



Nicotine-Free News

Alameda County Provider Network for Tobacco Dependence Treatment and Cessation

Alameda County Cessation
Provider Training and
Support Network
Newsletter

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Issue 40

A Throwback To The First Surgeon General's Report - 50 Year Anniversary

By Rosalyn Moya, MPH



This year is the 50-year anniversary since Dr. Luther L. Terry released the first Surgeon General's report to warn the public about

the health consequences of smoking. The 1964 report reviewed more than 7,000 research articles related to smoking and disease. At that time, more than half of men and almost one-third of women were regular smokers. Since 1964, the

smoking rate in the US has decreased by more than one-half (42.7% in 1964 to 18% in 2012).

As one of the most popular Surgeon General reports in history, it threatened tobacco industry profits. The tobacco industry used a variety of tactics to counter the Surgeon General's report, through aggressive marketing, by introducing new tobacco products, and using the tobacco industry's own funded research to cast doubt and confusion to the public.

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Tobacco Control Landscape Shifting and Changing E-Cigarettes—Are We Retracing Our Footsteps?

By Judy Gerard, ATOD Network Project Manager



It's been 50 years since the US Surgeon General's Report on Smoking and Health that clearly alerted the nation about the adverse health affects of smoking, followed by additional reports on the hazards of secondhand smoke, and other updates over the years.

Now the landscape is shifting again. With the introduction, promotion and wide distribution of e-cigarettes over the last 5+ years, many of us who have worked for decades to implement broad-range tobacco control policies and to improve access to cessation, feel we're back where we started. Controversies over the pros and cons of e-cigarette use and marketing tactics, are calling us to defend the very territories we fought so hard to win in the not too distant past. Are we retracing our footsteps?

We may not be back to 'square one,' but the e-cigarette industry is certainly causing a lot of commotion, in its attempt to once again re-glamorize and re-normalize smoking in any setting, and especially among youth. And it should be noted, that the Tobacco Industry is also in on this – all the major tobacco companies own and market

e-cigarette and electronic nicotine delivery systems. As a result, we're now facing the *blurred boundaries* these products have caused. And public policy officials and lawmakers are once again being asked to rule on admissibility of e-cigarette smoking in previously declared smoke-free public buildings and workplaces. And to address the aggressive marketing of e-cigarettes, and their various spin off products, to youth, and to include e-cigarettes in previous laws and ordinances regarding tobacco-sales to minors.

According to the Center for Disease Control, the percentage of middle and high school students who have used e-cigarettes has more than doubled since 2011, with over 76% of those using e-cigarettes reported they used the devices within the last 30 days. Most reported also using combustible cigarettes. And, 20% of teens in one survey, who have never smoked combustible cigarettes because they believe them to be harmful, have tried, and/or are now smoking e-cigarettes. And, the devices are also being used to vaporize other drugs, such as heroin, cocaine and marijuana. Some tobacco smokers are now smoking both products. E-cigarette marketers are endeavoring to make smoking socially acceptable again after decades of public policy and cessation campaigns to reduce smoking and protect indoor and outdoor air environments.

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**Upcoming Training
Registration**
Email moyar@sutterhealth.org



Having trouble getting FDA approved tobacco treatment medications for your Medi-Cal patients? You're not alone.

Read more inside.



MEDI-CAL PATIENTS DESERVE EASY ACCESS TO ALL SEVEN FDA APPROVED TOBACCO TREATMENT MEDICATIONS

By Cathy McDonald, MD, MPH, FAAP, ATOD NETWORK Project Director



In the past four years we have seen significant improvements in availability of tobacco treatment medication for people with Medi-Cal.

However, Californian's who are most likely to smoke and bear the greatest burden of tobacco-related diseases deserve EASY ACCESS to all seven evidence-based treatments: patch, gum, lozenge, inhaler, nasal spray, bupropion and Chantix. As many of you know, this is not currently the case because of variations between health plans that are very confusing and continued red-tape when authorization is required for gum, lozenge, inhaler and nasal spray as well as Chantix as it frequently is.

The Treating Tobacco Use and Dependence Clinical Practice Guideline 2008 Update made 10 Key Recommendations. Recommendation # ten was that "Tobacco Dependence treatments are both clinically effective and highly cost-effective relative to interventions for other clinical disorders. Providing coverage for these treatments increases quit rates. Insurers and purchasers should ensure that all insurance plans include the counseling and medication identified as effective in the Guideline as covered benefits."

