

Smoking Cessation Toolkit



Contents

- **Project Overview** 2
- **The Smoking Cessation Challenge** 3
- **Infrastructure for Inpatient Counseling** 4
 - Performance Measures 5
 - Flowchart of process 6
 - Sample Hospital Policy 7
 - Key Points of Best Practices 8
 - Chart Stickers to Identify Patients that Smoke 9
 - Chart Stickers to Document Intervention 9
 - Sample Discharge Referral Letter 11
 - Sample Discharge RX Referral to ADH QUITLINE and
Arkansas Smoking Cessation Program Clinics 12

- **Strategies for Patient Counseling** 13
 - Physician/Staff Education on Intervention 14
 - Identifying Stage of Change 16
 - The 5 A's and 5 R's 17-18
 - Sample Handout of "A Brief Intervention" 19

- **Implementing Patient Counseling** 20
 - Readiness to Change Questionnaire 21
 - Samples of Patient Handouts 23-31
 - List of Arkansas Smoking Cessation Program Clinics 33

- **References/Work Cited** 35

Introduction

Smoking increases the risks for morbidity and mortality of numerous common medical conditions. While all health encounters are opportunities for counseling, inpatient care for cardiopulmonary events is especially timely for motivating patients to commit to cessation. Consequently, Centers for Medicare and Medicaid, the Joint Commission, and other national entities have made the identification and documentation of smoking cessation counseling a national priority for the delivery of quality medical care.

This booklet is designed to assist Arkansas hospitals in implementing a systemic program to identify and counsel patients who smoke and to document the encounter in the medical record. This material is made possible by a grant from the Arkansas Department of Health and its smoking cessation program. We are grateful for the advice and review from a statewide editorial panel: University Hospital - Barbie Brunner, St. Joseph's Mercy Health Center - Karren Smedley, Conway Regional Medical Center - BJ Roberts and Willie Sullivan, Arkansas Heart Hospital - Judy Jones, St. Vincent Infirmiry Medical Center - Dr. David Hall, White County Medical Center - Deborah Hare.

AFMC hopes that every facility in the state can adapt a model hospital policy to commit to this cessation intervention program. At a minimum, it would require a coordinated effort to link intake information on smoking status to a staff person responsible for the documented distribution of information pertaining to cessation resources available in Arkansas from the tobacco settlement fund. Successful implementation would help your facility meet national performance standards and help fulfill a professional obligation to reduce the morbidity and mortality related to tobacco use in our communities.

The Smoking Cessation Challenge

Tobacco is the single greatest cause of disease and premature death in America today. Each year an estimated 440,000 American lives are claimed due to smoking-related diseases. Smoking costs the United States approximately \$150 billion each year in health-care costs and lost productivity. Clinicians have a vital role to play in helping smokers quit, as smokers cite their physician's advice to quit as an important motivator for attempting to stop.

Smoking Cessation rates remain low due to many barriers. Among the most common are lack of an easy, established process for providing cessation advice and documenting its occurrence; staff discomfort with discussing cessation with patients; reimbursement for cessation advice and treatment; and lack of adequate follow-up. Successful strategies require a chronic disease management approach that makes smoking cessation counseling a routine part of patient care.

There is wide variation in how hospitals handle smoking cessation. Some hospitals measure actual cessation rates, while others measure the occurrence of smoking cessation counseling. Still others have no active program. Despite inconsistent efforts among hospitals, several common best practices stand out:

- Early involvement of a multidisciplinary team.
- The active presence of a physician champion.
- Institutional commitment.
- Institution of a clear and simple method of identifying smokers.
- Making a specific discipline or individuals responsible for providing and documenting smoking cessation counseling.
- Ongoing staff education about the importance of smoking cessation counseling and resources available to assist patients.

We have designed a toolkit with a minimum number of strategic educational materials aimed at patients, and suggestions for implementation of smoking cessation programs by individual hospitals. After an initial smoking cessation program is implemented, further expansion and refining of the program can occur. For hospitals with programs already in place, there are useful references and tools that can link their current efforts to state initiated efforts. This toolkit is designed for use in three ways:

- To meet national performance standards and identify/counsel patients who smoke.
- To serve as a starting point for hospitals that do not currently have smoking cessation policies in place.
- To serve as a resource for available current materials and strategies for those hospitals that does have smoking cessation policies in place.

