

Tobacco Cessation for Medical and Behavioral Health 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

- 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**



CTFFL Provides: Evidence-Based Best Practices for a Healthcare Tobacco Policy

- Obtain strong administrative buy-in
- Definition of tobacco, nicotine & smokeless products
- Tobacco/Nicotine-Free Culture and Environment
- Definition of facilities and grounds including signage
- Policy, procedures, and EHR reflect best practices
- Tobacco Cessation Counseling & Referral:
 - For employees
 - For patients - 5 As
 - For visitors
- Policy Evaluation and Continuous Quality Improvement



Summary and Objectives

- Understand Tobacco/Nicotine Dependence and its impact on Physical and Mental Health
- Recommendations for Screenings, Research, and Treatment
- Understand the pathology of nicotine use
- Provide an Overview of FDA-Approved Medication-Assisted Treatment, Pharmacotherapies, and Combination Therapy with Counseling
- Counseling Methods for Clients/Patients
- Refer Patients to Quitline and Resources For Cessation



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



Chemicals in e-Cigarettes



- Nicotine
- Carcinogens
 - Acetaldehyde
 - Formaldehyde
- Toxins
 - Propylene glycol, Benzene, Heavy Metals
- Flavorings
 - *Unregulated: containing toxins and unknown ingredients*

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)



“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



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



Take the Extra Minute or Two

- Treating tobacco dependence is “the single, most powerful, preventive intervention in clinical practice.”
 - Andrew Pipes CM MD, Ottawa Heart Institute
- “Smoking cessation would prevent more deaths than any other single known intervention.”
 - Steven Woolf, JAMA 1999; 282(24):2358-2365



