

Smoking Cessation for Women's Wellness: Breast and Cervical Cancer Screening

Dr. Heather LaChance
Acting Division Chief
Assistant Professor of Medicine
Licensed Psychologist
National Jewish Health





Overview for Today's Webinar

Risks of Smoking

- Breast cancer outcomes
- Cervical cancer outcomes

Basic Counseling Techniques (Motivational Intervention)

- Skill #1: Reflective listening
- Skill #2: Open versus closed questions
- Skill #3: Affirming change

Cessation and Stages of Change

- Assessing Stages of Change
- Ambivalence – Handling the non-motivated smoker
- Preparation – Developing a quit plan (P. L. A. N.)
- Action – Supporting the quit attempt

Resources

- Quitline
- Medicaid

Q&A



Medicaid Population Data

- **~ 500,000 individuals receive Medicaid each year**
- **High rate of tobacco use**
 - **18% of Colorado adult population (TABS, 2008)**
 - **38% of Medicaid population (HCPF)**



Mortality Rates

- **40,000 women per year from breast cancer**
- **4,000 women per year from cervical cancer**
- **178,000 per year from smoking-related disease**



Breast Cancer Outcomes

- **Causal evidence indicates that women who smoke or are exposed to secondhand smoke (SHS) are at an increased risk for premenopausal and postmenopausal breast cancer (Expert Panel on Tobacco Smoke and Breast Cancer Risk, 2009)**
- **Epidemiological and toxicological studies show that between puberty and menopause, breast tissue is highly sensitive to carcinogen exposure**
- **Recent meta-analysis indicate a 35-50% increase in breast cancer risk for long-term smokers, especially with genetic predisposition (N-acetyltransferase 2 or NAT2, BRCA1, BRCA2)**
- **Studies also suggest women know about lung cancer but are unaware that smoking is a risk factor for breast cancer**



Breast Cancer Outcomes

- **Studies on second-hand smoke (SHS) are also suggestive of causality, although this is not yet a completely ‘established’ finding**
- **Meta-analysis of five superior studies of young, never-smokers exposed to chronic SHS showed that SHS doubled the risk of premenopausal breast cancer**
- **Both the California EPA and US Surgeon General published meta-analyses finding that chronic SHS exposure lead to a 60-70% increase in premenopausal breast cancer risk among young never-smokers**

Expert Panel on Tobacco Smoke and Breast Cancer Risk, 2009.



Breast Cancer Outcomes

- **Dr. Braithwaite (UCSF), presented preliminary results at the American Association for Cancer Research's annual meeting "Frontiers in Cancer Prevention" on 11/8/10**
- **She surveyed 2,265 women recently diagnosed and followed them for 9 years**
- **She reported that smokers or former smokers diagnosed with breast cancer were about 40% more likely to die from their disease**
- **This finding jumped to 60% for women diagnosed with HER-2 negative BC**



Cervical Cancer Treatment

- **Smoking appears to be the most important factor affecting the progress of CIN (cervical intraepithelial neoplasia) after HPV infection**
- **Smokers have a 4-fold increase in CIN treatment failure**
- **The risk of the development of CIN is dose-dependent in women who smoke more than 20 cigarettes per day (odds of tx failure increases 2.5x for every 10 cigs)**
- **Post treatment, both HPV positive (at first follow-up) and smoking are independently associated with increased risk in CIN treatment failure**
- **A women who both has HPV and also smokes has a 20-fold increase in treatment failure**

Acladiou et al., 2002



Cervical Cancer Outcomes

- **Among nonsmokers, those who test positive for HPV-16 are 6 times more likely to get cervical cancer (Having high vs. low HPV-16 viral load does not affect this statistic) (Gunnell et al.,)**
- **Among smokers, those who test positive for HPV-16 are 14.4 times more likely to get cervical cancer in 9 years than those who do not have the infection**
- **Among smokers, those with HPV-16 with high viral load are 27 times more likely to get cervical cancer**



Smoking Cessation and Treatment

- **Smoking cessation is associated with a decrease in the lesion size of CIN**
- **Stopping smoking, even at diagnosis, reduces the risk of secondary primary tumors**
- **Due to the mounting evidence of smoking impacting surgery, many physicians insist patients quit 2 weeks to 2 months prior to surgery (complications in pulmonary function, wound healing, immune function, and radiation therapy) {Eifel, et al., 2002; Gritz et al., 2005}**
- **Smokers report more severe pain during chemotherapy than those who quit, regardless of cancer type (Ditre et al., 2011)**



Basic Counseling Skills

Motivational Intervention



Basis for Motivational Approach

- Miller tested the hypothesis that a confrontational counseling style is self-fulfilling prophecy
- Miller and Sovereign (1989, 1994) randomly assigned problem drinkers to either therapists using confrontational counseling or a more client-focused approach
- Drinkers who had confrontational therapists showed higher levels of resistance (arguing, changing the subject, denial, interrupting, etc.) versus those given a more client-centered, empathetic, *motivational approach*

**Therapist lectures,
or is confrontational**



**Client defensiveness,
resistance, or denial**



Motivation

- Recent approaches view motivation not as a trait, or something you have
- Motivation is now seen as a *dynamic state* that can be influenced
- Numerous clinical trials have found MI to be effective with a variety of disorders: high-risk and addictive behaviors such as alcohol disorders, smoking, poly-substance abuse, HIV risk behaviors, bulimia, diet/weight and health issues (Burke et al., 2003).





