

Tobacco Cessation for Medical and Primary Care Settings



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Center For a Tobacco-Free Finger Lakes

Center for a Tobacco-Free Finger Lakes

Serving:

Cayuga
Chemung
Livingston
Monroe
Ontario
Schuyler
Seneca
Steuben
Tompkins
Wayne
Yates

- Education and **evidence-based** resources for healthcare settings to **identify** and **treat nicotine dependence**
- Provide lunch-and-learn training opportunities
- Recommend policy and workflow improvements
- For more information, contact Scott McIntosh, PhD at treatnicotine@urmc.rochester.edu

or follow this QR Code ->



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- Provides education and resources for healthcare organizations to **identify** and **effectively treat** **nicotine dependence**
- Uses **evidence-based** resources and programs to assist organizations in the design and implementation of policy and office-based systems to address nicotine dependence, especially in patient populations experiencing health disparities
- Assists healthcare organizations to **improve** **tobacco policy**



Summary and Objectives

- Understand Tobacco/Nicotine Dependence and its impact on Physical and Mental Health
- Understand the pathology of nicotine & tobacco-product use
- Understand the effects of vaping and e-cigarette use
- Provide an Overview of FDA-Approved Nicotine Replacement Therapies, and Combination Therapy with Counseling
- Counseling Methods for Clients/Patients, Motivational Interviewing brief overview
- Recommendations for Screenings, and Referrals to cessation treatment, NYS Quitline



Harms of Tobacco Use



Harms of Tobacco Use

- 60% of lifelong cigarette users die prematurely from smoking
- Smoking causes one in five deaths in USA
- The leading cause of global preventable disease, disability and deaths
- A major contributing factor to poverty
- Vaping and smoking damages adolescent brains and leads to addiction



Tobacco Companies Target Vulnerable Populations



- Black Communities
- LGBT+
- Rural
- Children
- Impoverished
- Psychiatric illness



picture taken from nysmokefree.com



Chemicals in Tobacco Smoke

Acetone—found in nail polish remover

Acetic acid—an ingredient in hair dye

Ammonia—a common household cleaner

Arsenic—used in rat poison

Benzene—found in rubber cement and gasoline

Butane—used in lighter fluid

Cadmium—active component in battery acid

Carbon monoxide—released in car exhaust fumes

Formaldehyde—embalming fluid

Hexamine—found in barbecue lighter fluid

Lead—used in batteries

Naphthalene—an ingredient in mothball

Methanol—a main component in rocket fuel

Nicotine—used as an insecticide

Tar—material for paving roads

Toluene—used to manufacture paint



Harms of E-Cigarette Use/ Vaping



Chemicals in Vaping Liquid



- **Nicotine** - highly addictive, negatively affects adolescent brain development.
- **Propylene glycol** - antifreeze, paint solvent, and artificial smoke in fog machines
- **Carcinogens**- acetaldehyde and formaldehyde.
- **Acrolein** - herbicide used to kill weeds, can cause irreversible lung damage.
- **Heavy metals** - nickel, tin, lead, copper*.
- **Cadmium** - a toxic metal found in traditional cigarettes that causes breathing problems and disease.
- **Benzene** - a volatile organic compound (VOC) found in car exhaust.
- **Ultrafine particles** - can be inhaled deep into the lungs.
- **Diacetyl** - a chemical linked to a lung disease called bronchiolitis obliterans aka "popcorn lung"
- **Diethylene glycol** - toxic chemical used in antifreeze, linked to lung disease.

American Lung Association. What's in an E-Cigarette? 2020 [updated July 13, 2020. Available from: <https://www.lung.org/quit-smoking/e-cigarettes-vaping/whats-in-an-e-cigarette>.

* A URM Research Study was the first to identify copper content in vaping liquid



E-Cigarettes/ Vapes - Not Just Water Vapor

- E-cigarettes are a category of “tobacco products”
- They contain Nicotine and many chemicals
- Ultrafine particles are inhaled deep into the lungs
- Flavorings contain chemicals from food additives known to be directly and irreversibly harmful to the lungs (diacetyl, vanillin and cinnamaldehyde)
- Volatile organic compounds (vitamin-e acetate)
- Heavy metals (nickel, tin, copper, & lead)



Vaping = Nicotine Addiction

- ▶ Priming of brain for addiction and vulnerability to initiation and addiction to drugs
- ▶ Psychological distress
- ▶ Impulse control problems
- ▶ Brain development/cognitive impairment
- ▶ Irritability, anger, impatience, anxiety
- ▶ Classroom/learning/concentration impairments
- ▶ Executive/decision-making impairment
- ▶ Incomplete development of prefrontal cortex

Quit attempts cause:

- ▶ cravings, insomnia, gastrointestinal problems and mood-related complaints including anxiety, anger, frustration, depression and irritability



Second & Thirdhand Smoke & Vapor



- Environmental tobacco smoke (ETS) and passive smoke/vapor
- Third-hand smoke/vapor is the left-over contamination in a room/car/clothing that persists after the cigarette is extinguished
- Toxicants in vape fluid, Propylene Glycol (PG) & glycerol are especially hazardous to pets
- There is no risk-free level of exposure to tobacco smoke, and vapor, and there is no safe tobacco product



Spit Tobacco and Emerging Products



“Spit Tobacco” (smokeless, chew)

- Amount of nicotine in 8-10 chews/dips per day = 30-40 cigarettes!
- Smokeless tobacco delivers 3-4 times more nicotine than smokable tobacco
- Made from a mixture of tobacco, nicotine, sweeteners, abrasives, salts and chemicals
- Contains a mix of 4000 chemicals, more than 30 known carcinogens
- More addictive than cigarettes because it contains higher levels of nicotine



Emerging Products

- ▶ **Smart Vapes** - incorporate features similar to smartphones, like digital displays, touchscreens, and even built-in games.
- ▶ **Pouches (Zyn)** tea bag-like products containing nicotine extract, flavorings, and plant-based fibers.
- ▶ **Dissolvables** - oral use strips, or sticks, and some may look like hard candy. Some you can drop into your coffee or beverage.



