

New Initiatives and Directions in Tobacco Control

13th Annual Cancer Control Conference

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<http://www.umbc.edu/psyc/habits>

<http://www.MDQuit.org>

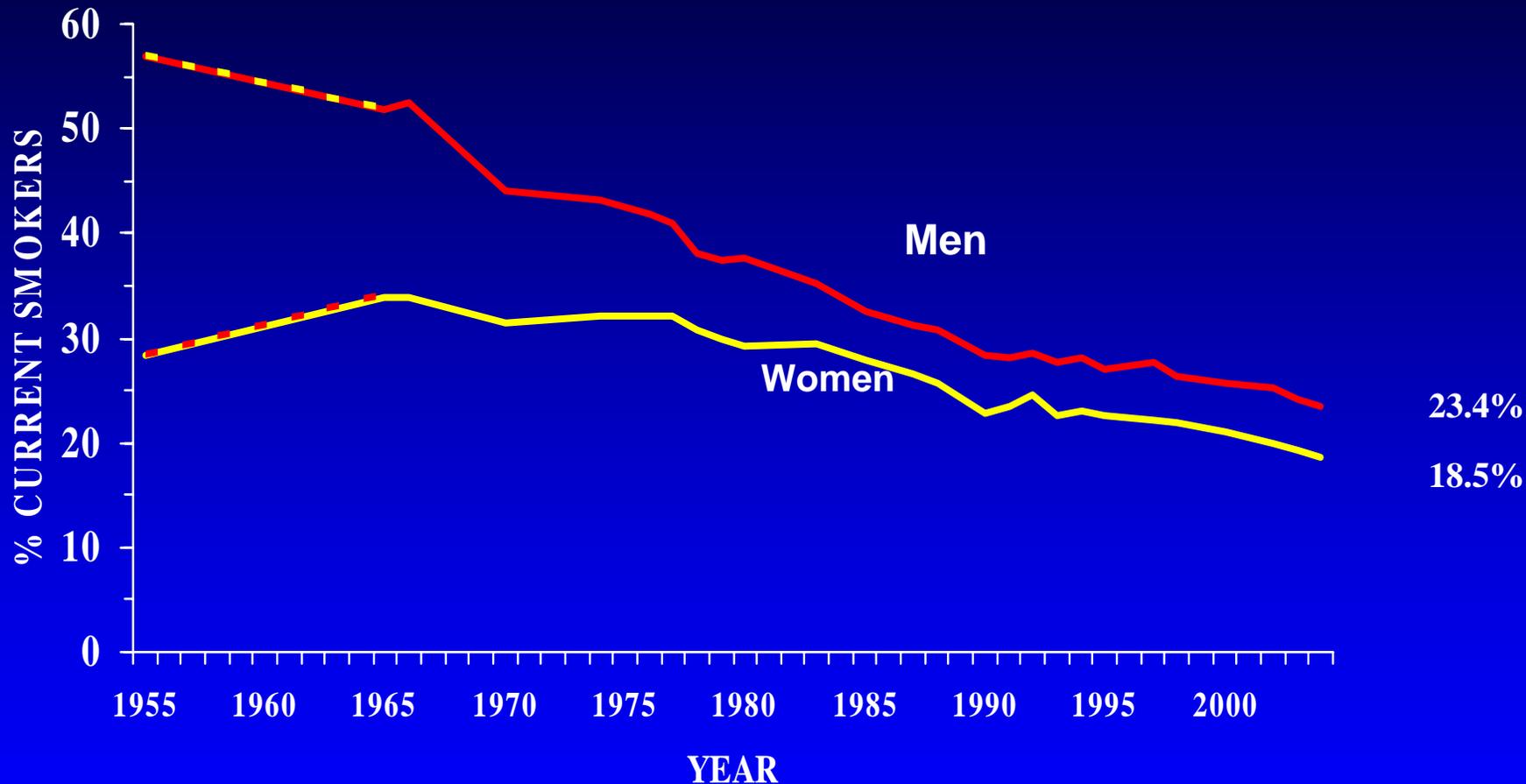
**In collaboration with researchers in the UMBC HABITS Lab and
the Maryland Department of Health and Mental Hygiene**

Cigarette smoking is the chief, single avoidable cause of death in our society and the most important public health issue of our time.

U.S. Surgeon General, 1981-1989

C. Everett Koop, M.D.

Trends in cigarette smoking* among adults aged ≥ 18 years, by sex - United States, 1955-2004



*Before 1992, current smokers were defined as persons who reported having smoked ≥ 100 cigarettes and who currently smoked. Since 1992, current smokers were defined as persons who reported having smoked ≥ 100 cigarettes during their lifetime and who reported now smoking every day or some days.

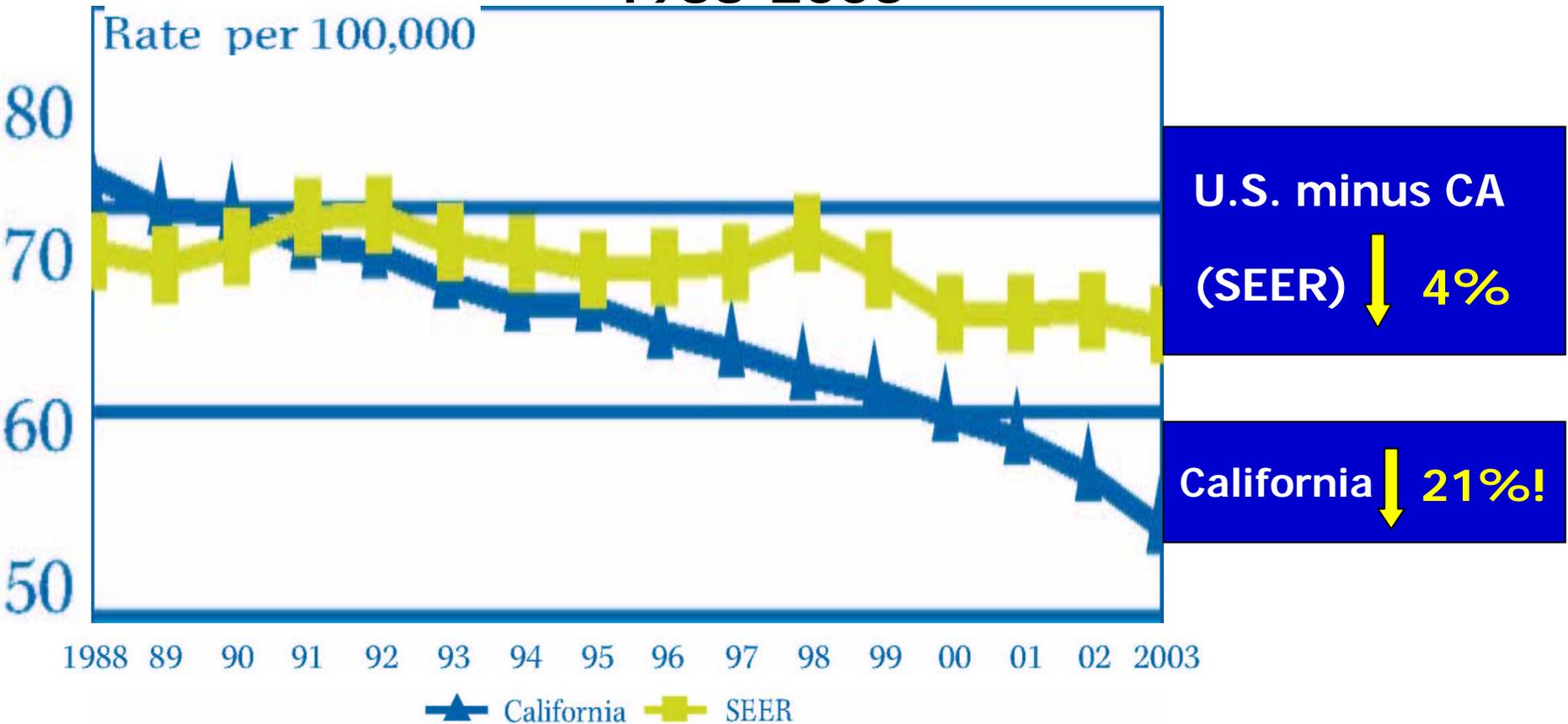
Source: 1955 Current Population Survey; 1965-2004 National Health Interview Surveys.