MI Basic Counseling Skills

- **Skill #1: Listen reflectively**
- **Skill #2: Ask open meaningful questions**
- **Skill #3: Affirm change**





Skill #1 Reflective Listening

- Develops **EMPATHY**
- Treatment provider forms a reasonable guess as to the *underlying or unspoken meaning*
- Rephrase what the person has just said, in a statement, not in a question
- Reflect the feelings of what you hear them saying.
“Sounds like you are feeling uncertain...”
“You are feeling disappointed that you slipped”
- Reflection is accurate when patient says
“Yes” “Exactly!” “Yeah” etc. or **ASKS** for more info.



Skill #1: Simple Reflection

Highlight what you hear the person saying:

Client- *I know I really need to quit....*

Provider- *You've been thinking of quitting...*

Client- *Yeah, I've thought about it for years but it's just so hard... I've quit so many times but I always relapse..*

Provider- *You wish it would stick but it hasn't yet..*

Client- *Yeah, exactly.... not sure what more I can do..?*

Provider- *Research shows that people who quit over and over are the successful ones....*



Confrontation is Goal- not Style

- Goal of MI is to *increase ambivalence* about smoking but not to force change process
- Simply having a non-threatening conversation about quitting
- Research shows clients become resistant when treatment providers use therapeutic strategies inappropriate for clients' current stage of change
- We change the MI strategies to fluctuate with readiness for change
- The goal = have the *client* argue for change



Confrontation-Denial Trap

- When a provider becomes insistent on change, it can **TRIGGER** resistance

Client- *I know I really need to quit....*

Provider- *You really need to quit. Because you tested positive for HPV, you are 4 times more likely to get cancer.*

C- *I don't know what to do...I've quit so many times before. I just can't seem to do it.*

P- *If you don't quit, things could really get worse; you could get cancer.*

C- *I know, I know.... Look, I've tried to quit over and over. You just don't understand how hard it is... Have you ever smoked? Look, do we need to keep talking about this – At some point, I'll quit.*



Confrontation-Denial Trap

- If a health care provider takes one side of the argument (to change) then the client who is not ready will take the other side of the argument (to stay the same or keep smoking)
- In this way, the conversation builds more denial and resistance
- The goal is to reflect what *the client* is saying ***NOT to have your client list the reasons they cannot change***



Reflections Improve Motivation

Client- *I know I really need to quit....*

Provider- *You are really thinking about quitting.*

C- *Yeah, I'm thinking about it but every time I've tried to quit, I can't do it. I get so stressed out and irritable.*

P- *Sounds like you'd like to quit but you haven't yet figured out the right way to do it. Sounds like you need a quit plan that helps you cope with stress and irritability.*

C- *Yeah, I guess so... I don't know how to do that...*

P- *The Quitline can help you develop a quit plan. But before we talk about that, I'm curious if you know about the health risks of smoking when you are also HPV-positive?*



Complex Reflections

- **Double sided reflections** are used when a person feels two ways about something. Reflect the bind the person feels by the situation
- **MOST PEOPLE FEEL CONFLICT ABOUT ANY CHANGE**

Client- I want to quit smoking but my partner also smokes. It is hard to quit when he's smoking too.

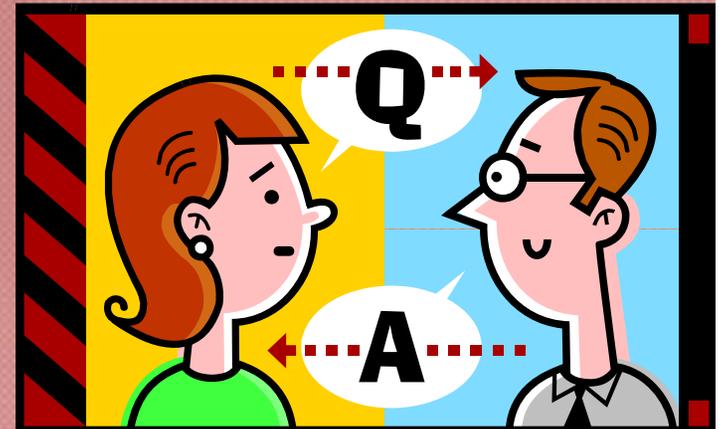
Provider - So on the one hand quitting is tough when your are triggered by your partner, but I hearing you saying you really want to quit (only reflecting, not jumping to solutions).

Client- Yes... I need to quit. But, what can I do if my partner is smoking around me...? (asking for information, thinking about options)



Skill #2: Ask Meaningful Questions

- Use questions that generate self-reflection combined with affirmations to propel talk about change forward
- Research shows that physicians/treatment providers simply **ASKING** about smoking leads to a 30% increase in patients attempts to quit.