Infrastructure for Inpatient Counseling

- **Performance Measures**
- **Flowchart of process**
- **Sample Hospital Policy**
- **Key Points of Best Practices**
- **Chart Stickers to Identify Patients that Smoke**
- **Chart Stickers to Document Intervention**
- **Sample Discharge Referral Letter**
- **Sample Discharge RX (prescription referral to ADH QUITLINE and local Arkansas Smoking Cessation Clinics)**

This section will provide your hospital with essential basics to begin a smoking cessation inpatient program. Change in hospital policy concerning smoking cessation is vital to ensure that the program is implemented across all services. The sample hospital policy and flowchart can serve as a starting point to change hospital processes to ensure successful implementation. Also critical is the consistent identification at the time of admission of patients who smoke. Designating one person or department with the responsibility of identifying patients who smoke and of initializing counseling will facilitate this process. Chart stickers have been beneficial to many programs in this process and a sample is included. Inherent in a smoking cessation initiative is appropriate documentation of counseling efforts, and a sample sticker that identifies staff intervention is included. The discharge referrals serve as a useful tool for hospitals to ensure that their inpatient efforts are continued.

Performance Measures

Smoking Cessation initiatives satisfy the CMS and JCAHO priorities. Facilities can meet these indicators as described below:

Performance Measure	Criterion Met or Acceptable Alternative	CMS	JCAHO
Adult smoking cessation advice or counseling during hospital stay	Documentation of smoking cessation advice or counseling in patients with a history of smoking cigarettes anytime during the year prior to hospital arrival. Smoking cessation advice/ counseling includes prescription of a smoking cessation aids, verbal counseling, brochures/ handouts on smoking cessation or viewing of a smoking cessation video.	PNE- 6A MI-4 HF-4	PNE-4a AMI-4 HF-4
Pediatric smoking cessation advice or counseling during hospital stay	Documentation of smoking cessation advice or counseling in patients 17 years or younger and/or patient’s caretaker with a history of smoking cigarettes anytime during the year prior to hospital arrival. Smoking cessation advice/counseling includes prescription of a smoking cessation aids, verbal counseling, brochures/handouts on smoking cessation or viewing of a smoking cessation video. <i>*Note - Individual who smokes (patient and/or caregiver) must be included in the advice counseling intervention.</i>		PNE-4b

Measure Sets

PNE = Pneumonia

AMI = Acute Myocardial Infarction

HF = Heart Failure

Flowchart of Process

SCREEN PATIENT ON ADMISSION

**Have you
smoked in the
past year?**

No

No Intervention

Yes

Trigger Counseling Program

See Section “Strategies for Patient Counseling”

Counseling visit/Healthcare Professional

See Section “Implementing Patient Counseling”

Distribution of Material

See Section “Implementing Patient Counseling”

Documentation in Chart

See Section “Strategies for Patient Counseling”

(Sample) Hospital Policy on Tobacco Dependence Treatment

(Hospital Name)

(Department)

(Date)

RE: Tobacco Dependence Treatment Program

Purpose:

To reduce the overall incidence of tobacco use by providing tobacco dependence treatment to all inpatients of (hospital name) who smoke, thereby, promoting better health and decreasing the likelihood of tobacco-related illnesses or conditions.

Policy:

All patients admitted to (hospital name) will be screened for tobacco use and dependency. Patients identified as current smokers will be advised to stop and will be offered education and counseling on smoking cessation.

Procedure:

1. _____ (ex. Admissions clerk, admitting nurse, etc) is responsible for screening newly admitted patients for tobacco dependency.
2. A sticker is placed in the medical record indicating that the patient uses tobacco.
3. Identification of a patient who smokes will trigger a standing order for _____ (ex. Respiratory therapy, floor nursing staff) to provide the standardized smoking cessation packet consisting of _____ (ex. preprinted prescription for the quit line, hospital letter encouraging cessation).
The counseling healthcare professional will discuss available treatment options, including appropriate pharmacotherapies and support programs.
4. The designated healthcare provider will document all tobacco dependence treatment efforts in the patient record, including prescribed medications and referral to outpatient support programs.
5. The patient will be given a referral upon discharge to available local support programs or the Arkansas Cessation clinics.

This approved policy acts as a standing order for tobacco dependence treatment.

Reviewed and approved by Medical Executive _____ date _____

Signature of Chair Committee _____

Key Points of Best Practices

Project Champions

- Foster ownership by forming a multidisciplinary team to implement the program (e.g. physicians, nurses, pharmacists, respiratory therapists, cardiac rehab, clerks).
- Designate a institutional leader to champion support for the program

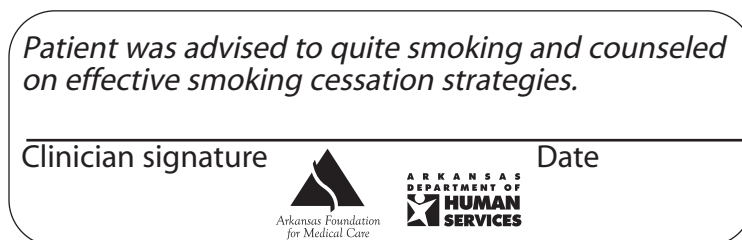
Possible Changes

- Implement a system to identify and document the tobacco-use status of all hospitalized patients. (See sample hospital policy)
- Add smoking cessation counseling to appropriate care path orders such as AMI, CHF and pneumonia.
- Red flag records of all/AMI patients who smoke. (See chart sticker)
- Offer tobacco dependence treatment to all/AMI hospitalized patients who use tobacco (See Chart Sticker)