The American Lung Association's State of Tobacco Control Report 2013 reported that California has received an 'F' grade for tobacco cessation coverage through insurance plans. Part of this failure is due to the fact that Medicaid (Medi-Cal in CA), coverage for medication and barriers to medication vary from health plan to health plan. As of January 2014 the Affordable Care Act expects states to provide coverage of all seven FDA tobacco treatment medications. The March 28, 2014 Morbidity and Mortality Weekly (MMWR) reports on availability of FDA approved medications in different states and notes that coverage will be most effective if all barriers are removed including authorization.

A plan is currently under consideration that would result in a common formulary and procedures for all Medicaid patients in California regardless of health plan. If this occurs it will make it easier for the state to access meds at lower cost and easier for providers to deal with a uniform benefit. There is currently no guarantee that that change will result in including all 7 evidence based medications in the formulary however. The worst thing about the current situation is the numerous barriers that exist in getting prescriptions filled when tobacco medications are not on the formulary, and Treatment Authorization Requests (TAR's) or Prior Authorization Requests (PAR's) are required to get these medications. My experience has been that it can take weeks or months to get TAR's and PAR's approved and filled. Sometimes the patient doesn't even let you know that he/she was not able to get the medication when they went to the pharmacy. Again, my experience is that if you 'stay on' the situation, making multiple calls to the pharmacy and to the TAR/PAR offices, you can probably get any of the 7 medications covered. But this puts the pressure on busy providers to do this time-consuming follow-up, that frequently takes multiple calls over weeks to resolve tangled pharmacy issues and is not realistic. If the calls are made and the patient gets the med, patients may have lost interest or relapsed and clinicians may be convinced they don't want to have to do this again.

Not only do we have guidelines recommending broader coverage than what currently exists, we also have a real world model in Massachusetts where increasing availability of tobacco counseling and medication from July 2006 to December 2008 decreased smoking amongst the Medicaid population from 38% to 28%. The majority of those taking advantage of the benefit, 23% of Massachusetts Medicaid smokers, used medication whereas only 1% of the eligible smokers used the counseling benefit. The most frequently used medications were patch and varenicline (Chantix), with a much smaller number using gum and lozenge. (Bupropion

usage is not currently known, because there is not enough data to see who used it for tobacco treatment, and who used it for mental health conditions). Medications available without a TAR in Massachusetts included patch, gum, lozenge, bupropion and Chantix. A study by Land, et al, confirmed that provision of this comprehensive coverage, with a vigorous media/outreach campaign, resulted in a \$3.12 return for every dollar invested in the program, with measurable decreases in hospitalization for cardiovascular disease among the Medicaid population following implementation of the program. The Massachusetts tobacco cessation benefit has continued and most of its impact has been sustained. The current level of smoking among the Medicaid population there is 30%, according to Dr. Lois Kiethly, who believes the slight increase in smoking rate reflects the need for continued promotion and engagement of the Medicaid recipients about this benefit. The importance of promotion to ensure good utilization of such a benefit is underscored in the recent article on treatment availability by Singleterry in the MMWR. Any effort to provide all 7 tobacco treatment medications to patients without authorization barriers will need to be coupled with a strong promotional campaign.

There is good news in California. The California Smokers' Helpline is now able to give out FREE nicotine patch to callers who can confirm their Medi-Cal coverage as long as the caller is working with a Helpline counselor. In addition, the Helpline is continuing its one time \$20 gift card to Medi-Cal callers. The Helpline also has a wonderful, simple web-Referral program that can be easily accessed at <http://www.nobutts.org/referral/>. When patients who want to quit are e-referred they are 10 x more likely to connect with the Helpline than if you give them the standard 1-800-NO-BUTTS Gold card because the Helpline proactively calls the patient 5 times rather than the patient having to call.