Skill #2: Ask Open-Ended Questions

- Open questions are open-ended.. Evoke thought
- They start with *WHAT, HOW, WHEN, WOULD YOU, or TELL ME MORE...*
- Open questions encourage clients to think about what they are feeling and/or want:

What do you know about smoking and breast cancer?

How might you change that?

How are things different now?

Would you want to talk about this more?

Tell me more about...

- Generate exploration and collaboration
- VITAL to quality MI



Skill #2: Avoid Closed Questions

- Closed questions force a yes or no answer
- Closed questions are usually about making decisions or forcing judgment
- Closed questions begin with:
- ARE you...? DO you...? DON'T you....?, and WHY are you..? WHY aren't you..?
- Some closed questions are fine for information gathering: *“Do you want NRT?”*
- Most shut down the conversation, lead to defensive answers, or are leading questions.
 - ➔ *Do you want to quit smoking?*
 - ➔ *Do you see how it's gotten worse over time?*



Skill #3: Affirm and Reward

- When client begins to consider change – positive affirming statements reward thoughts of change
- Agree, support, and emphasize personal control
- ***“Great – sounds like you’re considering how to quit. Just thinking about it is an important first step.”***
- ***“That’s ok if you are not ready to quit yet and it’s great that you’ve tried to quit before. Research shows that the more frequently people try to quit, the better their chances are to quit for good. You might need to try several times before it sticks.”***



