show there is not enough evidence to recommend ENDS for smoking cessation.⁶ Patients may ask about ENDS because they are interested in quitting smoking. Be ready to counsel as appropriate.
- Ask the right questions: “Do you smoke?” is not the same as, and is a less effective way to get patients talking than, “Do you vape or use electronic cigarettes?”
- Recommend FDA-approved cessation products and refer patients to the state quitline (1-800-QUIT NOW), a text-based program (text QUIT to 47848), or an in-person cessation program.
- Insurance covers some medications and programs, and grants may be available to offer free cessation help. Do not let cost be a barrier to quitting.



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- 2) Johnston LD, et al. Monitoring the future. National survey results on drug use. 1975-2014. Overview. Key findings on adolescent drug use. National Institutes of Health. National Institute on Drug Abuse. The University of Michigan. Institute for Social Research. Ann Arbor, MI. 2015. <http://www.monitoringthefuture.org/pubs/monographs/mtf-overview2014.pdf>. Accessed October 2, 2015.
- 3) Grana R, Benowitz N, Glantz SA. E-cigarettes: a scientific review. *Circulation.* 2014;129(19):1972-86.
- 4) Bahl V, Lin S, Xu N, Davis B, Wang YH, Talbot P. Comparison of electronic cigarette refill fluid cytotoxicity using embryonic and adult models. *Reprod Toxicol.* 2012;34(4):529-37.
- 5) Schober W, Szendrei K, Matzen W, et al. Use of electronic cigarettes (e-cigarettes) impairs indoor air quality and increases FeNO levels of e-cigarette consumers. *Int J Hyg Environ Health.* 2014;217(6):628-37.
- 6) Siu AL. Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med.* doi:10.7326/M15-2023. [Epub ahead of print 22 September 2015].
- 7) American Association of Poison Control Centers. Electronic Cigarettes and Liquid Nicotine Data. August 31, 2015. https://aapcc.s3.amazonaws.com/files/library/E-cig__Nicotine_Web_Data_through_8.2015_BjzqUYv.pdf. Accessed Oct. 1, 2015.

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QUITTING TAKES HARD WORK AND A LOT OF EFFORT, BUT—

You Can Quit Smoking

SUPPORT AND ADVICE
FROM YOUR CLINICIAN



A PERSONALIZED QUIT PLAN FOR: _____

WANT TO QUIT?

- ▶ Nicotine is a powerful addiction.
- ▶ Quitting is hard, but don't give up. **You can do it.**
- ▶ Many people try 2 or 3 times before they quit for good.
- ▶ Each time you try to quit, the more likely you will be to succeed.

GOOD REASONS FOR QUITTING:

- ▶ You will live longer and live healthier.
- ▶ The people you live with, especially your children, will be healthier.
- ▶ You will have more energy and breathe easier.
- ▶ You will lower your risk of heart attack, stroke, or cancer.

TIPS TO HELP YOU QUIT:

- ▶ Get rid of ALL cigarettes and ashtrays in your home, car, or workplace.
- ▶ Ask your family, friends, and coworkers for support.
- ▶ Stay in nonsmoking areas.
- ▶ Breathe in deeply when you feel the urge to smoke.
- ▶ Keep yourself busy.
- ▶ Reward yourself often.

QUIT AND SAVE YOURSELF MONEY:

- ▶ At over \$5.00 per pack, if you smoke 1 pack per day, you will save more than \$1,800 each year and more than \$18,000 in 10 years.
- ▶ What else could you do with this money?



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FIVE KEYS FOR QUITTING

YOUR QUIT PLAN



1. GET READY.

- ▶ Set a quit date and stick to it—not even a single puff!
- ▶ Think about past quit attempts. What worked and what did not?

1. YOUR QUIT DATE:



2. GET SUPPORT AND ENCOURAGEMENT.

- ▶ Tell your family, friends, and coworkers you are quitting.
- ▶ Talk to your doctor or other health care provider.
- ▶ Get group or individual counseling.
- ▶ For free help, call 1-800-QUIT NOW (784-8669) to be connected to the quitline in your State.

2. WHO CAN HELP YOU:



3. LEARN NEW SKILLS AND BEHAVIORS.

- ▶ When you first try to quit, change your routine.
- ▶ Reduce stress.
- ▶ Distract yourself from urges to smoke.
- ▶ Plan something enjoyable to do every day.
- ▶ Drink a lot of water and other fluids.
- ▶ Replace smoking with low-calorie food such as carrots.

3. SKILLS AND BEHAVIORS YOU CAN USE:



4. GET MEDICATION AND USE IT CORRECTLY.

- ▶ Talk with your health care provider about which medication will work best for you:
- ▶ Bupropion SR—available by prescription.
- ▶ Nicotine gum—available over the counter.
- ▶ Nicotine inhaler—available by prescription.
- ▶ Nicotine nasal spray—available by prescription.
- ▶ Nicotine patch—available over the counter.
- ▶ Nicotine lozenge—available over the counter.
- ▶ Varenicline—available by prescription.