Smoking Prevalence Among U.S. Adults (>18)

YEAR	Overall	Males	Females
1965	42.4	51.9	33.9
1970	37.3	44.1	31.5
1980	33.2	37.6	29.3
1990	25.5	28.4	22.8
1995	24.7	27.0	22.6
2000	23.3	25.7	21.0
2004	20.9	23.4	18.5

Lung Cancer Incidence: California vs. Rest of U.S.

1988-2003



Note: Rates are age-adjusted to the 2000 US population.

Source: California Cancer Registry, California Department of Health Services.

Prepared by the California Department of Health Services, Cancer Surveillance Section.

MARYLAND RESOURCE CENTER

FOR QUITTING USE & INITIATION OF TOBACCO



Maryland's

1-800



QUIT NOW

SmokingStopsHere.com

The Big Picture - 2004

90.2 million ever smokers (42.4% of pop with ≥ 100 lifetime cigarettes)

– 45.6 million (50.6%) former smokers

44.5 million people smoking the U.S.

– 36.1 million smoked every day

- 14.6 million of these (40.5%) stopped smoking for one day in past 12 month because trying to quit

– 8.3 million smoked some days

MMWR 11.11.05



Population VS Individual Perspectives on Cessation

- At **Population** Level
 - Smoking cessation one of the most successful health behavior changes in our history
 - Dramatic reduction in % of smokers over past 40 years
 - Over 50% of living ever smokers are quit
- **Individual** Level
 - Successful one year unaided quit rates range from 3 to 6%
 - Many smokers (40-47%) attempt to quit
 - Multiple quit attempts the norm
 - High interest in quitting but low uptake of help



A Personal Journey

- The journey into and out of nicotine addiction is a personal one marked by
 - Biological, psychological and social risk and protective factors
 - Social Influences (peers, media, tobacco companies, policies, current events)
 - Personal choices and decisions
 - A process of change that is common and unique

WHY SMOKERS DON'T CHANGE?

- There are challenges for smokers in different parts of the journey or process represented simplistically as
 - NOT CONVINCED OF THE PROBLEM OR THE NEED FOR CHANGE – UNMOTIVATED
 - NOT COMMITTED TO MAKING A CHANGE – UNWILLING
 - DO NOT BELIEVE THAT THEY CAN MAKE A CHANGE - UNABLE

HOW PEOPLE CHANGE



The Transtheoretical Model of Intentional Behavior Change

STAGES OF CHANGE

PRECONTEMPLATION → CONTEMPLATION → PREPARATION → ACTION → MAINTENANCE

PROCESSES OF CHANGE

COGNITIVE/EXPERIENTIAL

**Consciousness Raising
Self-Revaluation
Environmental Reevaluation
Emotional Arousal/Dramatic Relief
Social Liberation**

BEHAVIORAL

**Self-Liberation
Counter-conditioning
Stimulus Control
Reinforcement Management
Helping Relationships**

CONTEXT OF CHANGE

- 1. Current Life Situation**
- 2. Beliefs and Attitudes**
- 3. Interpersonal Relationships**
- 4. Social Systems**
- 5. Enduring Personal Characteristics**

MARKERS OF CHANGE

Decisional Balance

Self-Efficacy/Temptation

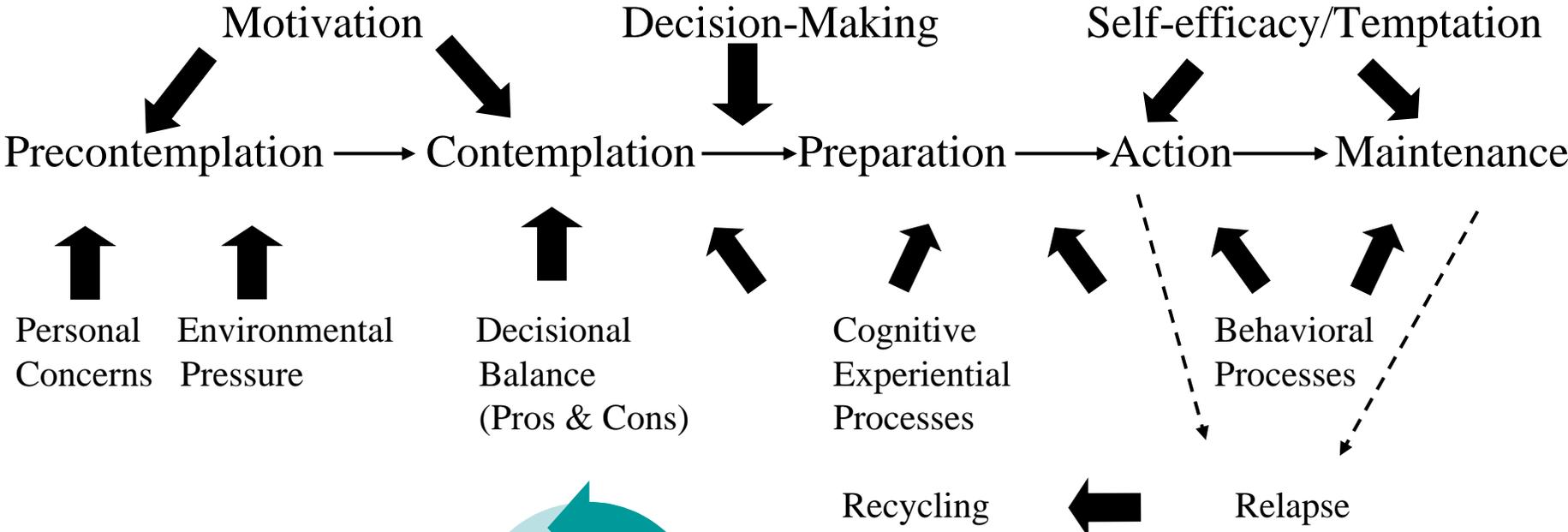
How Do People Change?