Chart Stickers to Document Intervention



(Sample of Smoker Identification Chart Sticker)



(Smoking Cessation Documentation Label)

Sample Discharge Referral Letter

Header of letter on the following page is left blank for individual hospitals to copy their logos into this site.

Congratulations on your interest in stopping smoking. As part of your hospitalization, you have received information and counseling on ways to quit smoking. Follow-up with health care professionals after you are discharged from the hospital is essential for you to succeed in quitting. The Arkansas Smoking Cessation Program has established smoking cessation clinics throughout the state to assist you once you are discharged. These clinics will provide information, counseling and may provide medication for you. If interested in the program, ask your inpatient counselor for the clinic closest to you.

You will NOT be charged for smoking cessation follow-up at this clinic.

You may also contact the Arkansas Department of Health Stamp Out Smoking Quitline:

1-866-NOW-QUIT



Sample Discharge Rx



Arkansas Department of Health
Keeping Your Hometown Healthy

Stamp Out Smoking Quitline

A FREE RESOURCE PROVIDING COUNSELING SUPPORT AND REFERRAL FOR ALL ARKANSAS RESIDENTS 18 AND OVER AND CONCERNED PARENTS OF CHILDREN USING TOBACCO

ADDRESS **throughout Arkansas**

PHONE **1-866-NOW-QUIT**

NAME _____

ADDRESS _____

DATE _____

1-866-NOW-QUIT



*Arkansas Foundation
for Medical Care*

LABEL

REFILL - 1 - 2 - 3 - 4 until you stop

QUITTING TAKES PRACTICE

(Sample of Prescription Pad)

Strategies for Inpatient Counseling

- **Physician/Staff Education on Intervention**
- **Identifying Stage of Change**
- **The 5 A's and 5 R's**
- **Sample Handout of “A Brief Intervention”**

The keystone to a successful smoking cessation program for hospitalized patients is the recruitment of physicians and other staff in the endeavor. Many health care providers are unaware of the impact of even brief interventions on smoking cessation. There is also lack of education on available therapeutic interventions to aid in smoking cessation. Physician and staff education on these topics will improve compliance and enhance any initiative within your hospital.

Contained in this section are simple tools to assist your staff in identifying the readiness of a patient to quit smoking and the basics of brief counseling interventions. Included are references where more detailed information and educational programs can be obtained.

Physician/Staff Education on Intervention

Physician/Staff Education Basics

- Educate providers that even brief interventions are effective for smoking cessation. (See “5 A’s” and “5 R’s”)

- Encourage physicians to advise every smoker to quit and document.

- Educate hospital staff that first-line medications are available to assist patients who want to quit smoking. Five first-line pharmacotherapies reliably increase long-term smoking abstinence:
 - 1) Bupropion SR (Zyban, Wellbutrin: 150 mg po qam x 3 days then 1 po bid for 7-12 weeks)

 - 2) Nicotine gum (Nicorette 2 mg, Nicorette DS 4 mg) Use nicorette DS in patients who smoke >24 cigarettes/day Gradually taper: 1 piece q 1-2 hours for 6 weeks; 1 piece q 2-4 hours for 3 weeks, then 1 piece q 4-8 hours for 3 weeks; Do not exceed 30 pieces/day of 2 mg or 24 pieces/day of 4 mg

 - 3) Nicotine inhaler (Nicotrol Inhaler) 6-16 cartridges/day for 12 weeks, then reduce gradually over 12 weeks, then discontinue

 - 4) Nicotine nasal spray (Nicotrol NS) 1-2 doses each hour, with each dose equal to 2 sprays, one in each nostril; minimum daily dosage: 8 doses/day, maximum daily dosage 40 doses/day

 - 5) Nicotine patch (Habitrol, Nicoderm CQ, Nicotrol) One patch per day and taper after 6 weeks

- Invite hospital pharmacists to present recommended pharmacotherapies at grand rounds, physician department meetings and staff training.

- Notify physicians when their patients have been counseled and indicate that patient’s response. Encourage physicians to follow-up with patients to sustain and improve these efforts.