Chronic Disease Model/ Pathology



Take the Extra Minute or Two to talk about Tobacco Product Use

- Treating tobacco dependence is “the single, most powerful, preventive intervention in clinical practice.”
 - Gerome Adams, U.S. Surgeon General (2020)
- “Smoking cessation would prevent more deaths than any other single known intervention.”
 - Steven Woolf, JAMA 1999; 282(24):2358-2365



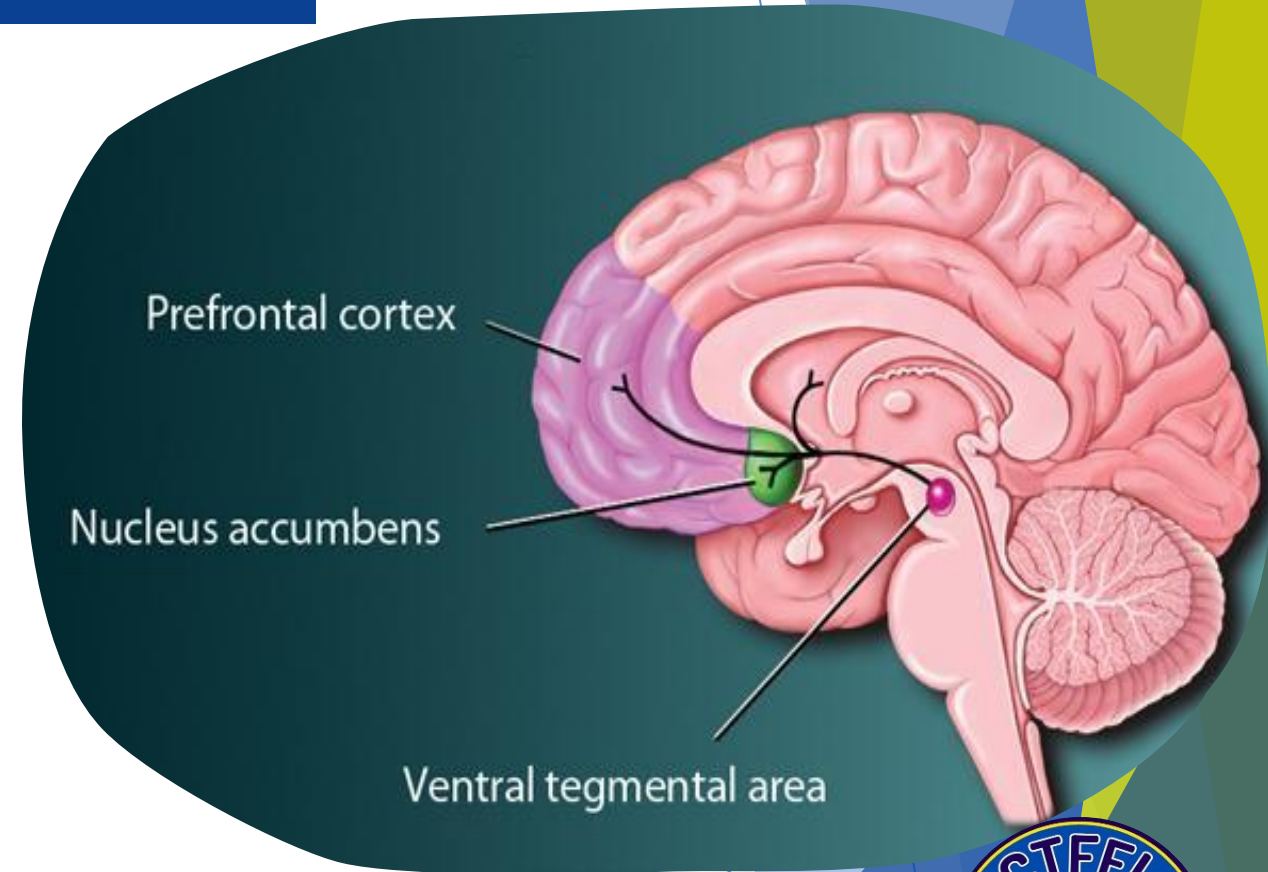
Chronic Disease Model

- Tobacco Use Disorder, like all substance use disorders is a chronic disease
 - Long term disorder
 - Periods of relapse and remission
 - Requires a chronic disease model approach rather than an acute care approach



Involvement of Receptors

- Nicotine binds to **nicotinic receptors** in the brain, augmenting the release of numerous neurotransmitters
- Cigarette smoke also inhibits monoamine oxidase (the enzyme that breaks down the biogenic amine neurotransmitters norepinephrine, serotonin, and dopamine)