Combined 14 week treatment with long acting patch and short acting gum (or other short acting NRT) has a 6 month abstinence rate of 36.5% compared to nicotine patch alone with 23.7% (per page 109 of the Tobacco Dependence Treatment Guidelines 2008 update). According to the Guideline this is the most effective tobacco treatment medication. Additionally, Smith's 2013 study demonstrated that there was a 10% increase in abstinence at 6 months when Quitline callers received both nicotine patch and 2 weeks of nicotine gum. Covering not just gum, but also lozenge, is important because a number of patients in need of this treatment have temporomandibular joint dysfunction, false teeth or no teeth and can't chew gum. Piper's 2012 study of 5 smoking cessation therapies showed that combination nicotine patch and lozenge was the most effective with an odds ratio of 2.34 significant at the .001 level when compared to placebo. Patch alone, lozenge alone, lozenge plus bupropion or bupropion alone were all less effective. Many of us have experienced patients that have not been able to quit using patch, gum, lozenge, bupropion or Chantix alone or in combination. Sometimes these treatment failures are related to side effects and sometimes the one or two treatments just don't work in a particular individual and the patient needs to try something else.

That's why it is important to have EASY ACCESS to all 7 FDA approved medications including Nicotrol inhaler and or Nicotrol nasal spray for these patients. The Nicotrol inhaler can be helpful because it involves hand to mouth motion. But unlike the E cigarette, or other vaping devices, which have not been proven to be safe or effective, the inhaler has been scientifically tested for safety, quality control and effectiveness, and it does not emit a vapor. Alternatively the nasal spray is a bit less appealing but is the only tobacco treatment product with rapid onset of action closer to that of a cigarette. Initially it sometimes causes patients to cough or choke a bit, but patients

usually rapidly develop tolerance to this and like it's rapid onset. It has also been found by Dr. Jill Williams to be particularly helpful in some schizophrenic patients.

Unfortunately, in Alameda county a lengthy TAR process is still necessary to get any NRT other than patch for Fee-For-Service Medi-Cal patients, and to get any NRT but patch or gum for Alameda Alliance patients. This is just the opposite of what we want for a chronic relapsing condition with a patient motivated to make a quit attempt. As a physician, and certified tobacco treatment specialist who trains clinicians about how to provide evidence-based treatment to tobacco users and consults with several community based tobacco treatment programs in Alameda County, I have extensive first hand experience with the limitations of the current system. The process is confusing to most physicians and many pharmacists, and *wastes a lot of time* on the part of the physician/clinician, pharmacist, Medi-Cal TAR pharmacists and health educators/tobacco treatment specialists who are providing tobacco treatment.

The Affordable Care Act (ACA) and it's Medicaid expansion is upon us. It is imperative to change this untenable red-tape situation as soon as possible to maximize the benefits of this program, and increase the return on investment by helping people quit smoking and thus avert costly hospitalizations. Physicians are increasingly motivated to address tobacco by the requirements of ACA. With the increased use of electronic prescriptions it makes common sense to eliminate the hurdles of the current TAR system – making it easier for clinicians to write appropriate prescriptions for these patients.

If all seven tobacco treatment medications were on the formulary, the most effective tobacco treatment medication – combination of patch and gum – would be easily accessible to a larger pool of multiethnic, low SES people, as a result of Medicaid expansion. In addition, the 5 other medications would be readily available and those who are having the most struggle would not end up with the least access as is currently the case. This improvement in coverage would remove the barriers to prescribing for clinicians motivated by ACA to more aggressively address tobacco-use. And all this would provide a significant return on investment.

Additionally, it would allow providers working with patients who are getting patch from the Helpline to provide nicotine gum or lozenge to augment their medication when indicated, and increase their chances of success. This is especially important for patients who have tried multiple times before and had limited success. I believe eliminating all these barriers would encourage providers to be more motivated to help patients who want to quit smoking, and decrease the red tape for everyone concerned.

The Californian's who are most likely to smoke and bear the greatest burden of tobacco-related diseases deserve EASY ACCESS to evidence-based treatment consistent with the USPHS guideline and CDC guidelines.

If you are a provider or a tobacco treatment specialist and have had challenges getting tobacco treatment medication for your Medi-Cal patients, please contact me at cmcdonatr@aol.com with the header Tobacco Treatment coverage challenges. I would like to learn about the challenges that you have had so I can work with others on continued advocacy for urgently needed full coverage of all seven first line tobacco treatment medications for those on Medi-Cal without the barriers of PAR's and TAR's .

Need help with your patients?

Dr. Cathy McDonald provides free technical assistance on tobacco dependence treatment and cessation techniques to physicians and other medical staff.

Call her at: 510-653-5040 X 315.