Cessation and Stages of Change Model

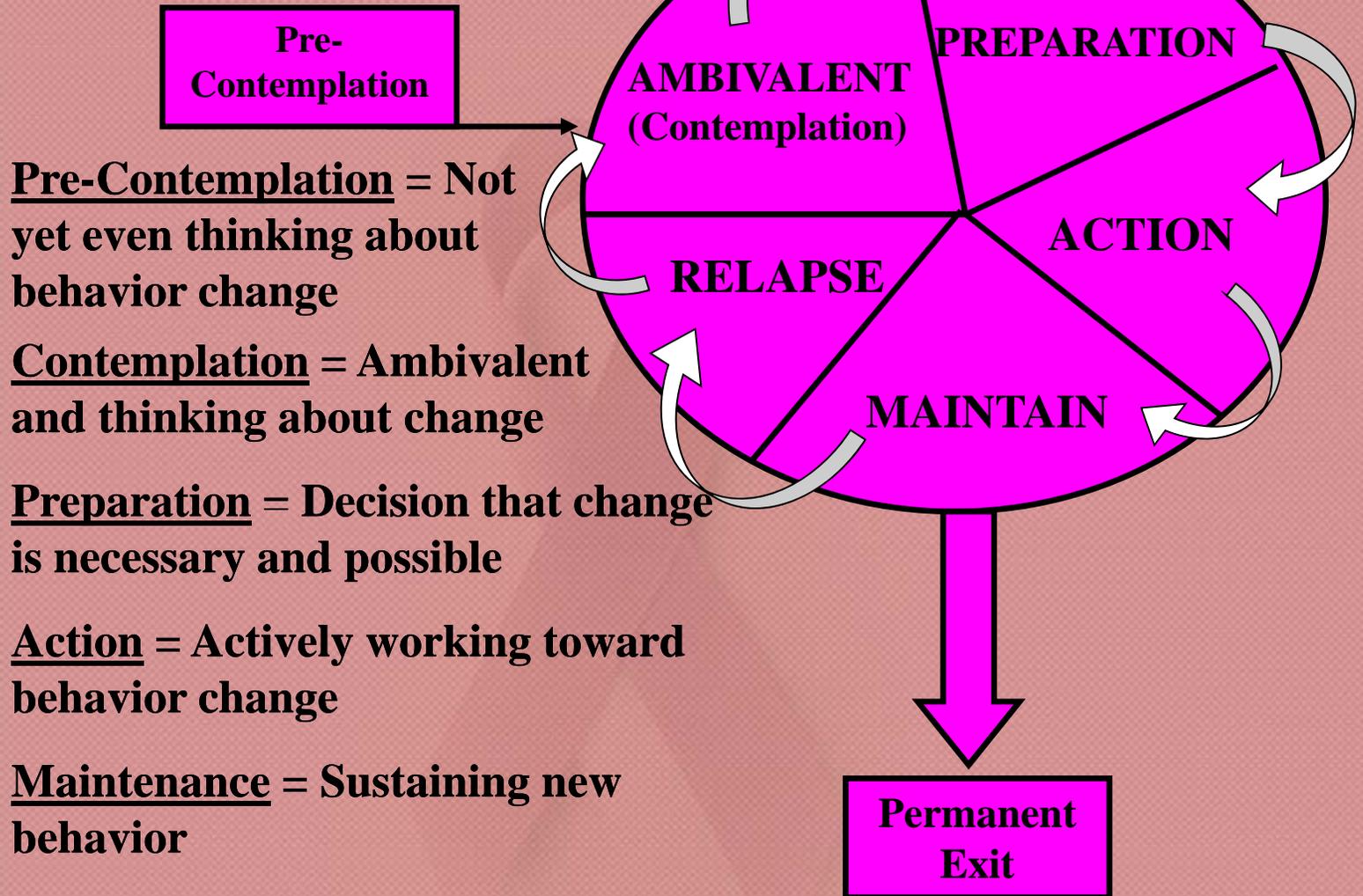


Stages of Change

- Prochaska and DiClemente theorized that change is a ***PROCESS THAT TAKES TIME*** and that all people move through *stages* as they change
- Transtheoretical Model of Change (TTM) or
- Stages of Change Model (1984-present)
- <http://www.uri.edu/research/cprc/transtheoretical.htm>
- Rollnick, Mason, & Butler (2007) book:
- ***Health Behavior Change: A Guide For Practitioners***



Stages of Change



Pre-Contemplation = Not yet even thinking about behavior change

Contemplation = Ambivalent and thinking about change

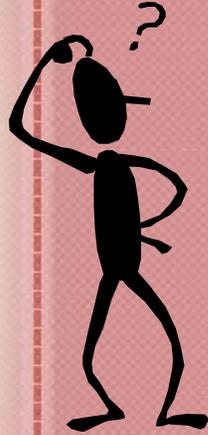
Preparation = Decision that change is necessary and possible

Action = Actively working toward behavior change

Maintenance = Sustaining new behavior

Relapse = PART of change cycle and often several before maintenance

Simplified Stages of Change



AMBIVALENCE (Pre/Contemplation):

- Unsure about change
- Might be trying small things
- May “flip-flop” about smoking
- Not ready to quit



PREPARATION:

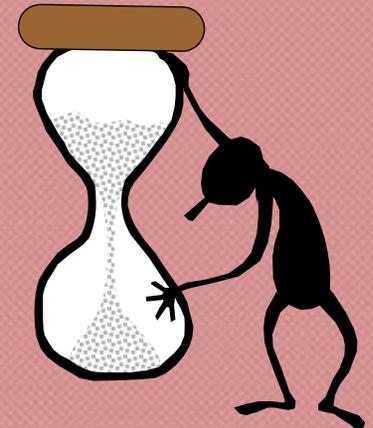
- Ready to change
- Taking small steps
- Has many reasons (pros outweigh the cons)

SLIP or RELAPSE



ACTION:

- Made a quit
- Completing behaviors
- Asking questions & seeking solutions
- Open to suggestions





Simple Assessment of Change

- **“What are your thoughts about quitting?”**
- ***“I am not ready to quit...”***
“I’d like to quit, but not sure when or how...”
(Ambivalent)
- ***“I’m ready to quit as soon as I can/next week”***
(Preparation – next 30 days)
- ***“I’ve been quit for - - days.”***
(Action)
- ***“I quit but I just went back to smoking...”***
(Slip or Relapse)



Cycles Through the Stages

- Prochaska and DiClemente found people cycle through stages of change 3-7 times before maintaining new coping skills.
- Slips or Relapse is considered *part* of treatment rather than failure.
- “Each slip brings a client closer to recovery.”
- Evaluating triggers and heightening awareness after each slip or relapse can bring the client through the stages of change (rather than just giving up).



Stage 1: Handling Ambivalence

Application of MI:

- *“I’m not ready to quit.”*
- Use more reflections than questions
- *“Sounds like you are feeling uncertain...”*
- *“I’m hearing that you are aware of how smoking is your primary coping skill..”*
- Its OK to reflect the smoker’s dependency



Stage 1: Handling Ambivalence

- Questions should have a curious tone, not a critical or judgmental tone:
- *“(I’m curious,...) If you were to quit in the next weeks or months, what might you need to do it?”*
- *“What other things have you done that were difficult, but you surprised yourself?”*
- *“What do you know about smoking and breast cancer?”*
- *“Would you like to learn more about this?”*



Stage 1: Handling Ambivalence

- Remember your goal is simply to get the patient to **THINK** more about quitting
- Providers typically feel frustrated when the patient seems uninterested
- You are planting seeds....
- Change is the patient's responsibility, not yours



Stage 2: Preparation

P. L. A. N

P = Pick a meaningful quit date

L = Let friends and family know

A = Anticipate triggers

N = Nicotine addiction medication options

These steps and worksheets are described in the Quitline brochure “Breathe Easy: Guide To Quitting Tobacco”



P = Pick a Meaningful Quit Date

- **Congratulations!**
- **People are more likely to quit if they have a specific day in mind**
- **Choose a day that has some relevance such as a: holiday, New Year, MLK Day, Valentines, wedding anniversary, child's or grandchild's or pet's birthday**
- **Birthday; for example: if birthday is Oct 2nd chose March 2nd**
- **Recognize that the quit has meaning such as new life or new chapter in one's life**



P = Pick a Meaningful Quit Date

Application of MI: Use more questions, less reflection

Client: So I think I'd like to quit.