- People change voluntarily only when
 - They Become *interested and concerned* about the need for change
 - They Become *convinced* that the change is in their best interests or will benefit them more than cost them
 - They Organize a *plan of action* that they are *committed* to implementing
 - They *take the actions* that are necessary to make the change and sustain the change

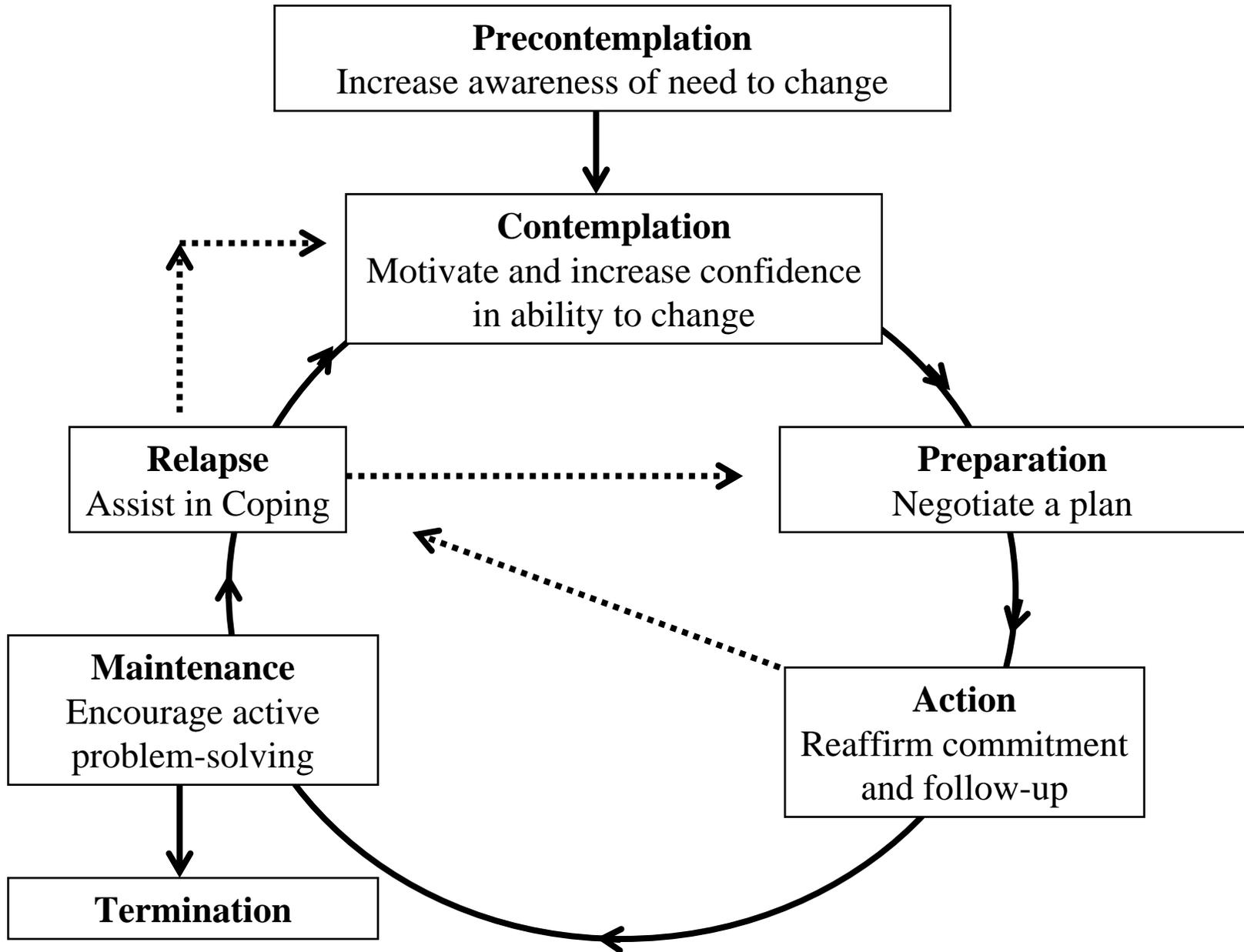
Stage of Change Tasks

Precontemplation	Awareness, Concern, Hope, Confidence
Contemplation	Risk-Reward Analysis & Solid Decision to Change
Preparation	Commitment & Creating An Effective/Acceptable Plan
Action	Adequate Implementation and Revising of Plan
Maintenance	Integration of new behavior into Lifestyle

Theoretical and practical considerations related to movement through the Stages of Change

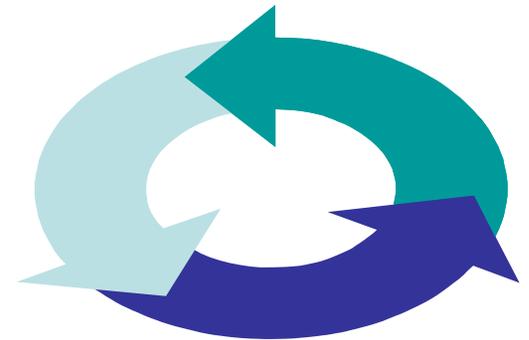


Stages of Change Model

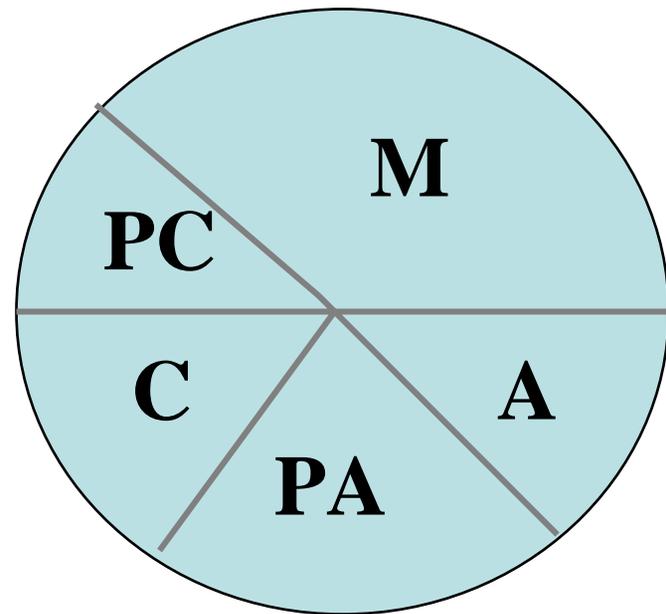
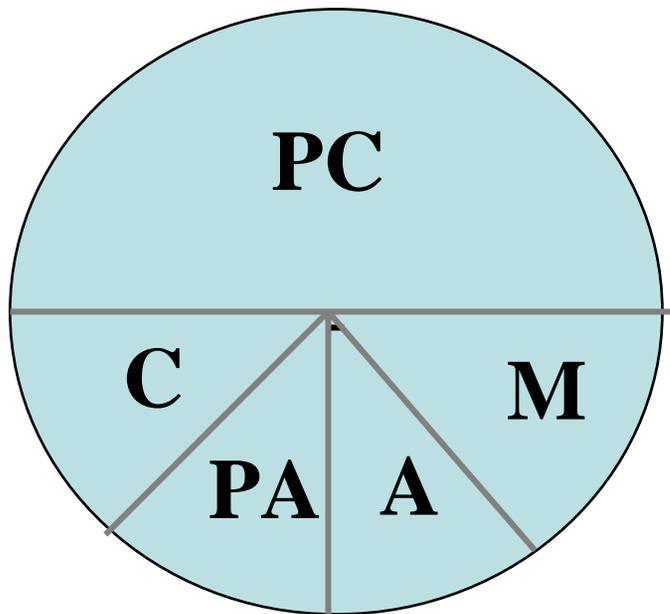