TOBACCO INTERVENTIONS FOR CLIENTS LIVING WITH HIV/AIDS AND HEP.C

THE FACTS ABOUT TOBACCO-USE WITH THIS POPULATION AND EFFECTIVE
TREATMENT INTERVENTIONS

Trainer:

Cathy McDonald, M.D., MPH

Description:

Participants will learn the facts about how tobacco-use affects the health and survival outcomes of people living with HIV/AIDS and Hep.C., and effective tobacco treatment interventions.

Who Should Attend: ANY STAFF who provide services for clients in HIV/AIDS and Hep.C programs, including but not limited to, case managers, peer counselors, leaders of psychosocial groups, health educators, substance use and mental health, and primary care providers. See CEU Credits below.

Learning Objectives: At the end of the training, participants will:

- Understand the facts about tobacco-use among people living with HIV/AIDS and Hep. C
- Feel comfortable providing tobacco education information to HIV/AIDS and Hep.C clients
- Be knowledgeable and prepared to conduct effective tobacco treatment interventions
- 4) Know how to refer clients to the CA Smokers' Helpline for counseling services
- 5) Know how to access nicotine replacement products from MediCal and from the CA Smokers' Helpline

**FREE training - Thurs., May 22, 2014
8:30 am - 12:00 pm**

Underground parking \$4/hr. - Enter 11th Street
Exit BART at 12th Street.

Alameda County Public Health Dept.
1000 Broadway
3rd Floor Conf. Rm. #310
Oakland, CA 94606

For more information, please email
Judy Gerard at atodnetjudy@aol.com
Or Call: 510-653-5040 x 349.
Please register using the form below.

This training is sponsored by Alameda County Behavioral Health Care Services (BHCS) in contract with the Alameda County Provider Network for Tobacco Dependence Treatment and Cessation, located at Thunder Road Adolescent Treatment Center in Oakland, CA. And, in collaboration with the Alameda County Public Health Dept., Office of AIDS Administration.

CEU Credits: This course meets the qualifications for 3 hours of continuing education credit for MFTs, LPCCs and/or LCSWs as required by the CA Board of Behavioral Sciences, Provider Approval Number PCE 307, the California Board of Registered Nurses, BRN Provider Number 12040, and California Association of Alcoholism and Drug Abuse Counselors (CAADAC), Provider Number 4C-04-0614. Certificates of Attendance issued for counselors registered with a State Certifying organization. All participants receive a Certificate of Completion.

***** Training is primarily for BHCS funded and Alameda County health care providers. As space permits, staff from non- BHCS-funded programs may register.**

REGISTRATION FORM

Please fax registration to Rosalyn Moya at 510-653-6475

or Email the following information to moyar@sutterhealth.org

IMPORTANT: Registration deadline is May 16, 2014. Please register early.

NAME: _____ AGENCY: _____

MAILING ADDRESS: _____

EMAIL: _____

DAY PHONE: _____ FAX: _____

DISCIPLINE: _____ LICENSE #: _____

**Because of budgetary constraints in Alameda County, we will be unable to provide food.
Please bring your own snacks and beverages.**



Tobacco-Use and People living with HIV and AIDS

More interventions needed

By Judy Gerard, ATOD Network Project Manager

After over 30 years since the AIDS virus was first discovered, medical research and anti-retroviral medications have significantly prolonged the life expectancy of people diagnosed with HIV/AIDS. But that longevity and quality of life are greatly reduced for those who smoke. Now, tobacco-related diseases are the most common causes of illness and death for people living with HIV/AIDS – there is an increased risk of developing various cancers, as well as heart and lung diseases. And despite decades of work, and great strides in reducing smoking in the general population, smoking rates among the HIV/AIDS population remain very high. In CA, the smoking rate in the general population is 11.9%; among those with HIV/AIDS it is 33%. We can't continue to let this population fall behind. More aggressive tobacco cessation interventions on the part of HIV/AIDS health care providers and case managers can really help reduce these alarming numbers.

The facts are clear. Smoking causes a reduction in immune function, and interferes with the metabolism of HIV

medications, making them less effective. People who are HIV+ and smoke, have a greater possibility of a faster progression into AIDS, and are more susceptible to developing opportunistic diseases, such as certain types of pneumonia and other life-threatening conditions that have been associated with HIV+ patients. Additionally, HIV+ smokers are more likely to experience AIDS-related dementia and they develop emphysema 4 times faster than HIV negative smokers.