Patient Directed Education Strategies

- Counsel patients on effective smoking cessation strategies and provide them with self-help education materials. Document these efforts in the medical record. (See chart sticker for documentation)

- Ensure smoking cessation advice/counseling is given prior to discharge and reinforce the smoking cessation message during the discharge discussion with patients. (See sample patient education referral and Prescription to local Arkansas Smoking Cessation Program Clinics)

Physician/Staff Education Resources

- U.S. Department of Health and Human Services Guideline: Quick Reference Guide for Clinicians, Treating Tobacco Use and Dependence. Available from Agency for Healthcare Research and Quality (AHRQ) 1-800-358-9295.
- Health Care Excel, Incorporated (private, not for profit organization) Education Video (developed in conjunction with Indiana University School of Medicine); Reversing Trends: Smoking Cessation Techniques for the Health Care Professional. This video is available for CME credit. Available from Health Care Excel at eswinehart@hace.org.
- Fiore, Michael C., MD, MPH. *A Clinical Practice Guideline for treating Tobacco-use and Dependence: A U.S. Public Health Service Report*. JAMA, June 28, 2000: 3244-3254.
- Best Practices for Comprehensive Tobacco Control Programs, CDC. Ordering information and annotation available at <http://www.cdc.gov/tobacco/pubs2.htm>.
- National Guidelines Clearinghouse http://www.ngc.gov/FRAMESETS/SEARCH_fs.asp?view=treatment; at this site, enter “Smoking Cessation” in the Search.
- “*Treating Tobacco Use and Dependence: A Clinical Practice Guideline*” 1-800-358-9295 <http://www.surgeongeneral.gov/tobacco/default.htm>
- “*You Can Quit Smoking*”— Consumer Guide U.S. Department of Health and Human Services. <http://www.mrncc.org/mrnccqip/documents/smconsumr.pdf>
- American Cancer Society
<http://www.cancer.org>
1-800-227-2345

Identifying Stages of Change

The basics of any counseling effort is the identification of the readiness of a patient to accept any intervention. The following are the stages of change that a patient may present with at the time of admission. Physicians and staff should be familiar with these stages in order to maximize the interventional effort.

1. **Pre-Contemplative Stage**
 - Not ready to quit

2. **Contemplative Stage**
 - Thinking about quitting
 - Aware of need to quit smoking

3. **Action**
 - Ready to quit
 - Agreeable to counseling classes or other intervention

4. **Maintenance**
 - Has quit
 - Reinforce need to not smoke

5. **Relapse**
 - Reinforce that patient may go through stages of change several times before complete cessation occurs.

Elements of Brief Intervention (The 5 A's)

ASK about tobacco use

- Identify and document tobacco use status for every patient during every admission

ADVISE to quit

- Urge every tobacco user to quit in a clear, strong, personalized manner

ASSESS willingness to quit

- Willing to quit at this time?
- Unwilling to quit at this time?
- Recently quit?

ASSIST with attempt to quit

- Use advice and pharmacotherapy to help patient in their attempt to quit or to help with continuation of abstinence

ARRANGE follow-up

- Schedule follow-up contact after program completion, either by phone or in person. This could be in the form of a routine clinic visit or through collaboration with the patient's primary care physician

Elements of Brief Intervention: Motivation Intervention (The 5 R's)

RELEVANCE

Encourage the patient to indicate why quitting is personally relevant

RISKS

- Ask patient to identify potential negative consequences of tobacco use:
- Acute risks: shortness of breath, exacerbation of asthma, increased serum carbon monoxide
- Long-term risks: Heart attacks, strokes, lung and other cancers
- Environmental risks: increased risk of lung cancer and heart disease in spouses, higher rates of smoking by children of tobacco users, SIDS, asthma, respiratory infections

REWARD

Ask the patient to identify potential benefits of quitting:

- Improved health
- Food will taste better
- Self esteem
- Improved sense of smell
- Save money

ROADBLOCKS

Ask the patient to identify barriers to quitting:

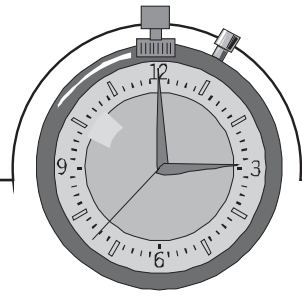
- Withdrawal symptoms
- Fear of failure
- Depression
- Weight gain
- Lack of support

REPETITION

Motivational Intervention should be repeated every time for an unmotivated patient has an interaction with a clinician. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.

The “Readiness to Change Questionnaire” on page 21 will help identify the stage the patient is currently in.

A Brief Intervention



**Strongly advise all smokers to quit.
Patients not willing to quit should receive a motivational
intervention to get them thinking about quitting.**

Provide educational material.

Provide social support and offer simple advice:

- Set a quit date.
 - Stress the need for total abstinence.
 - Review past attempts to quit.
 - Anticipate challenges.
 - Avoid alcohol.
-

Refer to Arkansas Smoking Cessation Program Clinics.