Nicotine Addiction in Youth

- NO AMOUNT of nicotine is safe for youth & young adults
- Teens may not know about and don't think about the dangers of nicotine
- Nicotine harms young adult (13-25) brain development and maturation
- Tobacco dependence leads to impotence, even in young people
- Decreased activation in the pre-frontal cortex can cause problems with:
 - Learning
 - Attention
 - Memory
 - Behavior problems
 - Leads to future addiction



Pathology

Lungs

- Current and former smokers: 54% have lung impairment
- 80% COPD deaths caused by smoking
- Vaping Associated Acute Lung Injury: EVALI

Cardiovascular

- Smoking increases the rate of dying from heart disease in men by 4x, in women by 5x
- Stroke: smoking increases risk by 2x-4x
- Smoking ages the arteries at 2x the speed, leading to peripheral vascular disease and atrial insufficiency
- Reduces Wound Healing post injury or surgery

Dementia

- Risk increased for Alzheimer's and vascular complications



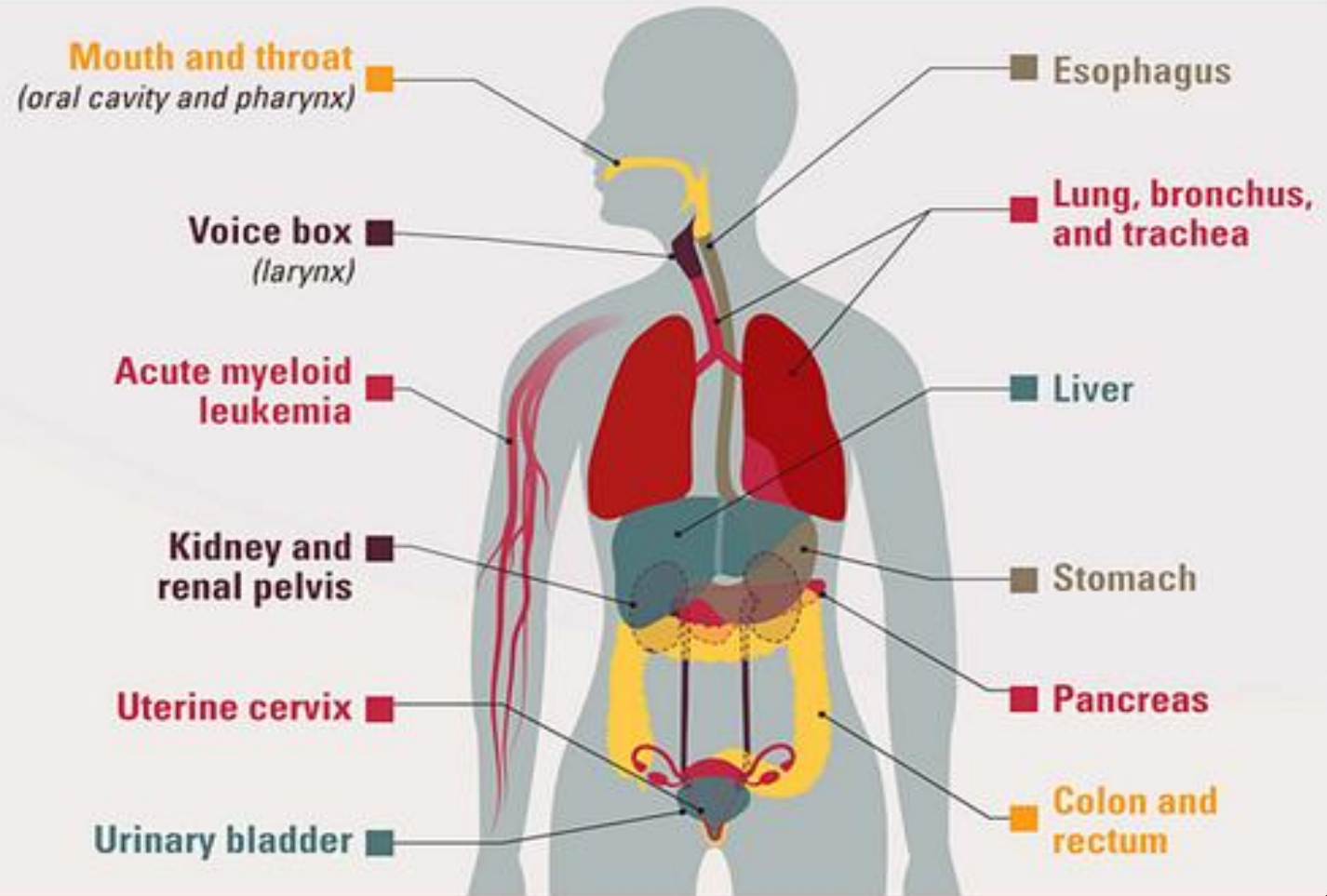
Cardiopulmonary Effects- Vaping

- In a 2023 Review Article, **The American Heart Association** concluded that acute use of vaped liquid increased several cardiopulmonary capacities including raised blood pressure and heart rate, suggesting vascular remodeling and sympathetic overactivation.
- These effects were more pronounced from vaping use, than from the combustible product!
- [Rose et al \(2023\) Cardiopulmonary Impact of Electronic Cigarettes and Vaping Products: A Scientific Statement From the American Heart Association | Circulation](#)



Cancers linked
to Tobacco Use
make up 40%
of all cancers
in the U.S.

Tobacco use* causes cancer throughout the body.