Cyclical Model for Intervention

- Most smokers will recycle through multiple quit attempts and multiple interventions.
- However successful cessation occurs for large numbers of smokers over time.
- Keys to successful recycling
 - Persistent efforts
 - Repeated contacts
 - Helping the smoker take the *next step*
 - Bolster self-efficacy and motivation
 - Match strategy to patient stage of change



Stage Based Epidemiology



Prevalence Differs by State and by Stage

- There are broad differences by state in estimates of smoking prevalence:
 - Lowest: 10.5% in Utah & 14.5% California
 - Highest: 27.6 % Kentucky & 26.9% in West Virginia
- Percentages of smokers in various stages differ by region and state and even by county within a state

Maryland Adult Tobacco Survey (MATS)

2000 MATS

- 16,596 participants
 - 43.7% Male
 - 76.7% White
 - Mean Age = 45.8 years
 - 71.3% Ever Married
 - 86.5% HS grad
 - Income: 72.3% \$25,000+

2002 MATS

- 27,192 participants
 - 45.2% Male
 - 72.9% White
 - Mean Age = 42.4 years
 - 74.9% Ever Married
 - 89.1% HS grad+
 - Income: 73.3% \$25,000+

Stage of Change for Smoking Cessation

- Participants were classified into 5 Stages of Smoking Cessation:



- **Precontemplation** = Current smokers who are not planning on quitting smoking in the next 6 months



- **Contemplation** = Current smokers who are planning on quitting smoking in the next 6 months but have not made a quit attempt in the past year



- **Preparation** = Current smokers who are definitely planning to quit within next 30 days and have made a quit attempt in the past year



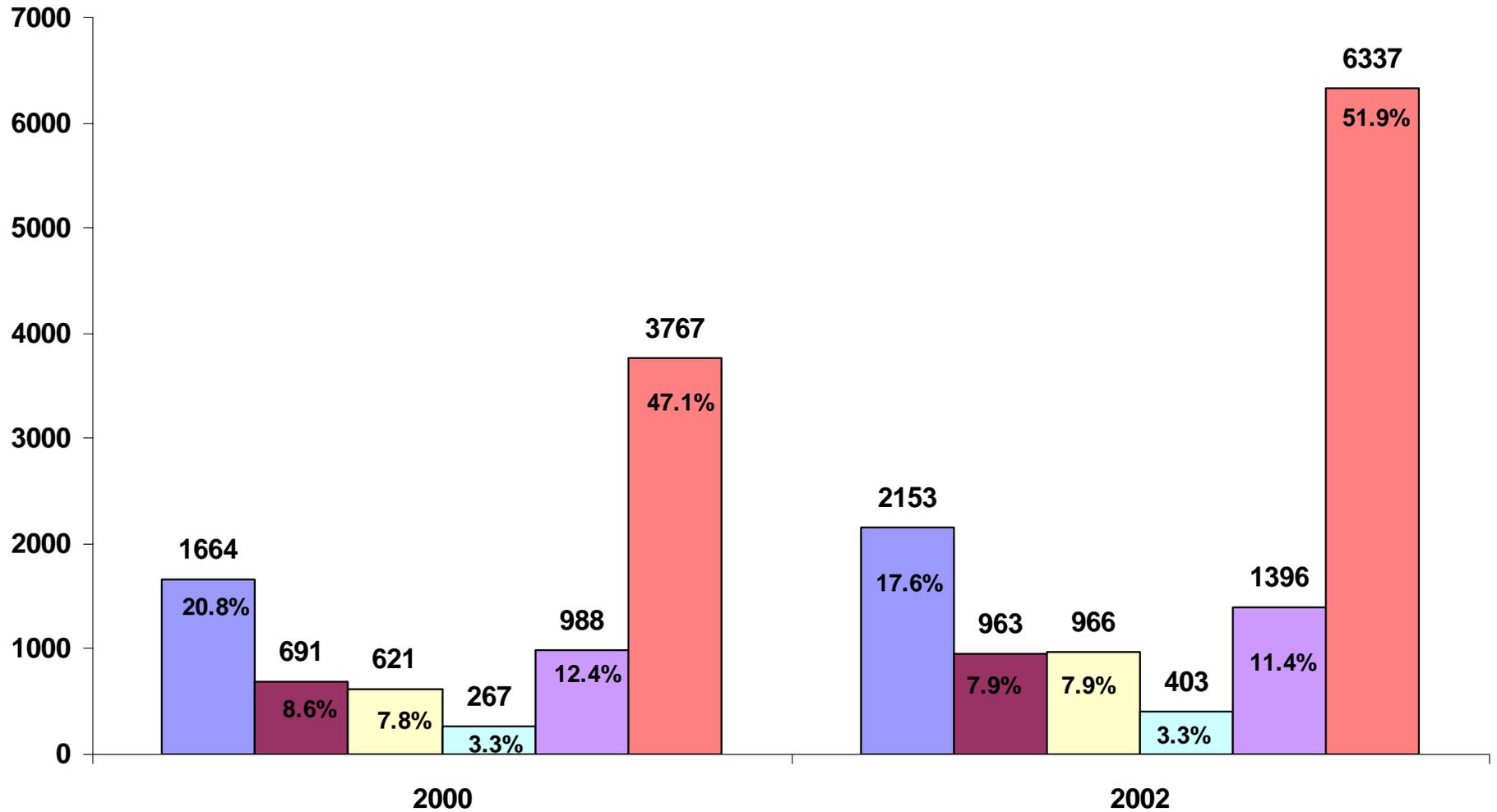
- **Action** = Individuals who are not currently smoking and have stopped smoking within the past 6 months



- **Maintenance** = Individuals who are not currently smoking and have stopped smoking for longer than 6 months but less than 5 years

DiClemente, 2003

Stage of Change Including Long-Term Maintenance (LTM) and excluding alternative tobacco use for Action/Maintenance: 2000 & 2002



2000 MATS
N=7,998

■ PC ■ C ■ P ■ A ■ M ■ LTM

2002 MATS
N=12,218

Stages of Change by Wave (2000 vs. 2002 MATS)