4. YOUR MEDICATION PLAN:

Medications: _____

Instructions: _____



5. BE PREPARED FOR RELAPSE OR DIFFICULT SITUATIONS.

- ▶ Avoid alcohol.
- ▶ Be careful around other smokers.
- ▶ Improve your mood in ways other than smoking.
- ▶ Eat a healthy diet, and stay active.

5. HOW WILL YOU PREPARE?

Quitting smoking is hard. Be prepared for challenges, especially in the first few weeks.

Followup plan: _____

Other information: _____

Referral: _____

Clinician

Date



MAKE IT EASIER TO HELP YOUR PATIENTS QUIT TOBACCO

Incorporate Ask, Advise, Refer into your electronic health records system

ELECTRONIC HEALTH RECORDS (EHRs) MAKE THINGS EASIER FOR EVERYONE.

It's no secret that EHRs can save time and paperwork, reduce errors, and streamline the billing process. But did you know they can also make it easier to help patients kick the tobacco habit?

THE E-TOBACCO PROTOCOL IS SIMPLE TO IMPLEMENT AND USE.

The e-Tobacco Protocol incorporates the successful **Ask, Advise, Refer** method into your EHR system. It makes recording tobacco use at every patient visit a simple, routine step during the checking and recording of vital signs.

The protocol not only prompts the doctor or appropriate staff member to ask the patient about tobacco use, but it also helps him or her assess the patient's interest in quitting and, if the patient is interested, connects the patient with an effective tobacco cessation service.

By incorporating the e-Tobacco Protocol into an EHR system, connecting the patient with a cessation service no longer requires filling out paperwork and faxing forms after the patient has left. Instead, the connection is made automatically while the patient is still in the clinic.

THE BENEFITS ARE HUGE.

As part of an EHR system, the e-Tobacco Protocol can help meet the required Meaningful Use guidelines by documenting patients' tobacco status while saving more lives more quickly. It can streamline patient data collection and dissemination and enhance the effectiveness of tobacco cessation services.

In addition, health care practitioners following the **Ask, Advise, Refer** steps have found that although some patients do not want to discuss quitting tobacco during their first appointment, they will ask about the process during return visits.

Smoking is a leading cause of hospitalizations and re-hospitalizations; therefore, effective tobacco cessation interventions may also increase bed availability and reduce wait times.

READY FOR A GUIDE? USE OUR INTERACTIVE TOOL.

Visit YesQuit.org to use an interactive tool that covers important steps you can take toward implementing an EHR system that includes the e-Tobacco Protocol.





CME PROGRAMS

www.texmed.org/cme/tmaonlinecme.asp

Nicotine Dependence and Its Treatment was prepared for the Internet by the Texas Medical Association Committee on Physician Health and Rehabilitation. The course requires 45 to 60 minutes for study and evaluation to deliver one hour of AMA/PRA Category 1 CME.

www.cme.uwisc.org

A free Web-based program providing training in the treatment of tobacco dependence. Based on the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, this program offers one hour of CME/Pharmacy CE credit to clinicians (including pharmacists) completing the program.

RESOURCES

www.surgeongeneral.gov/tobacco/default.htm

Information on how to obtain a copy of the U.S. Public Health Service guideline

www.cdc.gov/tobacco

Centers for Disease Control and Prevention
Tobacco Information and Prevention Source (TIPS)

www.endsmoking.org

Professional Assisted Cessation Therapy (PACT)
Web site with publication on *Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner's Guide*

www.atmc.wisc.edu

Information from the Addressing Tobacco in Health Care Research Network

www.ahrq.gov

Agency for Healthcare Research and Quality

www.ahip.org

America's Health Insurance Plans

www.chestnet.org

American College of Chest Physicians

www.ama-assn.org

American Medical Association Web site with mostly legislative information on tobacco

www.who.int/tobacco/en

World Health Organization

www.alcase.org/

Alliance for Lung Cancer Advocacy, Support and Education

www.ncqa.org

National Committee on Quality Assurance

www.texas-step.org

Statistics and other information on the toll tobacco takes in Texas

www.rwjf.org

Robert Wood Johnson Foundation

www.mayoclinic.org/ndc-rst

Mayo Clinic Nicotine Dependence Center

www.tobaccofreekids.org

Campaign for Tobacco-Free Kids

www.tobacco.org

Information for health professionals and policymakers

www.srnt.org

Society for Research on Nicotine and Tobacco

www.cms.hhs.gov

Centers for Medicare and Medicaid Services

www.cancer.org

American Cancer Society

www.americanheart.org

American Heart Association

www.americanlegacy.org/greatstart

American Legacy Foundation, includes cessation program and quitline for pregnant women

www.lungusa.org

American Lung Association

www.tobaccofree.org

Foundation for a Smoke-Free America

www.aafp.org

ASK and ACT, a tobacco cessation program for physicians by the American Academy of Family Physicians



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