It's also clear that healthcare providers who treat clients with HIV/AIDS, can reverse and reduce these adverse disease progressions, by stepping up their tobacco cessation intervention efforts when working with clients who smoke. It's important to provide education to clients about the adverse effects of smoking, and conducting more motivational counseling to encourage quitting smoking. Providers can also refer clients to the CA Smokers' Helpline, where they can get expert coaching. Helpline callers who have Medi-Cal, can receive FREE nicotine patches from the helpline once they sign up for

counseling.

All this information, and more will be covered at a special training we'll be conducting in collaboration with the Alameda County Public Health Dept, (ACPHD), Office of AIDS Administration, and Alameda County Behavioral Health Care Services on May 22 from 8:30am – 12 noon, to be held at the ACPHD, 1000 Broadway, Conf. Room #310. Cathy McDonald, MD, MPH, who is also an expert in tobacco cessation, will be the trainer. (See the flyer included in this newsletter for more information. CEUs for specific licenses are available). Please follow the directions on the flyer to register.

Our HIV/AIDS clients *DESERVE* the benefits of quitting smoking - better overall health, less stress, lower levels of medication, more money, and better quality of life. Make it a priority to talk to your clients who are living with HIV/AIDS about quitting smoking. Support their efforts to quit. Applaud their successes. Your efforts can make a difference.

CA SMOKERS' HELPLINE AND WEBSITE

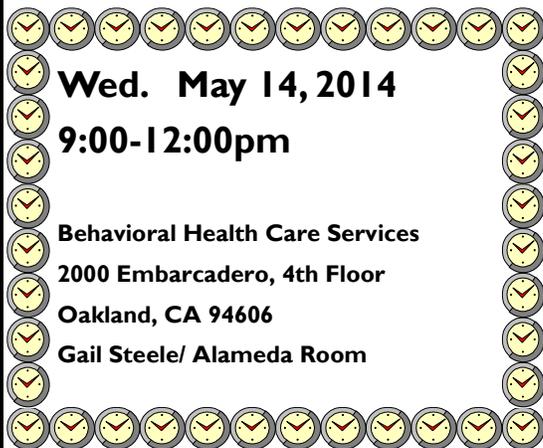
Call: 1-800-NO-BUTTS (662-8887) The helpline also provides tobacco cessation counseling support to callers who self identify with substance abuse and mental health conditions. Counseling in multiple languages available.

Website: The CA Smokers Helpline now has on-line cessation support and you can download directories of local cessation services.

www.californiasmokershelpline.org



CESSATION PROVIDER ROUNDTABLE DISCUSSION



Wed. May 14, 2014

9:00-12:00pm

Behavioral Health Care Services

2000 Embarcadero, 4th Floor

Oakland, CA 94606

Gail Steele/ Alameda Room

The Roundtable Discussion will include:

- Special Topic: How to web-Refer clients to the CA Smoker's Helpline and How to tweak your agency tobacco policies to support optimal environments for your clients to quit smoking.
- Meet and Learn from your Peers
- Time to talk about issues that are important to YOU
- Information and Resource Sharing
- Get CEU credits for RNs, MFTs, LCSWs, CAADAC.



This is a special workshop of the Alameda County Behavioral Health Care Services.

Space is limited. Please RSVP by May 13, 2014

Call Judy Gerard, Cessation Task Force Facilitator at 510-653-5040 ext 349

or email Judy at atodnetjudy@aol.com.



50 YEARS

A Throwback to The First Surgeon General's Report - 50 Year Anniversary

By Rosalyn Moya, MPH (Continue from Page 1)

The tobacco industry aggressively countered the public's growing health concerns. One of these ways included the idea of a "healthier smoke" with new attractive products such as, filtered, low-tar, and light cigarettes. However, filters provide zero health benefits and are not biodegradable; which means that 1.69 Billion pounds of toxic cigarette butts litter the world each year, creating enormous environmental burdens. Additionally, research found that persons smoking low-tar or light cigarettes were not any safer than smoking regular cigarettes.

In the 1970's, The Surgeon General reported the health effects of passive smoking, also known as second-hand smoke, using years of research and challenged the tobacco industry's promotion that smoking is an individual's right to choose. Tobacco companies raised their noses and dismissed

the findings. When a shareholder asked Charles Harper, R.J. Reynolds Chairman, about infants who can not leave a smoky room, the tobacco executive replied "At some point, they begin to crawl". In 1995, California banned smoking in all enclosed workplaces, including restaurants and later bars.