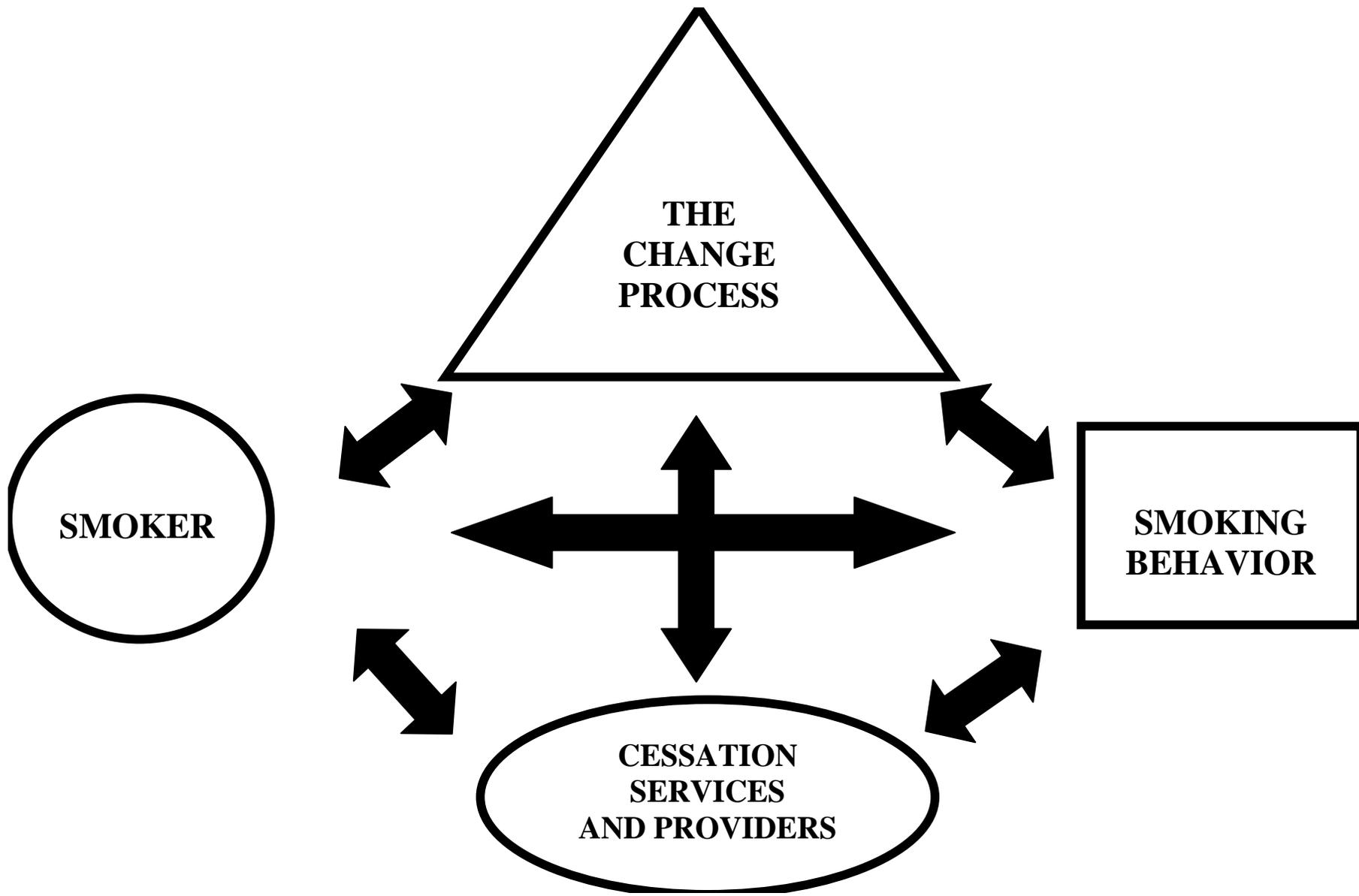
2000 MATS

2002 MATS

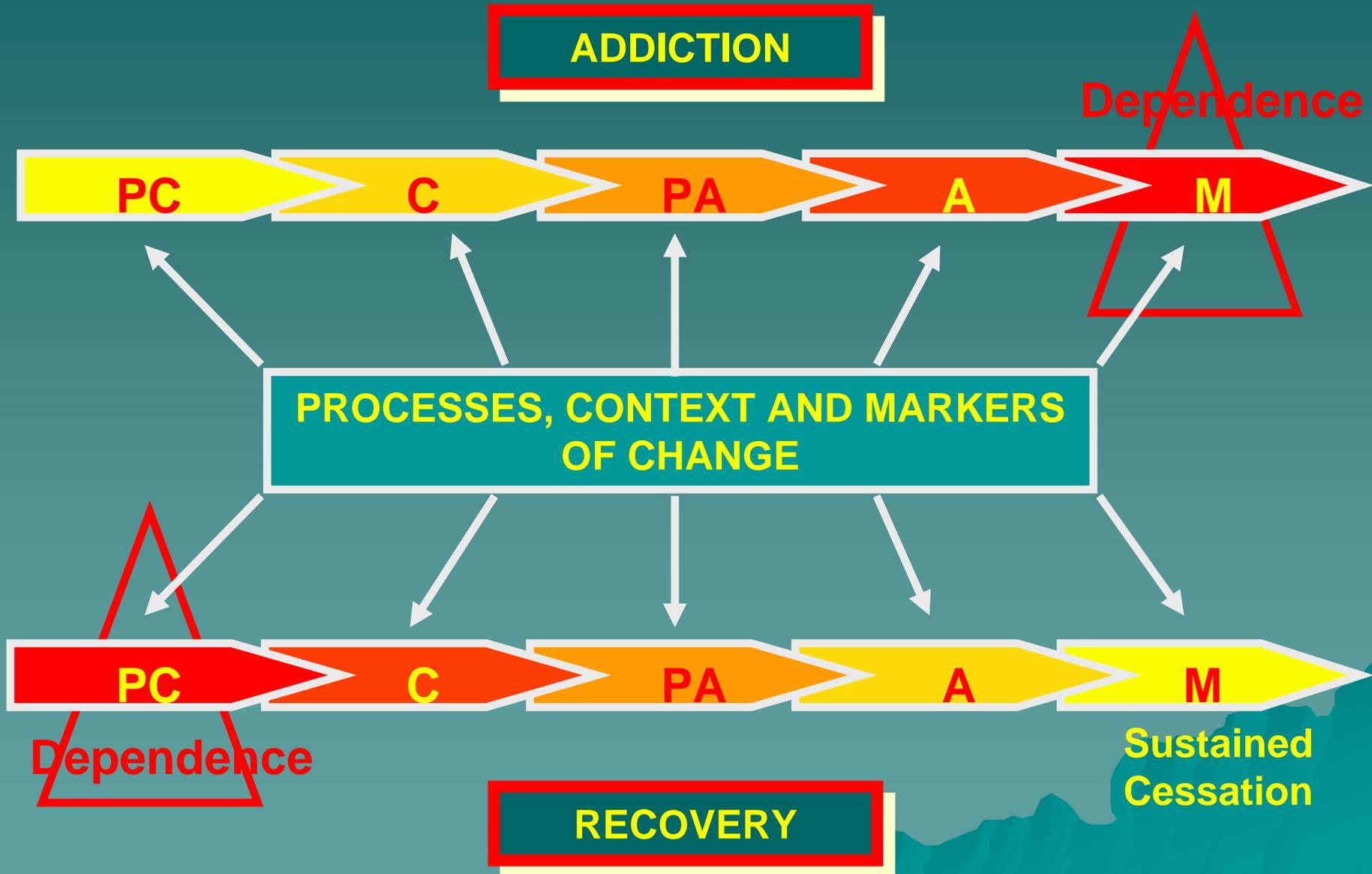
Stage of Change	N	%	N	%
Precontemplation	1,664	40.5	2,153	36.6
Contemplation	691	16.8	963	16.4
Preparation	621	15.1	966	16.4
Action	229	5.6	403	6.9
Maintenance	904	22.0	1,396	23.7
	4,109	100%	5,881	100%