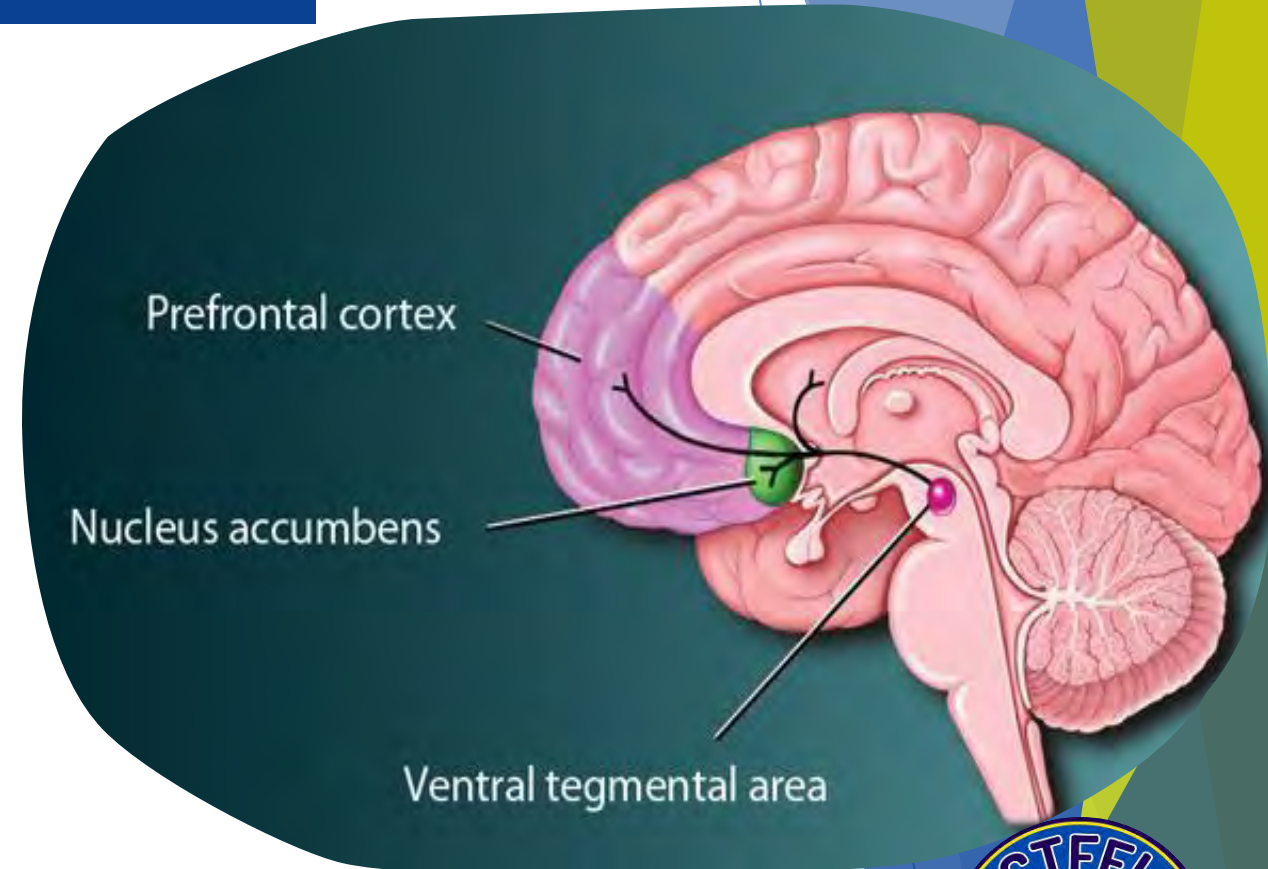
Chronic Disease Model

- 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
- Teens may not know about and don't think about the dangers of nicotine
- Nicotine harms adolescent (13-19) 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