The 1988 Surgeon General's Report documented that nicotine in tobacco is addictive. Nicotine can be readily absorbed through the skin and can affect immune function, the central nervous system, cardiovascular system, and carcinogenesis. However, tobacco is separately regulated from Nicotine, which leave gaps in public health protections from nicotine addiction.

In 1998 the Master Settlement Agreement between the US Department of Justice and the tobacco industry mandated that the tobacco industry pay the states \$246 billion over 25years in addition to providing

confidential tobacco industry documents. Tobacco documents show decades of targeted marketing and research towards children and vulnerable populations. Tobacco companies associated menthol and flavored cigarettes frequently with youth smoking, as young as 14 years old. Before the FDA's ban on flavored cigarettes in 2009, delicious flavors, including strawberry, grape, orange, cinnamon, pineapple, vanilla, coconut, licorice, cocoa, chocolate, cherry or coffee, attracted new young cigarette smokers. The FDA excluded menthol from the list of flavors, as well as other types of nicotine delivery products, such as cigars and, now, e-cigarettes.

Tobacco control advocates have progressed in the last 50 years. However, we must remain vigilant as new novel products sneak their way back into our society offering flavorful and "healthy" claims to attract the next generation of smokers.



Tobacco Control Landscape Shifting and Changing E-Cigarettes—Are We Retracing Our Footsteps?

By Judy Gerard, ATOD Network Project Manager (Continued from Page 1)

The controversy even extends among public health officials. Some believe that e-cigarettes can reduce the harm caused by traditional, tobacco combustible cigarettes, and they can help people quit smoking. This may bear some truth, but there hasn't been enough studies to provide such evidence. Others contend e-cigarettes and their related products are just sophisticated nicotine delivery systems to keep people addicted to nicotine, and that these products may encourage smoking *BOTH* tobacco cigarettes *AND* e-cigarettes. There is some evidence that the vapor from e-cigarette products may cause toxicity, impact lung function, and secondhand vapor may be an irritant to those exposed. More studies are needed to clarify these important issues. Our position remains that there isn't enough evidence that e-cigarettes are effective

cessation tools. Cessation providers are advised to recommend FDA approved tobacco treatment medications: nicotine patch, gum, lozenge, inhaler, nasal spray, Zyban and/or Chantix, along with counseling when helping clients quit smoking.

There's one certainty in all of this – e-cigarettes are here to stay. But regulation is imperative and needed NOW. Unfortunately, lacking federal (FDA) rulings or statewide laws, cities and counties in CA are faced with addressing this on their own, as public health and tobacco control advocates are calling on policy makers to act. Some governing boards are moving aggressively. The LA City Council on Mar. 4 voted 14-0 to treat e-cigarette products like conventional tobacco cigarettes, including banning them in most work sites and public places, including parks and some beaches.

Locally, the San Francisco Board of Supervisors recently voted unanimously to include e-cigarette devices in existing secondhand smoke laws. The Alameda County the Board of Supervisors is considering including e-cigarettes in enforcement of existing secondhand smoke protections in unincorporated areas of the County and County buildings. And other cities in the Bay Area are taking this up as well – a piece meal approach at best, where some jurisdictions have passed ordinances, and others haven't – creating a confusing patchwork landscape. All these efforts once again take up precious time at public hearings, and have reactivated oppositional positions regarding individuals' rights to smoke these products anywhere. And so, the controversies continue to blur boundaries and confuse the public's minds, as the 'fight' is *ON* ... once again.



Tobacco Education Handouts Available Online!!!!

(***also available in SPANISH)

Handouts Available at:

<http://www.acbhcs.org/tobacco/resources.htm>

Or from www.acbhcs.org, click on "Tobacco Treatment Resources" tab and scroll down to "tobacco treatment/references and resources" scroll down the page under the same headings and list on this page. Click on the PDF picture and save.



The website is constantly updated; please check online for the full list.