* Tobacco use includes smoked (cigarettes and cigars) and smokeless (snuff and chewing tobacco) tobacco products that, to date, have been shown to cause cancer.

Effects on Oral Health

- **Malignancies**
- **Oral mucosal lesions**
 - Leukoplakia
 - Nicotine Stomatitis
- **Periodontal diseases**
 - Higher levels of plaque, calculus formation (tartar)
 - Gingivitis, Periodontitis, and Acute necrotizing ulcerative gingivitis (ANUG)
- **Dental Implants**
 - Damaging to both the initial and long-term success
 - Delayed wound healing/less favorable treatment outcomes
- **Dental Caries**
- **Salivary changes/dry mouth**



Mental Health Effects



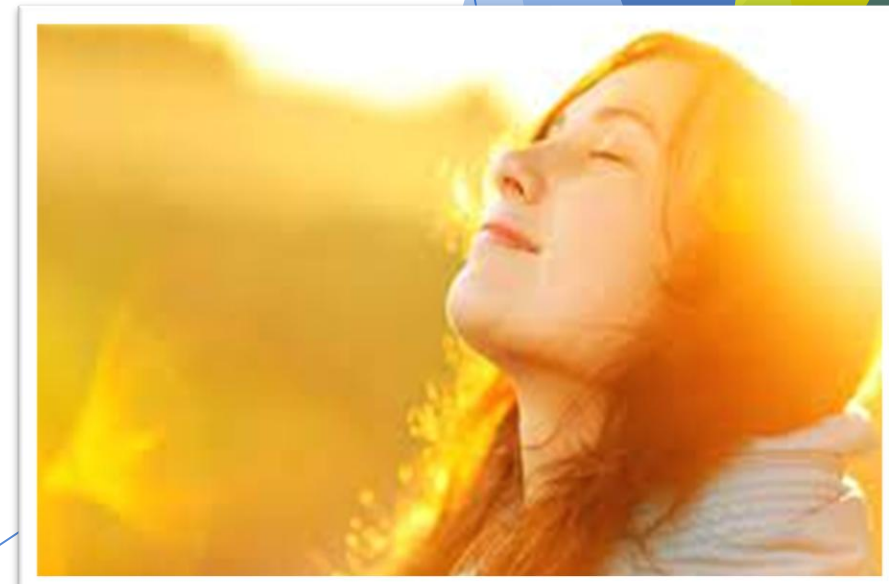
Study: Smoking Cessation Improves Mental Health

Quitting tobacco use can improve the likelihood of long term sobriety from alcohol and other drugs by 25% if addressed at same time as alcohol/drug recovery.

A meta-analysis of 26 studies that assessed mental health, depression and psychological quality of life, **concluded that:**

- Cessation reduces depression
- Cessation reduces anxiety, lowers stress*
- Improved positive mood and quality of life
- Effects of quitting smoking are equal to or greater than treatment with antidepressants

- *It should be noted that the stress felt, is from the withdrawal effects of the nicotine addiction!



Nicotine Affects Mental Health Medication

- Nicotine affects medication absorption
- When nicotine use is reduced medication dosage adjustments may be necessary
 - Tri-Cyclic anti-depressants
 - Serotonin-Reuptake Inhibitors
 - Specific meds -
 - Clozapine - serum levels increase 72%
 - Alprazolam



Medication Interactions



Nicotine Affects Caffeine Absorption

- Nicotine use will shorten the half-life of caffeine
- The combination of nicotine and caffeine in the system at the same time increases the stimulation effect
- Drinking Caffeine can create an associated nicotine craving
 - *Individuals quitting nicotine may want to limit or be more mindful of caffeine intake to avoid potential associated cravings*



Advantages of referrals to NY State Smokers' Quitline

- ▶ Patients can be referred to the New York State Smokers' Quitline as often as needed
- ▶ Patients can call the New York State Smokers' Quitline and use the Qitsite as often as needed
- ▶ Patients can be referred via
 - ▶ “Fax to Quit”
 - ▶ Or online at:
<http://www.nysmokefree.com/subpage.aspx?p=70&p1=70220&curcat=7022020>

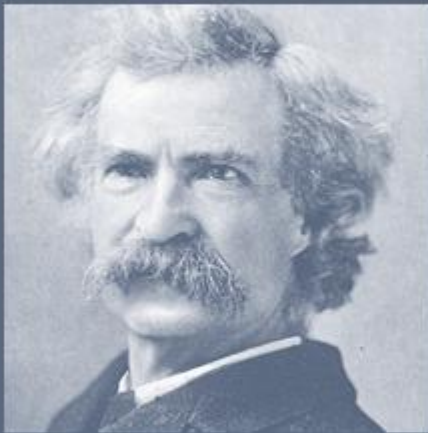
Or via EHR - such as UPMC's eRecord screens

Treatment: Pharmacotherapy and NRT



Treatment

- Treatment should address the physiological and the behavioral aspects of dependence



Quitting smoking is easy, I've
done it hundreds of times.

~ Mark Twain

Elevator Speech

Jumping out of 4th story windows is dangerous, right? How about if I just jump out of 2nd story windows?

However, as your healthcare provider, it's important for me to explain to you the options that are APPROVED by the FDA.... Including Escalators and Elevators.



It's never too late!