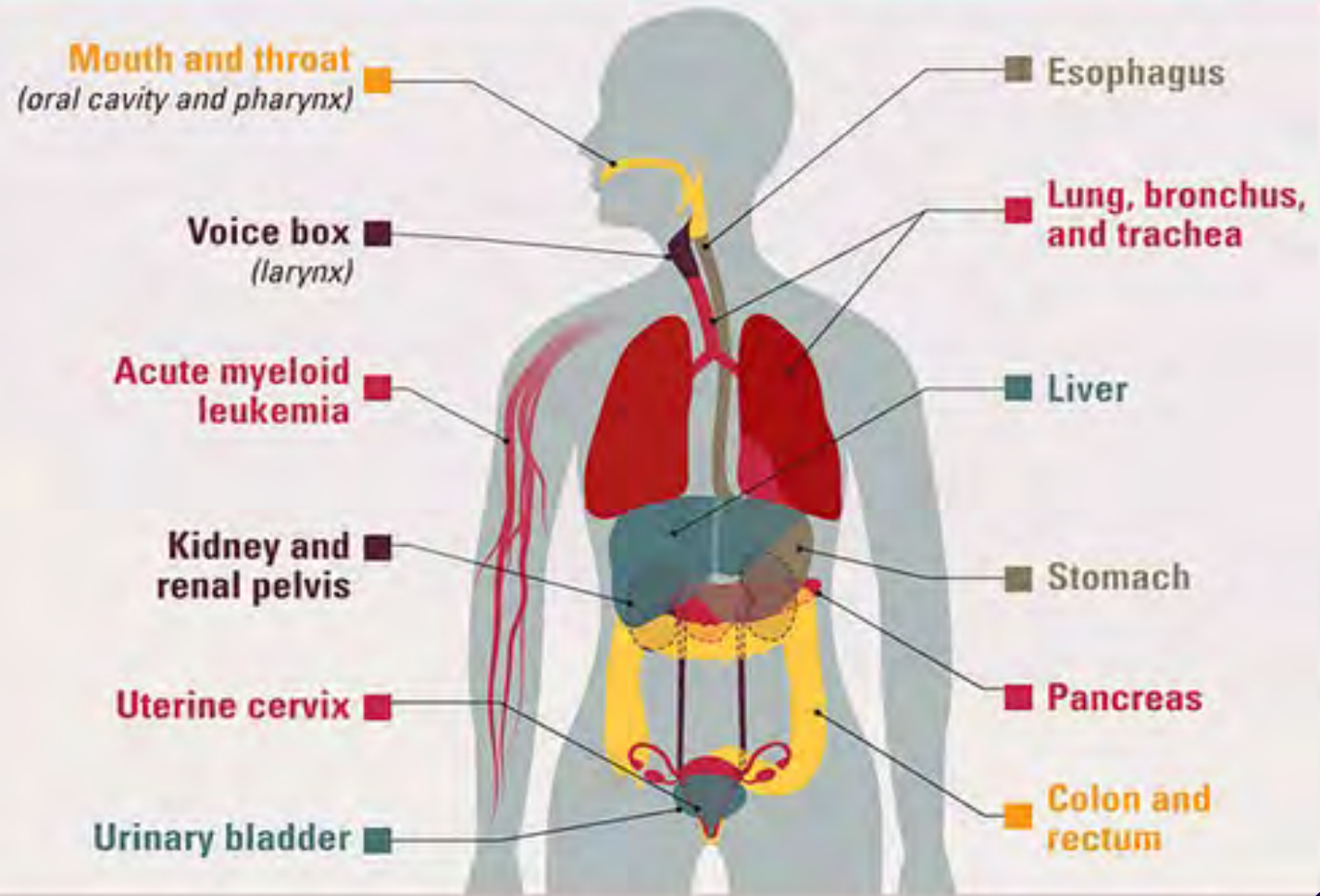
Dementia

- Risk increased for Alzheimer's and vascular complications



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



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:**

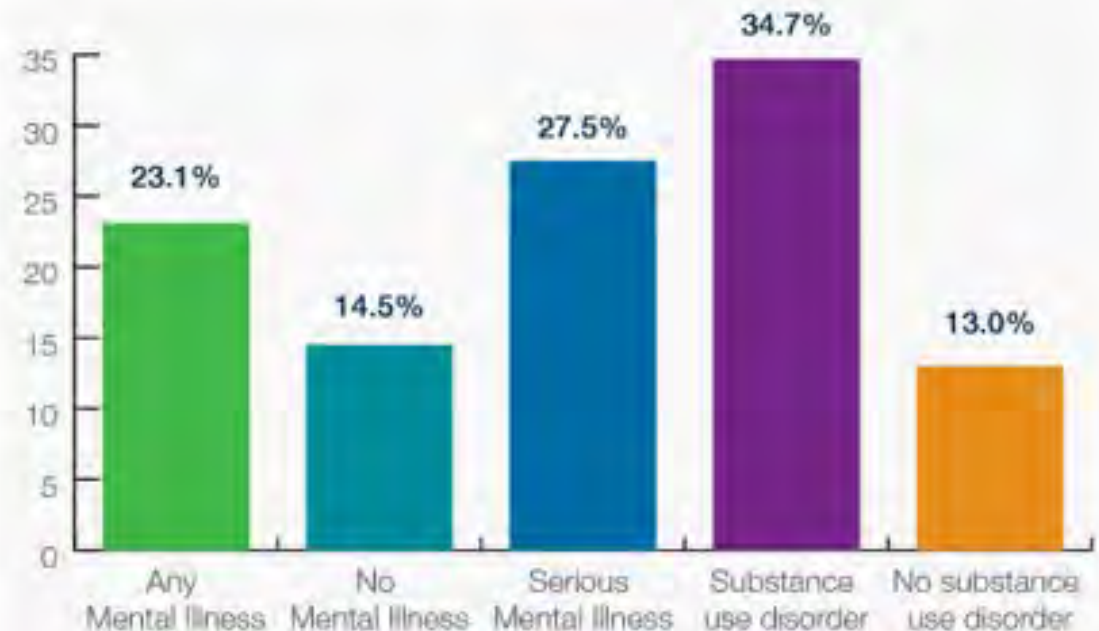
- Cessation reduces depression
- Cessation reduces anxiety, lowers stress
- Improved positive mood and quality of life
- Effects of quitting smoking are equal to or greater than treatment with antidepressants



Mental Illness and Substance Use Disorder Populations

- 75% of smokers have a past or present problem with mental illness and substance abuse
- Up to 75% of individuals with serious mental illnesses and/or substance use disorders smoke
- 30-35% of treatment staff smoke
- Those with mental illness and substance use disorder consume almost 40% of all cigarettes smoked by adults

Smoking Prevalence among U.S. Adults with Past Year Any Mental Illness, No Mental Illness, Serious Mental Illness, Substance Use Disorder, and No Substance Use Disorder, 2020



Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2021). National Survey on Drug Use and Health 2020 (NSDUH-2020-DS0001). Retrieved/analyzed from <https://datafiles.samhsa.gov>

Adverse Effects of Tobacco Use for Mental Illness and SUD Populations



People with mental illness or substance use disorders die up to 10 years earlier than those w/o these disorders; many of these deaths are caused by smoking cigarettes.