Implementing Patient Counseling

■ Readiness to Change Questionnaire

■ Samples of Patient Handouts

1. Arkansas Department of Health QUITLINE
2. “Changes When Smokers Quit”
3. “How to Quit Smoking”
4. “Secondhand Smoking and Children”
www.epa.gov/smokefree/publications.html
5. “If your friends or family smoke, put them out”
6. “How to Help Your Loved One Quit Smoking: Tips for Family and Friends”
7. “Five Common Myths about Quitting Smoking”
8. “Why It’s Important for Women to Quit”
9. “Help Keep Your Kids Tobacco Free”
10. “Resources to Help You Quit Smoking”
11. “You can Quit Smoking”

Link to an educational booklet available from the Surgeon General;

<http://www.surgeongeneral.gov/tobacco/default.htm>

■ List of Arkansas Smoking Cessation Program Clinics

This section provides hospitals with basic tools to implement inpatient counseling. A Readiness to Change Questionnaire will assist physicians and staff to identify what stage of change that a patient who smokes is currently in. Appropriate counseling efforts can then begin. Educational handouts for patients are essential to the counseling process. We have included a sample of patient handouts that include both education and links to current state and federal programs. Educational handouts include both general information and those meaningful to specific patient types, such as pregnant patients, women, children, and family members of smokers. These items can serve as a foundation on which hospitals can further expand a smoking cessation initiative.

Kick It For LIFE INPATIENT

Readiness to Change Questionnaire

Please read over all the choices and make a check mark next to the one that best describes your attitude toward quitting smoking at this time.

_____ I will start smoking when I leave the hospital.

_____ I would like to know more about the health effects of smoking.

_____ I worry about the bad effects of smoking but I probably will start again.

_____ I would like to quit smoking but am unsure of the best way to go about it.

_____ I have tried to quit in the past, but have always started again.

_____ I am ready to quit smoking and would like some suggestions.

_____ I am committed to quitting. I am confident I can do this.



MERCY

**ST. JOSEPH'S MERCY
HEALTH CENTER**

Break this date . . .



. . . and set a quit date!

SOS Quitline

1-866-NOW-QUIT



Changes When Smokers QUIT

IMMEDIATELY

Air around you no longer dangerous to children and other adults

20 Minutes

- Blood pressure drops to normal
- Pulse rate drops to normal
- Temperature in hands and feet increases to normal

8 Hours

- Carbon monoxide level in blood drops to normal
- Oxygen level in blood increases to normal

48 Hours

- Nerve Endings start regrowing
- Ability to smell and taste is enhanced

2-12 Weeks

- Circulation improves
- Breathing improves
- Walking becomes easier

1-9 Months

- Coughing and sinus congestion decreases
- Shortness of breath decreases
- Overall energy increases
- Lungs increase ability to self-clean and reduce infection

1 Year

Excess risk of coronary heart disease is half that of a smoker

5 Years

- Stroke risk is reduced to that of a nonsmoker
- Risk of cancer of the mouth, throat, and esophagus is half that of a smoker

10 Years

- Life expectancy comparable to a nonsmoker
- Lung cancer death rate is about half the rate of a smoker
- Risk of cancer of mouth, throat, esophagus, bladder, kidney and pancreas decrease
- Precancerous cells are replaced

15 Years

- Risk of coronary heart disease comparable to that of a non smoker

How to Quit Smoking!

Research has shown that following the five key steps below will help you to quit for good:

■ **Get ready to quit by picking a date to stop smoking.** Get rid of all cigarettes, ashtrays, and lighters in your home, car, and workplace. Make it a rule never to let anyone smoke in your home. Write down why you want to quit and keep this list as a handy reminder.

■ **Get support and encouragement from your family, friends, and coworkers.**

Studies have shown that you will be more successful when you have help. Ask them not to smoke around you or leave cigarettes out around you.

■ **Learn new skills and do things differently.** When you get

the urge to smoke, try to do something different - talk to a friend, go for a walk, or do something you enjoy like gardening or going to the movies. Try to reduce stress with exercise, meditation, hot baths, or reading. It's helpful to plan ahead for how you will deal with situations or triggers that will make you want to smoke. Have sugar free gum or candy around to help handle your cravings. Drinking lots of water or other fluids also helps.

■ **Get medication and use it correctly.**

There are medicines available to help you quit and lessen the urge to smoke. Your health care provider can help you decide what medication will work best for you. Don't forget to always talk to your health care provider before taking any OTC medicines, especially when you are pregnant or if you have heart problems.