Provider: Sounds like you are feeling motivated to make a change. I'm curious when you are thinking? Would you like to set a quit day that is meaningful to you such as a birthday or anniversary?

Client: Actually, my son's birthday is next week.

Provider: Wow, that sounds like a potentially meaningful day. If you quit, what would

Client: Yeah, it would mean a lot to him and to me too. I feel ready to do this...



L = Let Friends and Family Know

- **Social support predicts a 50% increase in quitting success**
- **Friends or family can help clean the home, car, throw out smoking materials**
- **A “no smoking in the home” rule predicts lower daily smoking rates**
- **Coach a smoker to ask for help/support, avoid “nagging” and negativity**
- ***“Letting friends and family know and social support is important. How might you let others know?”***



L = Let Friends and Family Know

Application of MI: Use more open questions

- ***“Letting friends and family know and social support is important. How might you let others know you are going to quit?”***
- ***“Sounds like you are motivated to quit! Who might support you in your quit attempt?”***
- ***“Who might undermine or hurt your chances to quit?”***
- ***“It’s tough when your partner smokes. How are you going to prevent that from holding you back? What can you do to stay strong?”***



A = Anticipate Triggers

- **Ask the smoker to list out all triggers**

Common ones:

- ~ **First in the morning**
- ~ **After eating**
- ~ **Driving the car**
- ~ **Stress/depression/anxiety**
- ~ **Boredom**
- ~ **Celebration/ good moods**
- ~ **Self-rewards**
- ~ **Alcohol**
- ~ **Coffee**

- **Develop replacement behaviors for each**



A = Anticipate Triggers

Develop strategies:

- **Avoid people, places, things that are triggers such as: alcohol, coffee, public smoking areas, bars, groups of smokers, stress**
- **Alternatives such as gum/lozenges, mints, toothpicks, popsicles, straws, crunchy vegetables, doodling, crafts/art**
- **Adjust/Activity such as walking, exercise, stretching, fun activities, to-do lists, change morning/ day/ evening routines, stay busy with tasks, reorganize home or rooms,**



A = Anticipate Triggers

Application of MI: Use open questions

- ***“What situations, places or even people might you need to avoid to stay smoke free?”***
- ***“What alternatives might you use? Some smokers have found {gum/lozenges, mints, toothpicks, popsicles, etc.} very helpful. What do you imagine would work for you?”***
-DON'T give advice, simply ask...
- ***“We know that changing routines and staying busy really helps during a quit attempt. Things like walking, exercise, stretching, fun activities, and changing your day around keep people busy. What might you do to stay active and distracted?”***



N = Nicotine Addiction Medications

- **FDA has approved 7 quit smoking medicines**
 - **Decrease the desire to smoke**
 - **Reduce cravings and withdrawal symptoms**
 - **Lessen reinforcing effects of nicotine**
- **Known as First-Line Medications**



Nicotine Replacement Therapy

- **Products that provide nicotine**
- **Nicotine replacement doubles to triples a person's likelihood of quitting**
- **Has been found to be safe in countless studies**
- **Even studies with high-risk cardiac patients have found strong benefits with minimal problems or side effects**



Nicotine Replacement Therapy

- **NRTs do not contain the harmful gases and tars found in cigarettes**
- **Nicotine from NRTs**
 - **is absorbed differently**
 - **is not as addictive**
 - **contains less nicotine than smoking**
- **Studies show starting NRT 2 weeks prior to quit day is actually more effective than on quit day (2 times more effective)**



Nicotine Transdermal Patch

- **Advantages:** Patch has highest compliance of all NRT options = patients tolerate it well; fewer side effects
- **Delivery of nicotine per patch:**
 - 21mg (*Step One*) use for at least 4 weeks
 - 14mg (*Step Two*) use for at least 2-3 weeks
 - 7mg (*Step Three*) use for at least 2 weeks

16+ per day	-- 21mg or <i>Step One</i>
10 -15 per day	-- 14mg or <i>Step Two</i>
9 or fewer	-- 7mg or <i>Step Three</i>
- **Place a new patch on first thing in the morning**
- **Patients generally use it for a full 24 hours**
- **Common side-effects: Sleep disturbance, skin irritation**



Nicotine Lozenges (Mini-lozenges)

- **Advantages: OTC. Does not require special chewing methods or interfere with dental work**
- **Quit rates (or odds ratios) are excellent (2-3x)**
- **Caller should place the lozenge in the mouth and let it slowly dissolve**
- **Move the lozenge from one side of the mouth to the other**
- **It is normal to feel a warm or tingling sensation**
- **Patients should not eat or drink 15 minutes before using or while the lozenge is in the mouth; this may make them less effective**
- **Should not chew or swallow lozenges**



Nicotine Lozenges

- **Two dosages: 2mg and 4mg**
- **Smoke w/in first 30 minutes – use 4mg**
- **On average, people use 9 or more lozenges per day for the first 6 weeks**
- **1-6 Weeks: 1 lozenge every 1 to 2 hours**
- **7 to 9 Weeks: 1 lozenge every 2 to 4 hours**
- **10 to 12 Weeks: 1 lozenge every 4 to 8 hours**