The most common causes of death among people with mental illness are heart disease, cancer, and lung disease, each of which can be caused by smoking.



Drug users who smoke cigarettes are four times more likely to die prematurely than those who do not smoke.



Nicotine has mood-altering effects that can temporarily mask the negative symptoms of mental illness, putting people w/ mental illness at higher risk for cigarette use & nicotine addiction.



Tobacco smoke can interact with and inhibit the effectiveness of certain medications taken by mental health and substance abuse patients.

Depression and Clinical Depression



- Tobacco use is linked to worsened depression outcomes
- Individuals with current or past diagnosis of depression are more likely to use tobacco
- Often heavy smokers are more nicotine dependent, which correlates with depression
- Those with depression are more likely to relapse to smoking
- Those with depression have higher morbidity and mortality from smoking-related illnesses

Smoking Affects Mental Health Medication

- The tobacco smoke as well as the level of nicotine affect medication absorption
- When smoking is reduced, medication dosage adjustments may be necessary
 - Tri-Cyclic anti-depressants
 - Serotonin-Reuptake Inhibitors
 - Specific meds -
 - Clozapine - serum levels increase 72%
 - Alprazolam



Careful Monitoring of Medications is Important

- **Re-assess treatment plan**: tobacco product use cessation can alter drug levels, necessitating dosage adjustments.
- Tobacco smoke induces drug metabolism via polycyclic aromatic hydrocarbons (PAHs), reducing efficacy of some psychiatric medications.
- Pharmacodynamic interactions, particularly for anxiety, insomnia, and psychosis treatments, are influenced by nicotine.
- Medications for Hypertension, arrhythmias, angina, asthma, diabetes, hormonal adjustments, and mental health may require higher doses in tobacco product users.
- Smoking increases the risk of heart attack and stroke in patients using estrogen compounds (e.g., estradiol).



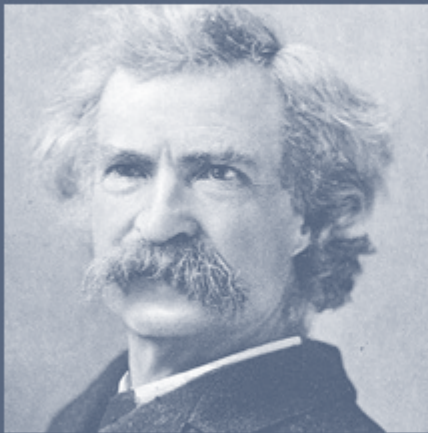
Nicotine Affects Caffeine Absorption

- 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
 - *People quitting nicotine may want to limit or be more mindful of caffeine intake to avoid cravings/withdrawal symptoms*



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



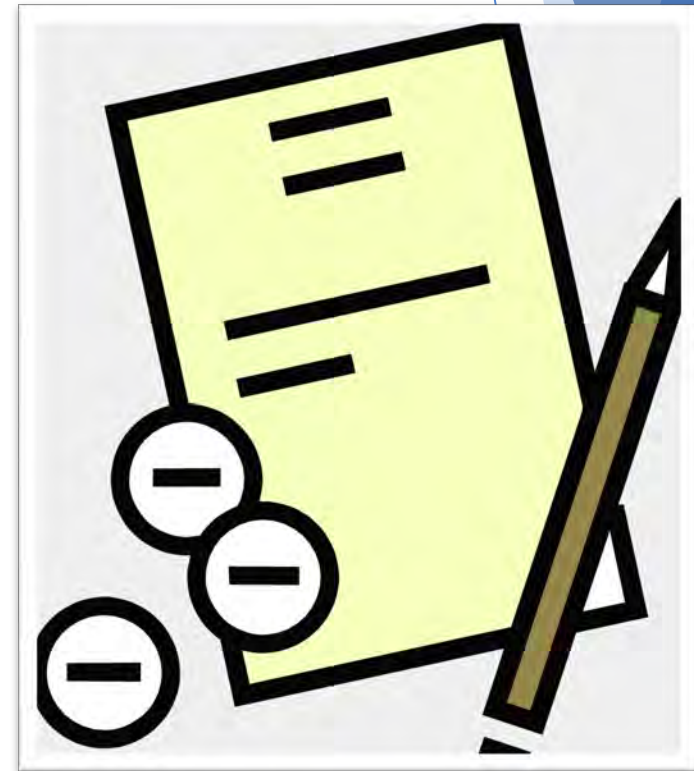
Medication-Assisted Treatment: FDA-Approved Nicotine Replacement Therapies and Cessation Medications