- Smokers benefit from quitting smoking even after the development of smoking-related morbidity
- Smoking cessation is associated with decreased all-cause mortality, even for smokers with airway obstruction
- Smoking cessation can slow or partially reverse the accelerated bone loss caused by years of smoking

Older smokers are less likely to make an initial quit attempt, but are more successful than younger smokers when they do



Medication-Assisted Treatment:

FDA-Approved Nicotine Replacement Therapies and Cessation Medications



Over the Counter

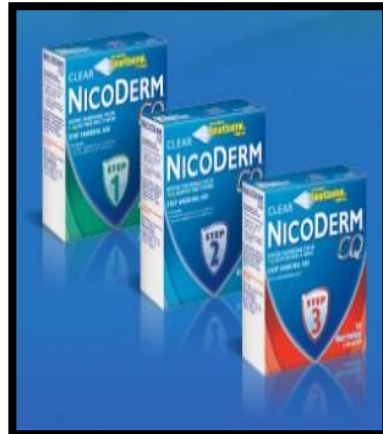
- Nicotine Patch, Gum, Lozenge

Prescription

- ▶ Nicotine Inhaler (*limited availability 2024)
- ▶ Nicotine Nasal Spray
- ▶ Bupropion SR (Zyban, Wellbutrin)
- ▶ Varenicline (Chantix)
- ▶ **E-Cigarettes are not recommended for cessation, despite mixed evidence-base: Results in dual-use, continued addiction, unknown amounts of nicotine and toxins.**



Pharmacotherapy



2024: Inhaler no longer available in the U.S.

These are the brand names, but there are emerging NRT products and “store brand” alternatives of the nicotine containing products (e.g., CVS, Rite Aid) which have the same levels of nicotine. Zyban has two other forms: as Wellbutrin (for Depression) and generically as “Bupropion SR”. Alternatives are often cheaper for clients/patients.

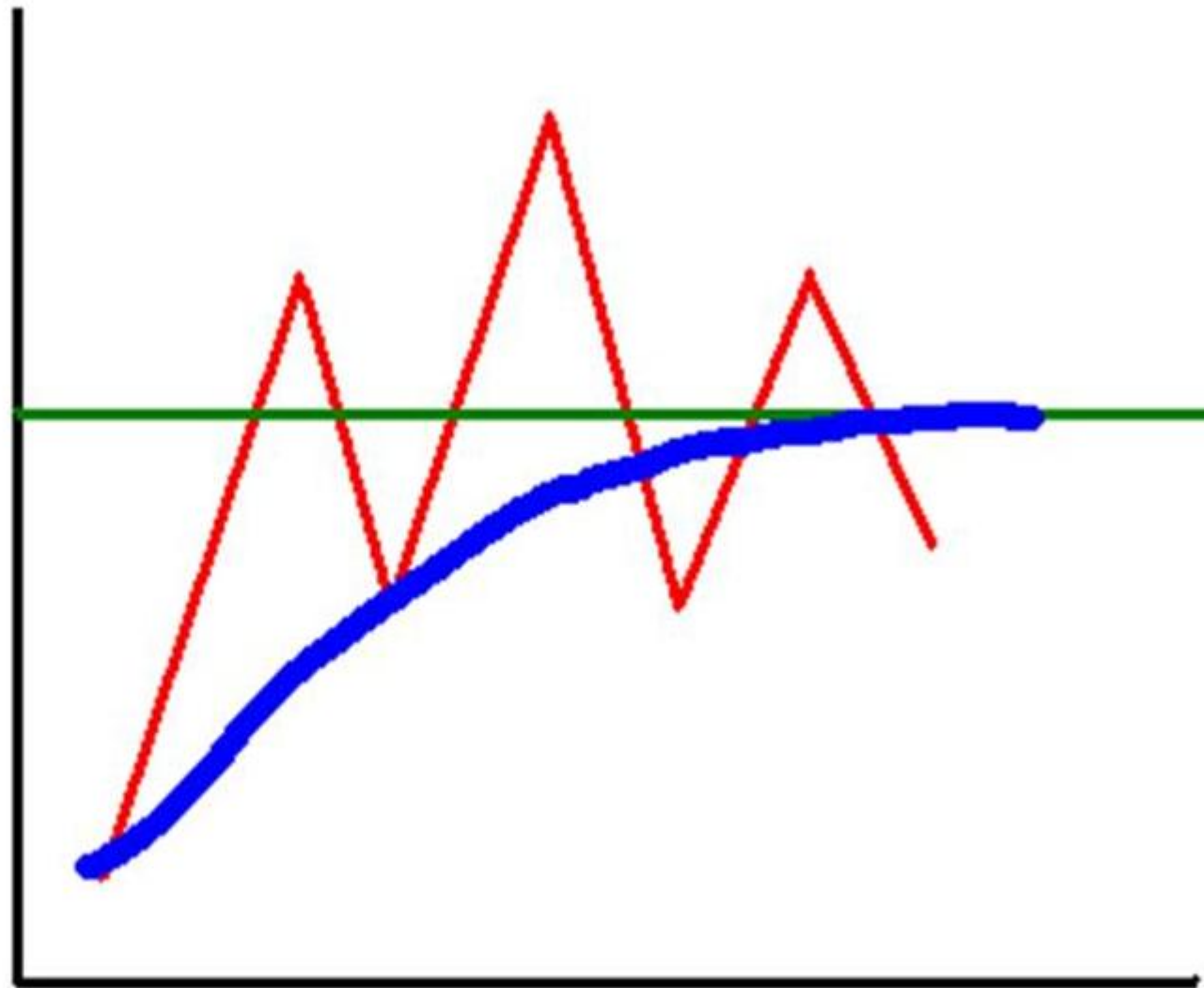


Blood Nicotine Levels

Red = Cigarette

Green = Average Daily Level

Blue = Nicotine
Replacement Therapy (NRT)



Optimizing Treatment - Combination Therapy and Pre-Loading

- Combine drugs of different classes
- Combinations of short- and long-acting forms of nicotine replacement therapy increases smoking cessation
- The evidence is suggestive that pre-loading (e.g., initiating cessation medication in advance of a quit attempt), especially with the nicotine patch, can increase smoking cessation



Note about E-Cigarettes

E-Cigarettes and vaping are NOT approved as Nicotine Replacement Therapies.