Nicotine Gum

- **OTC. Gum found slightly less effective than patch and lozenges**
- **Gum dosages: 2mg, 4mg**
- **Many users start with the 2mg gum**
- **Heavy smokers (those smoking more than 25 cigarettes per day) should start with the 4-mg gum**
- **Nicotine gum may be used by chewing one piece of gum every 1-2 hours at first, or it may be used by chewing one piece of gum whenever smoker has the urge to smoke**
- **Chew and park procedure**



Nicotine Gum Tapering

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Chew Time	30 mins	25 mins	20 mins	15 mins	10 mins	5 mins
Pieces of Gum	20-18 day	18-16 day	16-14 day	14-12 day	12-10 day	10-8 day



Nicotine Nasal Spray

- **Prescription required**
- **Most effective NRT method (3x success rates)**
- **One dose is made up of 1 spray in each nostril**
- **The suggested starting amount is 1 - 2 doses per hour**
- **Typically 8 - 40 doses per day**
- **Should not use if has asthma or a nasal condition (sinusitis, allergies, or nasal inflammation)**



Nasal Inhaler

- **Prescription required**
- **The inhaler is shaped like a cigarette**
- **Patients inhale deeply to receive a vaporized dose of nicotine**
- **Expensive**
- **Efficacy is slightly higher than patch**
- **Compliance is low**
- **Nicotine is actually deposited in the mouth, not the lungs**



Combination of NRT Methods

- **Combinations of NRT (patch & lozenges) have been found to be more effective than patch alone**
- **Better that patients use NRT combinations than continuing the habit of smoking**
- **Encourage those smoking a pack a day or more to use two NRT methods**



Bupropion (Wellbutrin/Zyban)

- **Comparable to patch in success rates (2x)**
- **Bupropion is an anti-depressant; selectively inhibits reuptake of nor-adrenaline, serotonin, and dopamine**
- **Reduces cravings and desire to smoke**
- **Can be used in combination with other NRT methods but combination of bupropion and nicotine appears not to further increase the cessation rate**
- **Can assist with depression and weight gain**
- **It is dosed 150 mg each day for 3 days; then 150 mg twice daily for 7 to 12 weeks**



Varenicline (Chantix)

- **Varenicline binds to nicotinic receptors –mimics nicotine is called a partial agonist**
- **Lessens cravings and withdrawal symptoms**
- **Medication started one week before quit**
- **Starter pack is 1 mg for three days and then twice a day**
- **The standard maintenance dose is 1 mg twice daily, with variations as permitted by the FDA**
- **Varenicline is generally taken for at least 12 weeks, or longer**
- **NRT with Varenicline is not supported**



Stage 3: Action – Supporting the Quit

- **Congratulate and affirm**
- **Review cravings on scale 1-10; if over 6, encourage combinations of NRT, if appropriate**
- **Review withdrawal symptoms (fatigue, irritability, sleep problems) and coping with these symptoms**
- **Review medication side effects and compliance**
- **Identify social supports**
- **Identify any stressors and coping skills**



SIMPLE Smoking Cessation

- **ASK** – Simply ask if someone smokes
- **ASSIST** - Not ready to quit; reflect choices
- Ready to quit; provide information
- **REFER** – Provide referrals