■ **Be prepared for relapse.**

Most people relapse, or start smoking again, within the first three months after quitting. Don't get discouraged if this happens to you or has happened to you before when you've tried to quit. Remember, many

people try to quit several times before quitting for good. Certain things or situations can increase your chances of smoking again, such as drinking alcohol, being around other smokers, gaining weight, stress, becoming depressed or having more bad moods than usual. Talk to your health care provider for ways to help avoid or deal with these situations.



Children and Secondhand Smoke



Just What is Secondhand Smoke?



Secondhand smoke is a mixture of the smoke given off by the burning end of a cigarette, pipe, or cigar, and the smoke that is exhaled from the lungs of the smoker.

Secondhand smoke is also called environmental tobacco smoke (ETS); exposure to secondhand smoke is often called involuntary smoking or passive smoking.

Why Should Parents Be Concerned About Secondhand Smoke?

Effect on Lungs...

Children who breathe secondhand smoke are more likely to suffer from pneumonia, bronchitis, and other lung diseases.

Ear Infections...

Children who breathe secondhand smoke can have more ear infections.

Asthma...

Children who breathe secondhand smoke can have more asthma attacks and the episodes can be more severe.

Secondhand smoke may also cause thousands of healthy children to develop asthma each year. Infants and very young children who breathe secondhand smoke are more likely to get lung infections, resulting in thousands of hospitalizations each year.

What Can I Do to Reduce Children's Health Risks from Secondhand Smoke?



Other Places Your Children Spend Time:

EPA recommends that every organization dealing with children have a smoking policy that effectively protects children from exposure to secondhand smoke.

Find out about the smoking policies of the day care providers, pre-schools, schools, and other care-givers for your children. Help other parents understand the serious health risks to children from secondhand smoke. Work with parent/teacher associations, your school board and school administrators, community leaders, and other concerned citizens to make your child's environment smoke free.

What Can I Do to Reduce Childrens' Health Risks from Secondhand Smoke?



Where Can I get More Information on Secondhand Smoke and Children?

Where to Find Free Information:

National Service Center for Environmental Publications (NCEPI)
<http://www.epa.gov/ncepihom/>
or call at 1-800-490-9198

Visit EPA's Web Site at:
<http://www.epa.gov/iaq/ets.html>

You can also call IAQINFO at: (800) 438-4318 to speak to an information specialist, Monday through Friday, 9:00 a.m. to 5:00 p.m. eastern time. After hours, you may leave a voice message, or you may make inquiries by fax (703) 356-5386 or via e-mail: iaqinfo@aol.com anytime.

In Your Home:

- Choose not to smoke in your home and don't permit others to do so.
- Choose not to smoke if children are present, especially infants and toddlers. They are particularly susceptible to the effects of passive smoking.
- Don't allow baby-sitters or others who work in your home to smoke in the house or near your children.
- Choose not to smoke in your car.

Choose not to smoke in your home and don't permit others to do so.



Choose not to smoke if children are present, especially infants and toddlers. They are particularly susceptible to the effects of passive smoking.



If your friends or family smoke, put them out

It is important to remember that you are your baby's lifeline. Everything you are exposed to, you expose your baby to as well. A recent study of infant death rates uncovered shocking statistics of which you may be unaware.

In a recent study, babies exposed to smoke both before and after they were born are three times more likely to become victims of Sudden Infant Death Syndrome (SIDS). (Am J Epidemiol 1997; 146:249-257).

Your baby depends on you to take care of him or her and everything you do affects your baby.

Giving up your smoking habit will help your baby have a healthy start.

It is important for you to avoid exposure to any cigarette smoke. Ask anyone who smokes to step outside or into another room.

Children of smoke-free parents have a head start in sports and education, while children of smokers have a head start in likelihood of pneumonia, upper and lower respiratory infections, attention deficit problems, and low birth weight. As noted above, babies exposed to smoke both before and after they are born are almost three times more likely to become victims of Sudden Infant Death Syndrome (SIDS). Please help your baby to have the best start possible.

Ask your health care professional for help with quitting smoking.

How to Help Your Loved One Quit Smoking: Tips for Family and Friends



Ask how you can help. Your support can make a big difference to someone who is quitting smoking. Different people need different kinds of help when they quit, so if you want to help, always start by asking how you can help. If someone refuses your offer, that's OK. Let them know you will be there if your help is needed.

Make plans for your loved one's Quit Day. Think about fun ways to help keep him or her busy. You could go to the movies, visit the mall or take a trip to the park. Remember that a person who is quitting smoking may be irritable. Help distract him or her when they have cravings for a cigarette.



Be available to talk with the person who is trying to quit smoking even if he or she wants to talk late at night or early in the morning.

Keep those high-calorie munchies out of the house and out of sight of the person who is trying to quit smoking. Suggest a walk or some dancing to help with some of those "on edge" feelings that may come during the first few days.