Over the Counter

- Nicotine Patch, Gum, Lozenge

Prescription

- Nicotine Inhaler
- Nicotine Nasal Spray
- Bupropion (Wellbutrin)
- Varenicline (Chantix)



Pharmacotherapy



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.

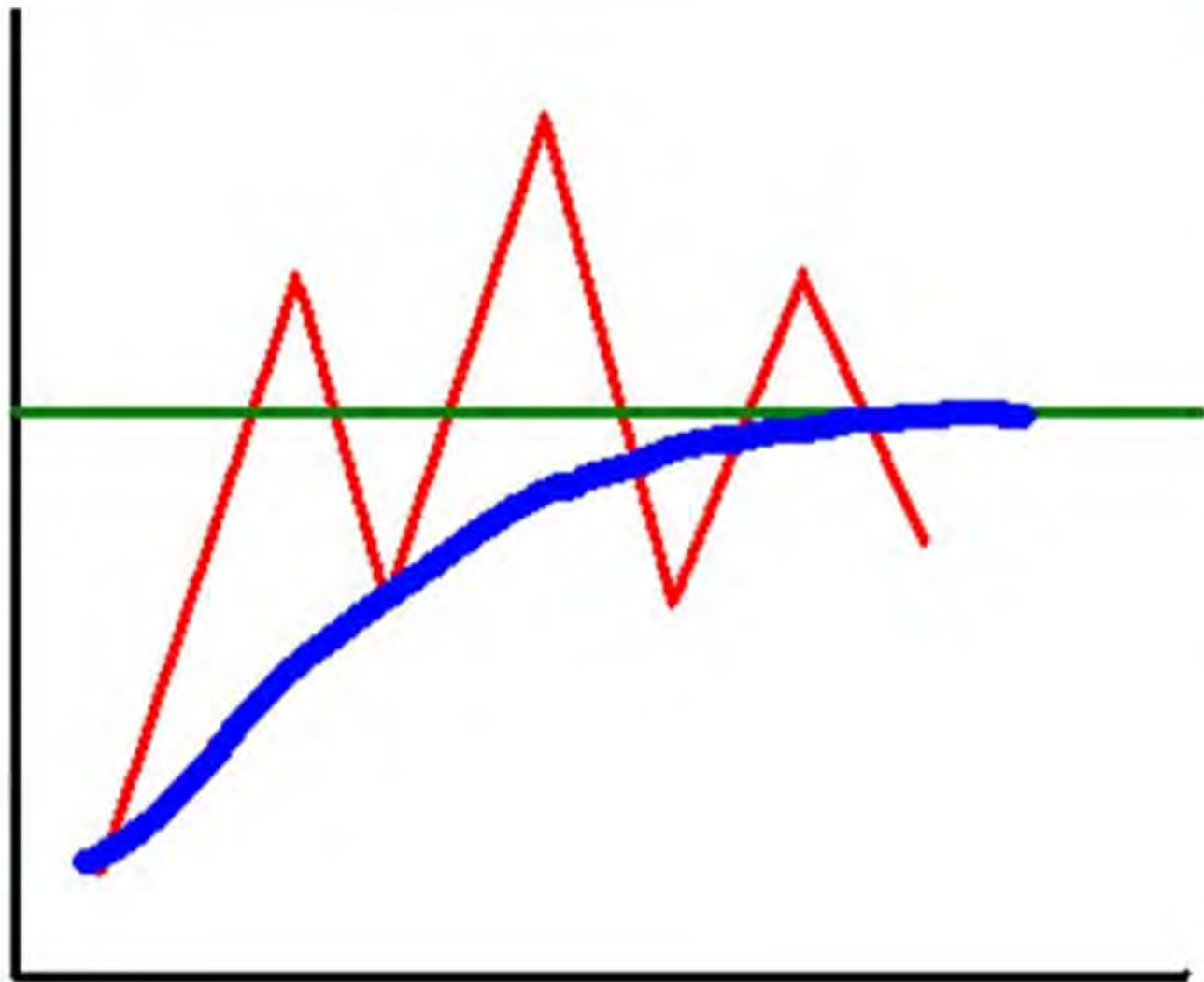


Blood Nicotine Levels

Red = Cigarette

Green = Average Daily Level

Blue = Nicotine
Replacement Therapy (NRT)