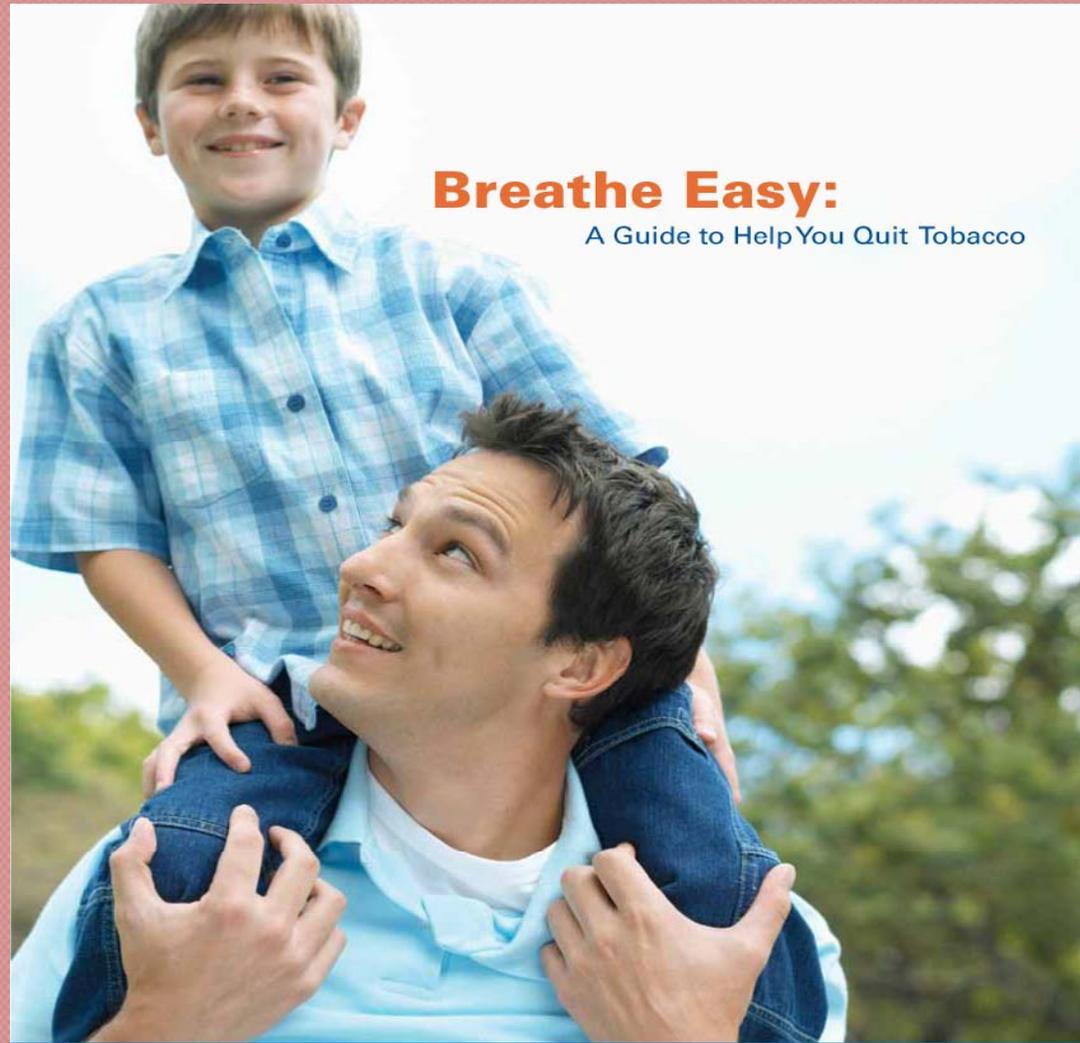


Resources- Quitline

- **Call 1-800-QUIT-NOW (1-800-784-8669)**
FREE telephone-based coaching program
- **Colorado residents 15 years of age and older**
- **Nicotine replacement therapy (patches & lozenges) for smokers 18 years of age and older**
 - **Must have a prescription if pregnant, uncontrolled high blood pressure or heart disease**
- **www.myquitpath.org**



CO Quitline Cessation Guide



Breathe Easy:

A Guide to Help You Quit Tobacco

 **National Jewish Health**
Science Transforming Life®

COLORADO
QuitLine
Be tobacco free

CO 130



The "A" Strategies

	My Triggers	Avoid?	Adjust Routine?	Alternatives?
Example 1	Work-break with coworkers	✓ Yes avoid	✓ Yes, I will take a stretch break in a different area with non-smoking friends	<ul style="list-style-type: none"> ✓ Will keep straws and toothpicks in pocket at work ✓ Will use mints and nicotine gum ✓ Will drink a lot of water
Example 2	Stress	Can't avoid	<ul style="list-style-type: none"> ✓ Will try to do less for first few weeks ✓ Will exercise at lunch 	<ul style="list-style-type: none"> ✓ Will use tea breaks ✓ Will use nicotine lozenges ✓ Will use positive self-talk
Example 3	Right after eating	Can't avoid	✓ Will brush my teeth immediately after eating	<ul style="list-style-type: none"> ✓ Will use chewing gum or mints ✓ Will have popsicles in fridge
1				
2				
3				
4				
5				
6				

AVOID

Avoid people, places, or things that trigger you to use tobacco. Ideas are other smokers, public smoke break areas, bars with outside patios, alcohol, or places you smoke a lot at home.

ALTERNATIVES

Have alternatives to tobacco handy. Examples are toothpicks, mints, bubble gum, straws, cinnamon sticks, popsicles, crunchy vegetables, hard candies, swizzles, or a water bottle. Nicotine gum or nicotine lozenges are useful, too.

ADJUST

Adjust your schedule, habits, or situation. Examples are keeping busy, working on hobbies, taking long walks, exercising, hiking, bike-riding, skiing, or calling a friend when you have a craving. Also try going to places that don't allow smoking like the mall, movies, store, or restaurants. Try changing your habits, like brushing your teeth after you eat or walking when you have a craving.



Resources - Quitline

- **Fax-to-Quit Program**
 - **Provider submits Fax Referral Form to QuitLine and staff contact patient directly to initiate coaching sessions**
 - **QuitLine staff will fax back confirmation of client enrollment to the provider**



Medicaid Pharmacotherapy

- **Patients are eligible for two 90-day treatments of tobacco cessation medications each year**
- **All FDA-approved medications can be prescribed**
 - **Nicotine patches, gum, nasal spray, inhalers, Chantix or Zyban**
- **Provider must write a prescription and obtain prior authorization from Medicaid**



Medicaid Outreach - Posters



LOVE
HATE

YOU LOVE TO SMOKE. BUT YOU HATE IT MORE.
IT'S FREE, IT'S CONFIDENTIAL AND IT WORKS. CALL TODAY.