Using Pharmacotherapy Medications – Client/Patient Handouts

Handout Title	Description
Tips from the Experts ***	Flyer- Advise based on the latest research evidence and the clinical expertise on tobacco treatment
Nicotine Gum ***	Each handout Includes information on: What it is Step-by-step directions on how to use it properly Do's and Don'ts Warnings Contact support information
Nicotine Patch ***	
Nicotine Lozenge ***	
Zyban-Bupropion ***	
Chantix Varenicline ***	
Inhaler	
Nicotine Nasal Spray	

Tobacco Education / Resource Information – Client/Patient Handouts

Handout Title	Description
The Benefits of Quitting Tobacco ***	Flyer- Lists benefits of quitting tobacco as time passes– 20mins to 10 yrs from last cigarette
Diabetes and Smoking ***	Flyer – Facts about Smoking and Diabetes
Smoking and Heart Attack ***	Flyer – effects of smoking on heart attacks and benefits of quitting to reduce risk
Tips for People Who Smoke and Are Having Surgery	Flyer – how smoking leads to complications during surgery and anesthesia. Provides steps for a more successful surgery
Tobacco Intervention for Early COPD Saves Lives	Flyer – Explains COPD in smoking, as well as how quitting can help lung function
Asthma – Why Protect those Who Have Asthma from Cigarette Smoke ***	Flyer – Facts and information on how smoking affects people (children and teens) with asthma, benefits of quitting smoking, and ways to protect those with asthma from SHS
Asthma and Smoking ***	Flyer – Facts about Asthma and smoking, how smoking affects people with Asthma
CDC Warning – Coronary Heart Disease	Simple flyer - CDC warning that secondhand smoke increases heart attacks
Tobacco Fact Sheet	Flyer – Facts about tobacco
Tobacco Fact Sheet for Teens	Flyer – Facts about tobacco
Flu Shot flyer ***	Flyer – Explains how smoking increases risk for flu
Living Free Brochure– tips on avoiding relapse	Brochure – Triggers, managing negative thoughts, getting support, make a plan
AC Tobacco Cessation Resource List	Brochure – Alameda County Tobacco Cessation Resource List from ALA
Nicotine Anonymous	Handout – Article describing NA, and lists phone & local NA cessation support
5 Keys for Quitting ***	Handout to help create a quit plan – created by the US Dept. of HHS
Benefits of quitting tobacco for People in Recovery	Flyer – Lists Benefits of Quitting Tobacco for People in Recovery from Alcohol and Drugs. Lists Facts about Tobacco and Substance Abuse.
Carbon Monoxide	Handout for providers who use Carbon Monoxide monitors on their patients/clients. Explains Carbon Monoxide Test Score and Facts about Carbon Monoxide

Here's your Spring 2014 Issue of the:
NICOTINE-FREE NEWS


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Alameda County Cessation Provider Training and Support Network Newsletter.




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Alameda County Provider Network for Tobacco Dependence Treatment and Cessation

ATOD NETWORK UPCOMING TOBACCO TRAININGS

May 14, 2014 - Tobacco Cessation Roundtable

- ◆ Held at the Behavioral Health Care Services headquarters at 2000 Embarcadero, Oakland, CA
- ◆ 9:00 am to 12:00 pm

May 22, 2014 - HIV Training

- ◆ Held at the Department of Public Health
- ◆ at 1000 Broadway Street, 3rd floor Room 310 Oakland, CA
- ◆ 8:30 am to 12:00 pm

Email: moyar@sutterhealth.org for training flyers

****ON-SITE STAFF TRAININGS AVAILABLE**
Alameda County AOD, Mental Health, and Primary Care Providers can schedule an on-site staff tobacco training at your agency by calling Judy Gerard at (510) 653-5040 X 349.

For the latest information on tobacco treatment and resources, go to www.acbhcs.org click on the Tobacco Tab.

Free Cessation Services

- **California Smoker's Helpline**
For one-on-one cessation counseling call
1-800-NO-BUTTS
- **Free cessation classes:**
 - *East & West Oakland Health Center - Joyce Riley, 510-835-9610*
 - *Berkeley Tobacco Prevention Program - Quit Smoking Classes.* For more information and/or class schedule, call 510-981-5330 or email quitnow@ci.berkeley.ca.us.
 - Check other free cessation classes listed in the Alameda County Cessation Resource Directory. Available at: www.tobaccofreealamedacounty.org or www.ACBHCS.org website under "TobaccoTreatment/References/and Resources"

The Nicotine-Free News is available by email.
Contact moyar@sutterhealth.org