County	2000 MATS				2002 MATS			
	% Current Smokers	Current Smokers			% Current Smokers	Current Smokers		
		PC	C	P		PC	C	P
Allegany	18.9%	71.5%	14.7%	13.7%	21.2%	52.4%	18.6%	29.0%
Anne Arundel	19.2%	60.6%	23.6%	15.8%	13.3%	53.8%	25.3%	20.9%
Baltimore	16.8%	58.3%	24.9%	16.8%	15.2%	40.4%	32.7%	26.8%
Calvert	21.3%	57.3%	21.0%	21.7%	18.2%	52.2%	24.8%	23.0%
Caroline	23.1%	56.9%	26.2%	16.9%	21.3%	48.4%	21.6%	30.1%
Carroll	18.0%	63.7%	16.0%	20.2%	11.4%	49.8%	27.3%	22.9%
Cecil	23.3%	54.8%	27.8%	17.4%	22.9%	40.7%	36.0%	23.3%
Charles	18.7%	63.4%	15.8%	20.9%	17.2%	56.5%	28.6%	14.9%
Dorchester	25.8%	54.5%	30.0%	15.5%	18.8%	58.8%	18.4%	22.8%
Frederick	17.9%	55.2%	22.9%	21.9%	13.8%	52.8%	17.7%	29.4%
Garrett	21.1%	58.6%	15.2%	26.2%	16.4%	65.3%	20.0%	14.7%
Harford	17.8%	53.5%	21.7%	24.8%	13.5%	53.2%	20.6%	26.2%
Howard	11.8%	59.7%	17.3%	23.0%	10.6%	42.9%	22.9%	34.2%
Kent	18.9%	60.3%	17.8%	21.9%	15.4%	50.9%	30.0%	19.1%
Montgomery	9.2%	57.7%	13.6%	28.7%	10.2%	52.1%	23.1%	24.8%
Prince George's	14.1%	51.2%	18.7%	30.1%	12.7%	41.8%	25.7%	32.4%
Queen Anne's	23.8%	47.7%	27.6%	24.7%	15.1%	59.4%	19.4%	21.2%
St. Mary	20.8%	52.1%	23.1%	24.8%	14.9%	55.2%	29.0%	15.8%
Somerset	19.6%	47.9%	28.2%	23.9%	15.3%	55.8%	25.7%	18.5%
Talbot	14.2%	53.6%	26.1%	20.4%	14.2%	55.5%	20.5%	24.0%
Washington	22.0%	59.1%	26.2%	14.7%	18.7%	65.1%	19.1%	15.8%
Wicomico	22.0%	59.9%	23.1%	17.0%	19.5%	57.5%	16.4%	26.1%
Worcester	21.4%	61.9%	17.8%	20.3%	18.1%	54.4%	24.8%	20.7%
Baltimore City	29.9%	45.5%	31.4%	23.1%	24.0%	43.4%	25.1%	31.5%

County	Current Smokers (2000)			Current Smokers (2002)			Absolute Change (2002-2000)		
	PC	C	P	PC	C	P	PC	C	P
Allegany	71.5%	14.7%	13.7%	52.4%	18.6%	29.0%	-19.1%	3.9%	15.3%
Anne Arundel	60.6%	23.6%	15.8%	53.8%	25.3%	20.9%	-6.8%	1.7%	5.1%
Baltimore	58.3%	24.9%	16.8%	40.4%	32.7%	26.8%	-17.9%	7.8%	10.0%
Calvert	57.3%	21.0%	21.7%	52.2%	24.8%	23.0%	-5.1%	3.8%	1.3%
Caroline	56.9%	26.2%	16.9%	48.4%	21.6%	30.1%	-8.5%	-4.6%	13.2%
Carroll	63.7%	16.0%	20.2%	49.8%	27.3%	22.9%	-13.9%	11.3%	2.7%
Cecil	54.8%	27.8%	17.4%	40.7%	36.0%	23.3%	-14.1%	8.2%	5.9%
Charles	63.4%	15.8%	20.9%	56.5%	28.6%	14.9%	-6.9%	12.8%	-6.0%
Dorchester	54.5%	30.0%	15.5%	58.8%	18.4%	22.8%	4.3%	-11.6%	7.3%
Frederick	55.2%	22.9%	21.9%	52.8%	17.7%	29.4%	-2.4%	-5.2%	7.5%
Garrett	58.6%	15.2%	26.2%	65.3%	20.0%	14.7%	6.7%	4.8%	-11.5%
Harford	53.5%	21.7%	24.8%	53.2%	20.6%	26.2%	-0.3%	-1.1%	1.4%
Howard	59.7%	17.3%	23.0%	42.9%	22.9%	34.2%	-16.8%	5.6%	11.2%
Kent	60.3%	17.8%	21.9%	50.9%	30.0%	19.1%	-9.4%	12.2%	-2.8%
Montgomery	57.7%	13.6%	28.7%	52.1%	23.1%	24.8%	-5.6%	9.5%	-3.9%
Prince George's	51.2%	18.7%	30.1%	41.8%	25.7%	32.4%	-9.4%	7.0%	2.3%
Queen Anne's	47.7%	27.6%	24.7%	59.4%	19.4%	21.2%	11.7%	-8.2%	-3.5%
St. Mary	52.1%	23.1%	24.8%	55.2%	29.0%	15.8%	3.1%	5.9%	-9.0%
Somerset	47.9%	28.2%	23.9%	55.8%	25.7%	18.5%	7.9%	-2.5%	-5.4%
Talbot	53.6%	26.1%	20.4%	55.5%	20.5%	24.0%	2.0%	-5.6%	3.6%
Washington	59.1%	26.2%	14.7%	65.1%	19.1%	15.8%	6.0%	-7.1%	1.1%
Wicomico	59.9%	23.1%	17.0%	57.5%	16.4%	26.1%	-2.4%	-6.7%	9.1%
Worcester	61.9%	17.8%	20.3%	54.4%	24.8%	20.7%	-7.5%	7.0%	0.4%
Baltimore City	45.5%	31.4%	23.1%	43.4%	25.1%	31.5%	-2.1%	-6.3%	8.4%
STATEWIDE	55.3%	23.0%	21.7%	47.4%	25.6%	27.0%	-7.9%	2.6%	5.3%



THE STAGES OF CHANGE FOR ADDICTION AND RECOVERY



Challenges Along the Smoker's Journey to Cessation

- Becoming convinced of the **need to quit NOW**
- Making a **firm decision** supported by strong emotional and rational reasons and values
- Creating a **strong commitment** and a **viable, effective plan**
- Making quitting a **priority** among multiple demands
- Managing the **initial withdrawal** and early threats to give up on the effort and return to smoking
- **Integrating abstinence** from smoking into daily routines and lifestyle
- Being willing to **keep trying** despite setbacks and to learn from relapses how to get cessation right

Selecting a Treatment: Triage Guidelines

- Steer patient to most appropriate treatment.
 - Patient characteristics and preference.
- Minimal self-help interventions are a good place to start for many smokers.
- More intensive...if patient has made many prior attempts, is high on nicotine dependence and is ready and willing.
- Treatment matching.
 - Tailored materials.
 - Pharmacological aids