Send a happy note or bring some flowers. Help with things around the house to lighten the load for a few days. Find out about support groups or classes in your area. Offer to go with the person or drop him or her off.



If you used to smoke, share tips that helped  you quit for good.



If you are a smoker, do not smoke around the person who is trying to quit and remove all smoking items from the house, car, etc. Do not offer the person a cigarette!



Remember that not all smokers can quit on the first try. Try not to add to the guilt if there are slips. Be supportive and let them know that you still believe they can quit for good.

Reward the person for not smoking. For example, you could treat him/her to dinner or the movies, buy them a small gift, give them a massage, etc.



Five Common Myths About Quitting Smoking

Myth # 1 ***Smoking is just a bad habit.***

Fact: Tobacco use is an addiction. According to the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, nicotine is a very addictive drug. For some people, it can be as addictive as heroin or cocaine.

Myth # 2 ***Quitting is just a matter of willpower.***

Fact: Because smoking is an addiction, quitting is often very difficult. A number of treatments are available that can help.

Myth # 3 ***If you can't quit the first time you try, you will never be able to quit.***

Fact: Quitting is hard. Usually people make 2 or 3 tries, or more, before being able to quit for good.

Myth # 4 ***The best way to quit is “cold turkey.”***

Fact: The most effective way to quit smoking is by using a combination of counseling and nicotine replacement therapy (such as the nicotine patch, inhaler, gum, or nasal spray) or non-nicotine medications (such as bupropion SR). Your health care provider or smoking cessation clinic is the best place to go to for help with quitting.

Myth # 5 ***Quitting is expensive.***

Fact: Treatments cost from \$3 to \$10 a day. A pack-a-day smoker spends almost \$1,000 per year. Check with your health insurance plan to find out if smoking cessation medications and/or counseling are covered.



For More Information

To get a free copy of other consumer products on quitting smoking, call any of the following toll-free numbers: Agency for Healthcare Research and Quality, 800-352-9295; Centers for Disease Control and Prevention, 800-CDC-1311; National Cancer Institute, 800-4-CANCER; or log onto the Surgeon General's Web site at www.surgeongeneral.gov/tobacco.

Why It's Important For Women To Quit!

Fast Facts

- Heart disease is the #1 killer of women in the United States. Cigarette smoking doubles your risk.
- Women who smoke have more heart attacks, cancers, oral health problems, and lung conditions.
- Since 1987, lung cancer kills many more women every year than breast cancer.
- Unlike so many other health conditions or disease, you have the power to prevent yourself from suffering from smoking-related illnesses or death. The benefits of not smoking start within days of quitting.
- Working women smokers report more days lost from work due to illness and injury than working women who do not smoke.
- Smoking may affect your ability to get pregnant.
- Smoking during pregnancy increases the risk of miscarriage, stillbirth, premature or early delivery, and infants born with low birth weight.
- Sudden Infant Death Syndrome (SIDS) occurs more often among babies of smoking mothers.
- Smoking increases the risk of hip fractures in women.
- Studies show that smoking increases the risks of cataracts.

■ **CHOOSE NOT TO SMOKE**

Help Keep Your Kids Tobacco-Free

Know the Facts about Youth and Tobacco Use

Kids who use tobacco may:

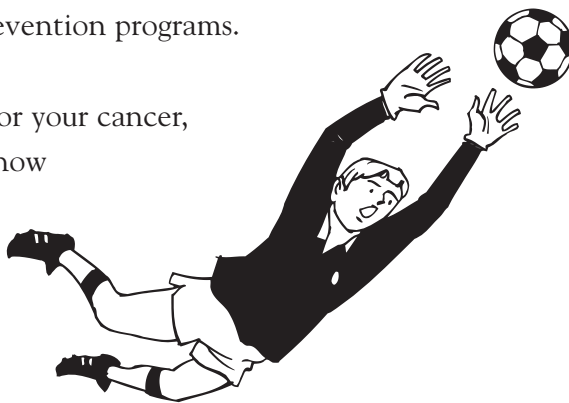
- Cough and have asthma attacks more often and develop respiratory problems leading to more sick days, more doctor bills, and poorer athletic performance.
- Be more like to use alcohol and other drugs such as cocaine and marijuana.
- Become addicted to tobacco and find it extremely hard to quit.

Take a Stand at Home

- Talk directly to children about the risks of tobacco use.
- If you use tobacco, you can still make a difference. Your best move, of course, is to try to quit. Meanwhile, don't use tobacco in your children's presence, don't offer it to them, and don't leave it where they can easily get it.
- Know if your kids' friends use tobacco. Talk about ways to refuse tobacco.
- Discuss with kids the false glamorization of tobacco on billboards, and other media, such as movies, TV, and magazines.