Bupropion SR (Wellbutrin)

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



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



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
- 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>



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, Referrals, and Policy



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**
 - Quit Date/vulnerable to relapse
- **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

Finish with Advantage of Quitting

4



3

Develop Discrepancy

REFERRAL to Cessation Resources

Center for a Tobacco-Free Finger Lakes

Home

Train the Trainer

Resources for Your Setting

Stay Informed

Cessation Referrals

Newsletter

Our Team

Nicotine & Tobacco Research Core

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

Cessation Referrals

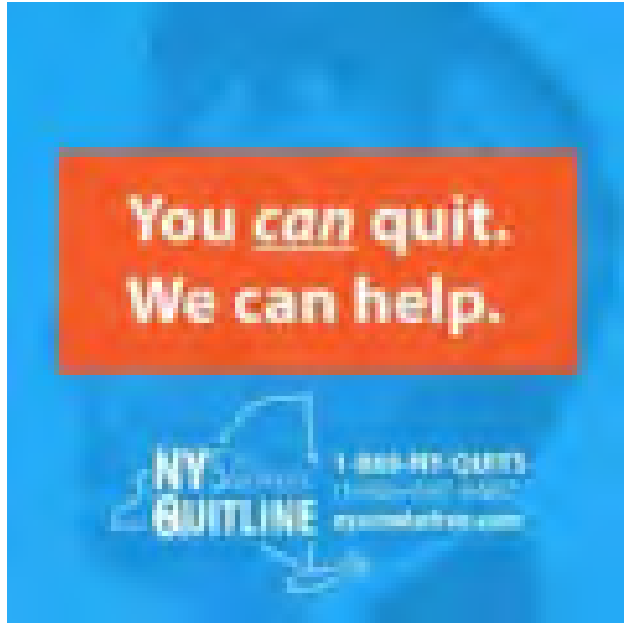
Stop Smoking/Vaping Cessation Resources

- 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.
- FOR EVERYONE - (via Text): [Learn2QuitNY](#): The NYS Quitline sponsors a free Smoking and Vape Support program via text. Just TEXT "QUITNOW" to 333888 to join.
- FOR PARENTS - (via Text): To receive daily advice to help youth quit, text "QUIT" to 202-899-7550, or visit [Truth Initiative Parental Resources](#)
- "DROPTHEVAPE" FOR TEENS & YOUNG ADULTS - (via Text): Vape Support for ages 13-24. TEXT "DROPTHEVAPE" to 88709 to join [This is Quitting](#), sponsored by the Truth Initiative.
- "VAPE ESCAPE" FOR TEENS (via Zoom) - [Vape Escape virtual group program](#): FREE Zoom program for teens 12-18 who would like to cut back or quit vaping offered by The URMC's Center for Community Health & Prevention (CCHP). "Vape Escape" drop-in group sessions provide an interactive and supportive environment where teens can talk openly about vaping with CCHP doctors and health behavior experts, as well as with other youth with similar goals.

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-QUITTS (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

Name _____ () _____ - _____
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



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

- 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)



Treat Nicotine

Center for a Tobacco-Free Finger Lakes

Partnering with Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tompkins, Wayne, & Yates Counties

Contact us: Phone: 585-802-9944 | [Click for Website or Facebook](#)

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.

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

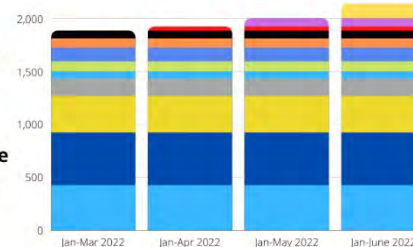
"Addressing Tobacco, E-cigarette & Alternative Product Use with Young Adults"

Webinar on July 14th

[Click for July14VapeWebinar](#)

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

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

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