Nicotine Psychopharmacology

- Powerful CNS agent
- High abuse liability and physical dependence potential
 - Psychoactive and euphoric effects
 - Drug-reinforced behavior
 - Use despite harmful effects
 - Cravings and relapse
 - Tolerance and withdrawal
 - Compulsive use
- Addictive potential greater than Heroin

Use of Pharmacotherapy

- High nicotine dependence
 - Smoke within 15-30 minutes after arising.
 - 10 or more cigarettes per day
- Previous failure related to withdrawal symptoms
- Valid options: (some need prescription)
 - Transdermal nicotine (patch)
 - Nicotine polacrilex (gum)
 - Nicotine nasal spray or inhaler
 - Non-nicotinic medications:
 - **Bupropion (Zyban) or Nortriptyline**
 - **New options (vaccine, Varenicline)**

New in Pharmacotherapy

- Varenicline Tartrate (Chantix)
 - a new molecular entity that received approval from the U.S. Food and Drug Administration in May 2006
 - Chantix is not nicotine, but it binds to the nicotine receptors in the brain, just as nicotine does.
- Varenicline Tartrate helps users quit smoking in two ways:
 - providing some nicotine effects to ease withdrawal symptoms
 - blocking the effects of nicotine from cigarettes if smoking is resumed.

Efficacy of Chantix™

- Data presented at the 2005 meeting of the American Heart Association demonstrated varenicline tartrate to be more effective than bupropion for smoking cessation.
 - 44% quit by the end of the 12-week treatment period with varenicline tartrate, compared to 30% of those taking bupropion
 - Researchers reported quitting response rates to be three times higher with varenicline tartrate than with placebo.

Gonzales, D., et al. (2006). JAMA

New in Pharmacotherapy

- Nicotine Vaccine (NicVAX ®) by NABI Biopharmaceuticals
 - A new vaccine to prevent nicotine addiction has received good reviews in a recent clinical trial with 68 healthy smokers.
 - Hatsukami, D. et al. (2005) Clinical Pharmacology and Therapeutics
- NicVAX ® prevents nicotine from reaching the brain by triggering the production of antibodies that bind to nicotine in the blood
- Researchers found NicVAX ® to be safe and well tolerated, with only minor side effects comparable to those of a placebo.

Challenges to Increasing Cessation

- Inadequate utilization of science-based cessation services and products
- Pessimism and poor adherence of Healthcare Providers despite significant evidence of effectiveness of provider messaging
- Connecting smokers with services and products
- Continued effective marketing by industry
- Isolation and stigmatization of smokers

Meeting the Challenges

- New National and State initiatives to reach, engage, motivate and assist smokers
- New technology assisted approaches
- New efforts to reach out to and empower healthcare providers
- Increasing efforts to coordinate activities in policy, promotion, products, and services to connect the dots and create synergy
- Taking advantage of teachable moments

New Initiatives and Activities

- National Association of Quitlines
- Legacy EX Program
- Smoke Free Families and other
- New York Experience
- Los Angeles Initiative
- Consumer Demand Initiative
- Adult Tobacco Treatment Consortium – ATTC
- Youth Tobacco Treatment Consortium – YTTC



Smoke-Free Families is a national program supported by *The Robert Wood Johnson Foundation* working to discover the best ways to help pregnant smokers quit, and spread the word about effective, evidence-based treatments. [LEARN MORE >>](#)

[Quit Now!](#) ■

[Current Research](#) ■

[Care Professionals](#) ■

[News Room](#) ■

[Providing Help to Smokers](#) ■

[Demonstrations and Mini-Grants](#) ■

[About the Program](#) ■

Smoke-Free Families



Smoke-Free Families is a national program supported by The Robert Wood Johnson Foundation working to discover the best ways to help pregnant smokers quit, and spread the word about effective, evidence-based treatments.

Some 20 percent of low birth weight births, eight percent of pre-term deliveries, and five percent of all perinatal deaths are linked to smoking during pregnancy, making smoking the most important modifiable cause of poor pregnancy outcome. Since its founding in 1994, Smoke-Free Families has been working to find innovative, evidence based treatments for pregnant smokers. [>MORE ABOUT THE PROGRAM](#)

The Smoke-Free Families National Program Office has sponsored a Supplement to the April 2004 Issue of *Nicotine & Tobacco Research* featuring the latest in research on pregnancy & smoking. [>MORE INFORMATION](#)

Learn about the National Partnership to Help Pregnant Smokers Quit 

■ **New: Medicaid Tool Kit:** The National Partnership to Help Pregnant Smokers Quit, in collaboration with the Center for Tobacco Cessation, has created a tool kit for state government officials and advocates to help educate decision-makers about the importance of comprehensive tobacco treatment under Medicaid for pregnant women. [>MORE](#)

[VIEW PRESENTATIONS](#)

■ **Presentations from the National Conference on Tobacco or Health:**

ConsumerDemand

Innovations in Building Consumer Demand for Tobacco Cessation Products and Services

Purpose and Goals

Roundtable Meeting 1: December 7 to 8, 2005

Roundtable Meeting 3: June 7 to 8, 2006

Roundtable Meeting 2: February 1 to 2, 2006

National Conference

To generate new ways of thinking about increasing demand for evidence-based tobacco cessation products and services.

To achieve major breakthroughs in the use of tobacco cessation products and services to increase the public health or population impact.

To identify and catalyze feasible innovations in R&D, product design, research funding, practice and policy that could significantly improve the use and impact of current evidence-based treatments within the next 3 years.



The Competition is Getting Stiffer



THE MARYLAND QUITLINE

Exciting News!!

1-800-QUITNOW is up and running in the State of Maryland



Good News: It's **FREE** for Maryland Residents!

Smokers in the State of Maryland can now call 1-800-QUIT-NOW to get information about quitting smoking. This **FREE** service is available to non-smokers as well who are looking for information for a family member, a loved one, or even a patient or client (for all health care providers, such as nurses, doctors, pharmacists, etc.).

Calls to 1-800-QUIT-NOW are answered by well-trained persons who are there to improve a smoker's chances of successfully quitting smoking.

Enrollment is **EASY** and **FREE!**



Mission

The Maryland **Q**uitting **U**se and **I**nitiation of **T**obacco (MDQuit) Resource Center is dedicated to assisting providers and programs in reducing tobacco use among citizens across the state.

Our mission is to **link** professionals and providers to state tobacco initiatives, to **provide** evidence-based, effective resources and tools to local programs, to **create and support** an extensive, collaborative network of tobacco prevention and cessation professionals, and to **provide a forum** for sharing best practices throughout the state of Maryland.

WEBSITE: **MD****Quit.org**

PHONE: 410.455.3628

FAX: 410.455.1755

MARYLAND RESOURCE CENTER



FOR QUITTING USE & INITIATION OF TOBACCO



HOME

NEWS &
EVENTS

PROGRAMS &
MATERIALS

PROVIDERS'
CORNER

SPECIAL
POPULATIONS

MARYLAND
DATA

POLICY
INITIATIVES

MODELS &
MEASURES

MDQuit.org

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INFORMATION CENTER

About Us

A new tobacco resource center opens!
Professionals find information here.

Quitline

Maryland institutes a FREE Quitline for all residents.

Tobacco Information

Even as soon as 20 minutes after a smoker smokes their last cigarette, their body begins the healing process.