1.800.QUIT.NOW
MYQUITPATH.ORG (1.800.784.8669)

COLORADO
QuitLine™
Be Tobacco free

COLORADO DEPARTMENT OF
PUBLIC HEALTH & ENVIRONMENT



IF YOU HAVE MEDICAID, YOU CAN GET FREE OR LOW-COST MEDICATIONS TO HELP YOU QUIT USING TOBACCO. JUST ASK YOUR HEALTHCARE PROVIDER.



AMOR
ODIO

LE ENCANTA FUMAR, PERO LO ODIS MÁS TODAVÍA.
ES GRATIS, ES CONFIDENTIAL Y FUNCIONA. LLAME HOY.

1.800.QUIT.NOW
MYQUITPATH.ORG (1.800.784.8669)

COLORADO
QuitLine™
Libertad del Tabaco

COLORADO DEPARTMENT OF
PUBLIC HEALTH & ENVIRONMENT



SI TIENE MEDICAID, PUEDE CONSEGUIR MEDICAMENTOS GRATIS O DE BAJO COSTO PARA AYUDARLO A DEJAR EL TABACO. PREGUNTELE A SU MÉDICO.



Brochures

**LOVE
HATE**

YOU LOVE TO SMOKE. BUT YOU HATE IT MORE.

I LOVE TO SMOKE BECAUSE:

- It helps me start my day.
- It's something I do with my friends.
- It helps me deal with stress.
- It keeps me company.
- It gives me something to do while I'm driving.

I HATE TO SMOKE BECAUSE:

- It costs so much.
- I have to smoke outside.
- I might get cancer.
- I'm addicted and it controls me.
- My teeth get yellow.
- It's not the person I want to be.
- My teeth are stained.
- I stink all the time.
- I have terrible smoking stains.
- It gives me wrinkles.
- My family worries about me.
- I could get heart disease.
- It might give me a stroke.
- I think about it all the time.
- It wrinkles my hands.
- My car smells like cigarettes.
- My family breathes my secondhand smoke.
- It damages my lungs.
- I wake up thinking about smoking.
- It turns my fingers yellow.

If you've reached that point where you hate smoking more than you love it, the Colorado QuitLine can help you quit for good.

Studies show that when you use the QuitLine program together with quit-smoking medications, like the nicotine patch, you move from

DOUBLE
YOUR CHANCES OF QUITTING!

1.800.QUIT.NOW
MYQUITPATH.ORG (1.800.784.8669)

COLORADO
QuitLine™
Be Tobacco Free

COLORADO DEPARTMENT OF
PUBLIC HEALTH & ENVIRONMENT
HEALTH PROMOTION CENTER

My reasons for quitting:

—
—
—
—
—
—
—
—

**YOU
LOVE
TO SMOKE.**

HERE'S WHAT YOU CAN EXPECT WHEN YOU CALL:

- You'll be asked a few questions to get you started quickly and easily.
- You and your Quit Coach will build a plan that's right for you.
- You will set up future calls to reach your goal.
- Your Quit Coach can answer your questions about how to quit.

WHY USE QUIT-SMOKING MEDICATIONS:

- You can reduce your cravings for cigarettes.
- Quit-smoking medications are not addictive.
- They can more than double your chances of quitting when used with the QuitLine.
- If you have Medicaid, you can get free or low-cost quit-smoking medications from your doctor.

HERE'S HOW TO GET STARTED:

- Be ready to quit.
- Call 1.800.QUIT.NOW (1.800.784.8669).
- Enroll in this FREE and confidential program.
- Ask your doctor about additional quit-smoking medication to help you quit, like the nicotine patch.

MORE ABOUT MEDICAID BENEFITS TO HELP YOU QUIT SMOKING:

- If you have Medicaid, you can get two 90-day treatments of quit-smoking medications each year.
- Quit-smoking medications are free for pregnant women, for people younger than 18, and for nursing home patients. Others pay a \$1 co-pay for generic brand medications, and a \$3 co-pay for brand name medications.

**BUT YOU
HATE
IT MORE.**

You finally hate smoking more than you love it. Now's the time to call the QuitLine — and finally

QUIT FOR GOOD.

1.800.QUIT.NOW
MYQUITPATH.ORG (1.800.784.8669)

COLORADO
QuitLine™
Be Tobacco Free

COLORADO DEPARTMENT OF
PUBLIC HEALTH & ENVIRONMENT
HEALTH PROMOTION CENTER



QuitLine Campaign Materials

- **Materials are available for FREE at www.cohealthresources.org**
 - Posters, Brochures, Table Tents, Fax Referral Forms
 - Enter “Love Hate” or “Medicaid” into Search box
- **Campaign information available at www.cohealthsource.org**
 - Campaign Fact Sheet, Widgets, Promotional Material
 - Look under “Resource Library” for Digital Resources



Thank You!

- Questions?