USPSTF Preventive Screenings

Screen for Use: Tobacco, Cigar, Chew, Vape

- Every Patient, Every Encounter

Lung Cancer - LDCT Eligibility

- Low-dose computed tomography (LDCT)
- Adults aged 50 to 80 years
- 20 pack-year smoking history
- Every Year
- Currently smoke or quit within the past 15 years

Abdominal Aortic Aneurism

- Physical Examination and Ultrasonography
- One Time Screening
- Men
- Aged 65 to 75 years
- Who have ever smoked.



Treatment - Perinatal Populations, Children and Adolescents

- Pregnancy - Avoid Varenicline in pregnant patients; data are lacking
- Nicotine affects fetus - 2 x higher absorption rate in amniotic fluid
- Breastfeeding - NRT is passed in the breastmilk, however the positive effect of breastfeeding outweighs the negative impact of both NRT and tobacco, therefore...
- **We do recommend breastfeeding in these circumstances.**
- Children and Adolescents - No smoking cessation medications are FDA approved for use in children or adolescents
- For more information on lactation and medication interactions:

<https://www.ncbi.nlm.nih.gov/books/NBK501922/?msclkid=980c57a0b1c911ec97eee1ecdebcd06>



Optimizing Treatment - Combination Therapy and Pre-Loading

- Combinations of short- and long-acting forms of nicotine replacement therapy such as nicotine gum and nicotine patch, where the patch facilitates a steady blood nicotine level, and the gum or lozenges attenuates cravings
 - *Combination therapy is recommended by the CDC*
- With some medications (e.g., Chantix) dosage initiation includes “pre-loading”, which means starting the medication in advance of a quit attempt, such as one to two weeks before a quit date



Nicotine Overdose Symptoms

- Muscarinic signs
 - Vomiting
 - Diarrhea
 - Bronchorrhea
 - Salivation
 - Wheezing
- Nicotinic effects
 - Muscle fasciculations
 - Paralysis
 - Coma
 - Seizures
- These typically present rapidly after exposure and resolve in about two hours. In most patients, supportive care until resolution of toxicity is sufficient
- Although uncommon, life-threatening effects such as seizures, coma, respiratory arrest, and cardiac arrest have been reported in children

Nicotine Withdrawal Symptoms

Symptoms	Duration	Prevalence
Urges to smoke	> 2 weeks	70%
Increase appetite	>10 weeks	70%
Poor concentration	< 2 weeks	60%
Depression	< 4 weeks	60%
Restlessness	< 4 weeks	60%
Irritability/aggression	< 4 weeks	50%
Mouth ulcers	> 4 weeks	40%
Night-time awakenings	< 1 week	25%
Constipation	> 4 weeks	17%
Light-headedness	< 48 hours	10%



Counseling



Combining Counseling with Pharmacotherapy is the Gold Standard

First-line therapy should include both Pharmacotherapy and Behavioral Support

- Cessation medication is most effective when combined with counseling
- Brief (or intensive) behavioral support can be delivered effectively in person or by telephone, text messages, or the internet
- Combining a clinician's advice to quit with cessation medication is effective when it is routine with tobacco users in virtually all health care settings

Face to Face Counseling

- The Healthy Living Program, based in Rochester, is located in the Center for Community Health and Prevention
 - <https://www.urmc.rochester.edu/community-health/programs-services/healthy-living-center/stop-smoking-program.aspx>
- Face to Face Counseling provided, including phone call follow-up
- Individuals will be screened for NRT/medications
- Individuals can also be referred to the NY State Smokers' Quitline at the same time



Components of Smoking Cessation Group Therapy Program

- **Example:**

- 6-10 weekly sessions of manualized group smoking cessation counseling
- Flexibility in setting a target quit date if unsuccessful on initial attempt
- Emphasis on motivational interviewing (MI) and psychoeducation pre-Quit Date
- Modified cognitive behavioral therapy (CBT) emphasizing small amounts of material at each session with frequent repetition
- Focus on building social skills and emphasis on relapse prevention



5A's Treatment Model

Current Practice Guidelines of the Monroe County Medical Society (recommended statewide) and based on National clinical guidelines:

- **Ask** patients/clients about tobacco product use
 - Every patient/client, every visit
- **Advise** them to quit for good
- **Assess** their willingness to quit for good
- **Assist** in a quit attempt (counseling, meds, referral)
- **Arrange** follow-ups (notes, appointments, electronic health records)



Stages of Change Model

- **Pre-contemplation**
 - Can discuss the “5R’s”
- **Contemplation**
 - Yes, but not now
- **Preparation**
 - Set a Quit Date
- **Action**
- **Maintenance**
- **Relapse/Recycle**
 - Emphasize successes and “re-trying”