News

Maryland Candidates Asked to Support Cigarette Tax.

November 16th is the American Cancer Society's 30th Great American Smokeout!

COUNTY HIGHLIGHTS



Montgomery County, MD

Learn about the county, what it has to offer, and what the county is doing to fight tobacco use.



Baltimore County, MD

Learn about the county, what it has to offer, and what the county is doing to fight tobacco use.



PROGRAMS & MATERIALS

As you will see, there are numerous ways to intervene with cigarette smoking. Outlined below is a list of treatment options used for smoking cessation.

Our hope is that it will help you provide clients with the information they need to make informed decisions. Please follow the links below to find more information on a variety of treatment options for smoking cessation.



Cessation

- [Quitlines](#)
- [Self-Help](#)
- [Psychosocial Interventions](#)
- [NRT](#)
- [Medications/Pharmacology](#)
- [Alternative](#)
- [Youth Cessation](#)

Prevention

The best way to avoid the negative effects of tobacco use is to prevent people from initiating use. Therefore, MDQuit is dedicated to providing information on the latest prevention efforts and techniques for all ages and populations. In addition, hard copies of prevention literature and materials are available at the MDQuit Resource Center on the [UMBC Campus](#).

NEWS &
EVENTSPROGRAMS &
MATERIALSPROVIDERS'
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POPULATIONSMARYLAND
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MEASURES

PROVIDERS' CORNER

The following information is presented for providers who provide tobacco cessation and prevention services to Maryland residents.

This website's primary goal is to assist Maryland tobacco users quit smoking and to reduce the prevalence of tobacco use among non-users. To meet this goal, we provide:

- Updated information to help guide your practice
- Tools to help motivate your clients
- A location where you can review current books, brochures, and materials, as well as obtain information on how to order such materials

Overview

Physicians

Dentists

Pharmacists

Pediatricians/OBGYNs

Nurses

Mental Health Professionals

Health Departments

Employers

School Personnel



Treating Tobacco Use and Dependence (TTUD)¹, a clinical practice guideline, was published to assist clinicians in implementing effective treatments for cessation. This guideline recommends that all clinicians should have a systematic routine for identifying smokers. There are five steps involved in providing a minimal intervention, called the "5 As". These steps are:

1 ASK:

Ask about tobacco use at every visit.

2 ADVISE:

Even brief advice to quit from a health professional can result in greater smoking abstinence rates.

3 ASSESS:

After providing a clear, strong, and personalized message to quit smoking, the provider determines whether or not the patient is willing to quit at this time.

4 ASSIST:

MARYLAND RESOURCE CENTER



FOR QUITTING USE & INITIATION OF TOBACCO



NEWS &
EVENTS

PROGRAMS &
MATERIALS

PROVIDERS'
CORNER

SPECIAL
POPULATIONS

MARYLAND
DATA

POLICY
INITIATIVES

MODELS &
MEASURES

SPECIAL POPULATIONS

- [Youth](#)
- [Pregnancy](#)
- [Co-occurring Mental Illness](#)
- [Medical Diagnoses](#)
- [Ethnic Groups](#)
- [LGBT](#)
- [Older Populations](#)

Co-occurring Mental Illness

Ethnic Groups

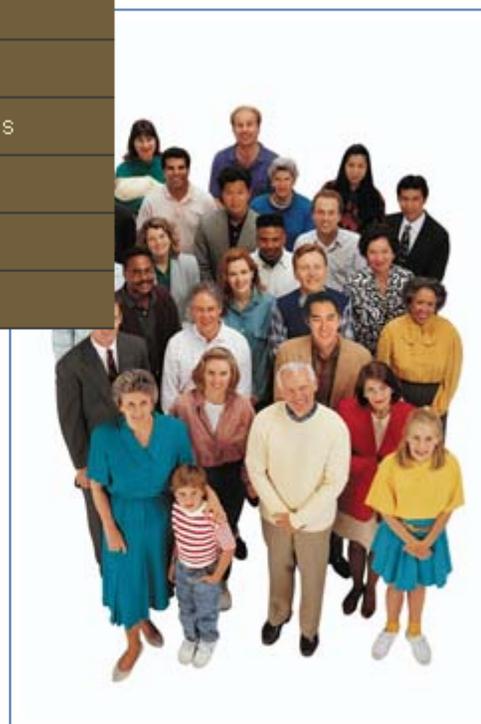
LGBT

Medical Diagnoses

Older Populations

Pregnancy

Youth



Maryland Fax to Assist Form

This is a prototype of the fax referral form certified providers will be able to submit to 1-800-QUITNOW



Maryland Tobacco Quitline FAX Referral Form Fax Number: 1-800-483-3114

Provider Information: _____ Fax Sent Date: ____/____/____

Organization/Hospital/Group/Clinic Name: _____

Health Care Provider: _____

Fax Contact Name: _____

Fax: (____) _____ - _____ Phone (____) _____ - _____

Patient Information: Gender: ___ Male / ___ Female Pregnant? ___ Y ___ N

Patient Name: _____ DOB: ____/____/____

Address: _____ City: _____ Zip: _____

Primary #: (____) _____ - _____ Type: ___ HM ___ WK ___ CELL

Secondary #: (____) _____ - _____ Type: ___ HM ___ WK ___ CELL

Language Preference (check one): ___ English ___ Spanish ___ Other - _____

Tobacco Type (check ALL that apply): ___ Cigarettes ___ Smokeless Tobacco ___ Cigar ___ Pipe

____ I am ready to quit tobacco and request the Maryland Tobacco Quitline contact me to help
(Initial) me create my quit plan.

____ I give my permission to the Maryland Tobacco Quitline to leave a message when contacting
(Initial) me at: ___ Primary ___ Secondary ___ Either ___ No message

Patient Signature: _____ Date: ____/____/____

The Maryland Tobacco Quitline will call you. Please check below the BEST 3-hour time frame during the week for them to reach you. NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.

8am - 12pm ET 12pm - 3pm ET 3pm - 6pm ET 6pm - 9pm ET

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute. © 2005 Free & Clear, Inc. All rights reserved.

Fax Referral Program

- “Fax to Assist” will be operational by December 1st, 2006 through **MDQuit.org**
- There will be on-line training and certification for HIPAA-covered entities
- Providers can refer their patients or clients (who wish to quit, preferably within thirty days), to the Maryland Tobacco Quitline
- Tobacco users will sign the Maryland Fax Referral enrollment form during a face-to-face intervention with a provider (e.g., doctor's office, hospital, dentist's office, clinic or agency site)
- The provider will then fax the form to the Quitline. Within 48 hours, a Quit Coach™ makes the initial call to the tobacco user to begin the coaching process

Fax to Assist

- The Quitline will then fax back to the provider a form that will describe the type of service the patient received through the Maryland Tobacco Quitline.
- The Maryland Tobacco Quitline Coordinator will also receive monthly reports on total referrals from each provider, and the number of calls each patient elected to receive.

Challenge for the Future

- Maryland has an opportunity to take the lead in several areas of smoking cessation and prevention.
- With the help of state and local leaders we can create an integrated, coordinated system of care to reach and engage smokers and find ways to link policy, prevention, and cessation activities
- To do this we need the continued leadership and collaboration of the state and local DHMH and this Council as well as other professional and community groups in the state