Make a difference in your community

- Support businesses that don't sell tobacco to kids.
- Frequent restaurants and other places that is tobacco-free.
- Be sure your schools and all school events (i.e. parties, sporting events, etc.) are tobacco-free.
- Partner with your local tobacco prevention programs.
- Call your local health department or your cancer, heart, or lung association to learn how you can get involved.



Adapted from Centers for Disease Control and Prevention

Resources to Help You Quit Smoking

The following organizations can provide additional information or links to additional information about effective methods to stop smoking and other programs available in your area.

■ Arkansas Department of Health

Tobacco Division

501-661-2991

www.healthyarkansas.com

■ Arkansas Department of Health Stamp Out Smoking Quitline

1-866-NOW-QUIT (1-866-669-7848)

www.stampoutsmoking.com

Additional quit smoking cites listed on the SOS website

■ American Cancer Society

1-800-227-2345

“Fresh Start Program”

www.cancer.org

■ American Lung Association

“Freedom From Smoking”

1-800-586-4872

www.lungusa.org

■ National Cancer Institute

1-800-422-6237

www.cancer.gov

■ American Heart Association

1-800-242-8721

www.americanheart.org

■ National Centers for Chronic Disease Prevention and Health Promotion (CDC)

www.cdc.gov/tobacco/

■ Agency for Healthcare Research and Quality

1-800-358-9295

www.ahrq.gov/consumer/index.html/smoking#

■ Quitnet

www.quitnet.com

■ Foundation for a Smoke-free America

www.tobaccofree.org

■ Surgeon General

www.surgeongeneral.gov/tobacco/

Arkansas Smoking Cessation Program Clinics

Program Location	Contact
Conway Regional Medical Center 2302 College Avenue Conway, AR 72032	501-450-9292 x 23 Kellie Turpin, RD 501-513-5248 Peggy Schultz, CDE
White River Medical Center 1710 Harrison Street Batesville, AR 72501	870-612-3264 Janet Smart, RN
St. Mary's Regional Medical Center 1808 West Main Street Russellville, AR 72801	479-964-5495 Dr. David Bachman
AHEC-Northwest in Harrison 105 East Crandall Harrison, AR 72601	870-391-3529 Elisa Dickson
Fulton County Hospital 679 North MainSalem, AR 72576	870-895-2691x Diana Templin
WATCH - Mena Healthy Connections, Inc 404 7th StreetMena, AR 71953-3201	479-394-2332 Shirley Vanderslice
East Arkansas Family Health Center 215 East Bond StreetWest Memphis, AR 72301	870-735-3846 x 233 David Day
Mainline Health Care Systems 604 Pecan Street Dermott, AR 71638	870-538-5296 Brenda Sedberry, LPN
CABUN Rural Health Services Bearden Health Clinic P.O. Box 198, Second and School Street Bearden, AR 71720	870-687-3637 Roselyn Dorton
Jefferson Comprehensive Care Center P.O. Box 1285, 1105 Tennessee Pine Bluff, AR 71613	870-543-2380 Morio Snelling
Lee County Cooperative Clinic P.O. Box 669, 530 West Atkins Blvd. Marianna, AR 72360	870-295-5225 Geraldine Garrett
Boston Mountain Rural Health Center P.O. Box 1036, Hwy 27 SouthMarshall, AR 72650	870-448-5733 Kathleen Haase
Mid-Delta Health Systems 401 Midland Clarendon, AR 72029	870-747-3381 Monica Lindley
White River Rural Health Initiative Des Arc Health Center P.O. Box 530, 405 Hwy 11 N Des Arc, AR 72040	870-256-4178 Suzanne Griffith
Corning Area Health Care P.O. Box 83Hwy 67 West, 1500 Main Street Corning, AR 72422	870-857-3399 Christi Foust

References/Work Cited

- U.S. Public Health Service, June 2002. *Treating Tobacco Use and Dependence-A Systems Approach*. Clinical Practice Guideline. www.surgeongeneral.gov
- Medical Review of North Carolina, Inc. *Smoking Cessation Counseling. How can hospitals address this issue realistically and effectively?* www.mrnc.org
- American Lung Association. *Fact Sheet Smoking. June 2002.* http://www.lungusa.org/tobacco/smoking_factsheet99.html
- Centers for Disease Control and Prevention, *Tobacco Information and Prevention Source (TIPS)*. www.cdc.gov/tobacco/
- St. Joseph's Mercy Health Center. *Kick it for Life Questionnaire.* <http://www.saintjosephs.com>
- Missouri Patient Care Review Foundation, *Tobacco Dependence Treatment Program.* www.mpcrf.org