For Those Not Ready to Quit

The Five R's (PERSONALIZE)

- **Relevance** (Relationship/how does it affect their life?)
- **Risks** (Short and long term health and economic risks)
- **Rewards** (Health and quality of life improvement)
- **Roadblocks** (Stress, other tobacco product users, boredom, lack of confidence)
- **Repetition** (Think “dose response”: more discussion leads to increased success)



Motivational Interviewing

a conversation about change

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy



Decisional Balance

**Motivation &
Ambivalence**

Advantages

Disadvantages

No Change

1

2

Change

4

3

Finish with
Advantage
of Quitting

Develop
Discrepancy



Referrals



REFERRAL to Cessation Resources

Center for a Tobacco-Free Finger Lakes

Home

Train the Trainer

Resources for Your
Healthcare Setting

Stay Informed

Cessation Referrals

Newsletter

Our Team

Nicotine & Tobacco
Research Core

[URMC](#) / [Public Health Sciences](#) / [Research](#) / [Nicotine & Tobacco Research Core](#) / [Center for a Tobacco-Free Finger Lakes](#) / Cessation Referrals

[Make a Gift](#)

Cessation Referrals

Stop Smoking/Vaping Cessation Resources

- FOR EVERYONE - [NYS Quitline](#): Call 1-866-NYQUITS (1-866-697-8487) or visit <https://www.nysmokefree.com> for free Nicotine Replacement Therapy and one-on-one counseling, to stop using tobacco-products.
- FOR EVERYONE - (via Text): [Learn2QuitNY](#): The NYS Quitline sponsors a free Smoking and Vaping Support program via text. Just TEXT "QUITNOW" to 333888 to join.
- FOR PARENTS - (via Text): Visit [Truth Initiative Parental Resources](#) to receive daily advice to help youth quit, or TEXT "QUIT" to 202-899-7550
- FOR TEENS & YOUNG ADULTS - VAPE SUPPORT- (via Text): TEXT "DROPTHEVAPE" to 88709 to join [This is Quitting](#), vape support for young people ages 13-24, sponsored by the Truth Initiative.
- FOR ADULTS: (Telephone & In-Person) [CCHP Stop Smoking](#) Program through the Center for Community Health and Prevention at URMC offers free quit support from certified counselors. Click link above or call (585) 602-0720
- FOR ADULTS (Online via Zoom) [Commit to Quit!](#): FREE Zoom group program for adults, led virtually by an expert team of certified tobacco counselors at the CCHP, is designed to help find your path toward freedom from smoking, vaping or chewing tobacco.
- FOR ADULTS (Text & Telephone) [Wilmot Tobacco Cessation Program](#) offers FREE text- and telephone-based cessation counseling with free Nicotine Replacement Therapy, available in [ENGLISH](#) or [SPANISH](#), led by cessation experts. TEXT "WILMOT" to 63141 or call (585) 504-9461.
- FOR ADULTS - [Rochester Regional Health](#) offers cessation services through the *Freedom From Smoking* Curriculum. Fee may apply. Click website above for information.

EMR - SCREENS



New York State Quitline & Quitsite



- **Quitline:** Free and confidential telephone Quitline provides evidence-based tobacco cessation services to New York State residents who want to quit tobacco product use for good
- **Quitsite:** www.nysmokefree.com



NY State Quitline - Resources and Referral

- Palm cards (passive referral)
- Refer-to-Quit (active referral)
- Electronic Health Record Referral



New York State Smokers' Quitline 1-866-NY-QUIT (1-866-697-8487)

Refer-to-Quit Referral Form

Patient stamp, label, OR info (name, record number, DOB, date):

Fax form to: 1-866-QUIT-FAX (1-866-784-8329)

Step-by-Step:

- If a tobacco user would like help from the Quitline, complete form.
- Fax completed form to 1-866-784-8329.
- A Quitline Quit Coach will contact the tobacco user and offer free cessation services. A progress report will be sent to the provider listed on this form.
- The Quitline program is a free service for all New York State residents regardless of insurance status.

Tobacco Users: Complete This Section

(Please print)

First Name _____ Last Name _____ Date of Birth ____/____/____

Mailing Address _____ City _____ State _____ Zip Code _____

☐ Male ☐ Female Gender _____ Primary Phone (area code + number) _____ Secondary Phone (Area code + number) _____

E-mail Address: _____

When should we call? ☐ Morning ☐ Afternoon ☐ Evening ☐ No preference May we leave a message? ☐ Yes ☐ No

Language Preference: ☐ English ☐ Spanish ☐ Other (specify) _____

I (undersigned) give permission for the support staff of the New York State Smokers' Quitline to contact me, coach me in quitting smoking, and give feedback regarding my progress to the health care provider listed below and permission for that provider to forward the information to other relevant health care providers.

Required Tobacco User's Signature (or agent if authorization was verbal) _____ **Date** _____

Health Providers/Employer/Other: Complete This Section

Referrer: _____ () _____ Phone number: _____

Facility: _____ () _____ Fax number: _____

Address: _____ City _____ State _____ Zip _____

E-mail address: _____

SEND PROGRESS REPORT VIA SECURED: ☐ Secured Site Access ☐ E-mail (Secured Attachment)
☐ Fax (Provider Secured) ☐ DO NOT SEND PROGRESS REPORT
If a selection is not indicated, no progress reports will be made available.

Send feedback report to:

☐ Same as above or _____ () _____ Phone number: _____

Facility _____ () _____ Fax number: _____

E-mail address: _____

PEDIATRICS ONLY: Tobacco Users' relationship to child: ☐ Mother ☐ Father ☐ Other (specify) _____

Child/Children's name: (to help with recordkeeping) _____

RTQ 1.11



Guidelines & Policy



The Monroe County Medical Society Guidelines

➤ MCMS - Treating Tobacco Use and Dependence

- ▶ Regionally used to inform tobacco treatment procedures, recommendations, connect clinicians to referral programming, and more
- ▶ tinyurl.com/MCMSTobacco



Newsletter



Newsletter

- If you are interested in receiving our monthly newsletter,
- please type your email address and name in the chat,
- or send us a request @ treatnicotine@URMC.Rochester.edu

(June '22 Newsletter Shown)



ADULT SMOKING RATE DROPS TO 12% IN NYS; WORK STILL TO BE DONE.

New York State Department of Health Announces Rate of Adults Smoking Cigarettes Dropped Consecutively Over Past Four Years.

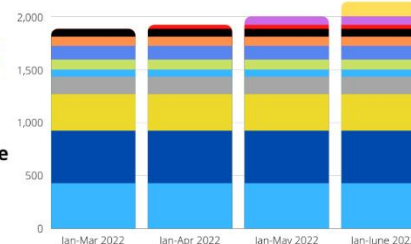
The prevalence of cigarette smoking among NYS adults in 2020 is down to 12.0% from 15% four years prior and 14.7% in 2017. While cigarette smoking rates among young adults ages 18-24 have dropped to a new low of 5.5%, New York young adults remain the primary users of e-cigarettes and vape pens. The data show that nearly 40% of 12th-grade students and 27% of all high school students in New York State had used e-cigarettes.
<https://tinyurl.com/twelvepercent>

LEARN2QUITNY TEXT PROGRAM LAUNCHED

The Quitline recently launched Learn2QuitNY, a free comprehensive six-week text program with step-by-step guidance for New York State residents to learn and practice skills that promote freedom from nicotine dependence. Residents can enroll by visiting nysmokefree.com/text or by texting QUITNOW to 333888.

NYS Smokers' Quitline

Quitline usage up 140 users since May



Free Nicotine Patches/Gum Call: 1-866-697-8487
The Check-Up: tinyurl.com/thecheckup
Visit: nysmokefree.com

IMPORTANT DATES & WEBINARS

Juneteenth - June 20th
Progress being made to help Black and African Americans quit:
[Click for JAMAQuitProgress](#)

Latest Report from the NYS Bureau of Tobacco Control
[Click for BRFSSsmoking2022](#)

June is National Pride Month
How tobacco companies target the LGBTQ+ Community
[Click for cancer-network](#)

Mens Health Month
Wear Blue Day - June 17th
menshealthnetwork.org/wearblue

"Addressing Tobacco, E-cigarette & Alternative Product Use with Young Adults"
Webinar on July 14th
[Click for July14VapeWebinar](#)

SURVEY RESULTS UNVEILED; WEBINAR NOW ON-DEMAND

2021 New York State Healthcare Professional Communication Preferences Survey found half (50.2 percent) of state-licensed healthcare professionals believed the COVID-19 pandemic effected "no noticeable change" on their patients who use tobacco or vape products.

<https://tinyurl.com/nyssurveywebinar>

June "Treat Nicotine" Newsletter - 06/15/2022

Thank you!



Questions?

- Website: tinyurl.com/CTFFL-URMC
- Facebook: [Facebook.com/CTFFL](https://www.facebook.com/CTFFL)
- Email Addresses: treatnicotine@urmc.rochester.edu
 - Scott_mcintosh@urmc.Rochester.edu - Director of CTFFL
 - Holly_Widanka@URMC.Rochester.edu - Project Manager
 - Jessica_Rosman@URMC.Rochester.edu - Health Project Coordinator
 - Ryan_Mulhern@URMC.Rochester.edu - Health Project Coordinator



Bupropion (Wellbutrin XR)

Delivery: 150mg slow-release tablet, 8 hour time action

Screening: Screen for seizure risk (epilepsy, head injury, brain surgery), eating disorder, MAOI current or recent, heavy alcohol use, depression or other psychiatric illness

Mechanism: Blocks some nicotine receptors. Antidepressant and anorexigenic actions that are useful in smoking cessation patients. Metabolized in the liver

Instructions: Plan to quit 2nd week after starting. Take with food.

Dose: 150mg SR daily for 3 days then increased to BID, 2nd dose in afternoon (After 8 hours). Some patients do not need 2 doses

Side Effects: Insomnia, dry mouth, Risk of seizures in susceptible individuals, headache, nausea, agitation, anxiety.



Varenicline (Chantix)

Screening: Screen for kidney disease and mental illness.

Mechanism: Partial agonist of $4\beta 2$ nicotinic acetylcholine receptors.
Reduces cravings and prevents nicotine reward. Metabolizes in the kidney

Dose: Begin 1-2 weeks before quit date

Begin with 0.5mg OD days 1-3, 0.5mg BID days 4-7, then 1mg BID. Take after eating with full glass of water (helps avoid side effects)

Side Effects: Nausea, vivid dreams, insomnia, immediate hypersensitivity, skin reactions, neuropsychiatric illness

FDA 2015 Warning: Increases intoxication with alcohol

