

## Acknowledgements

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## Questions or Concerns?

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**Lane County Public Health**

# Helping WIC Clients Quit Tobacco & Stay Quit

**A Guide for WIC Staff**

QUITTING  
for  
KEEPS



## Ask

- All clients about tobacco use

## Advise

- Relate health problems to tobacco
- Give direct advice to quit

## Arrange

- Assess readiness to quit
- Refer to quitting resources
- Provide materials
- Follow up at next visit

## 3As Tobacco Cessation

### Ask

Ask all clients about tobacco use.

### Advise

Relate tobacco use to health issues and **Advise** clients to quit (see page 3).

### Arrange

**Assess** client's readiness to quit (see page 3).

If client is ready to quit, **Assist** them by:

- Setting a quit date (see page 3)
- Providing written materials
- Providing referrals to other resources

**Arrange** for referrals to other resources (see page 5), and discuss tobacco use at every visit.



| Cessation Method                          | How it Works   |
|---|--|
| Advice from health care providers         | Brief, simple, advice that includes information, relapse prevention and problem-solving skills.                                    |
| Telephone counseling                      | Support, information, and counseling provided via telephone.   |
| Individual and group counseling           | Support, information, and counseling provided face-to-face.  |
| Group cessation programs                  | Group provides support to quit.  |
| Social support                            | Support from a health care provider, spouse, other relative or friend.   |
| Aversion therapy                          | Pairs smoking with negative effects – rapid smoking requires smokers to take a puff every few seconds until nauseous.              |
| All forms of Nicotine Replacement Therapy | NRT aims to reduce withdrawal symptoms by replacing nicotine in the blood.   |
| Bupropion SR<br>(Zyban®, Wellbutrin®)     | Blocks neural re-uptake of dopamine &/or norepinephrine.   |
| Varenicline<br>(Chantix®)                 | Varenicline (as the tartrate salt) is a partial agonist selective for $\alpha 4\beta 2$ nicotinic acetylcholine receptor subtypes. |

## What Works?

### Cessation Methods

Most tobacco users attempt to quit “cold turkey” (abrupt cessation of nicotine without tapering, support or use of medication), but only 5% are successful each year. The cessation methods listed on the next page have been shown by research to be effective. Smokers who use these methods are significantly more likely to quit successfully.

### What is covered?

As of October 2007, the following cessation medications are covered by the Oregon Health Plan (OHP) provider in Lane County:

- Nicotine replacement patches for 90 days every 365 days
- Bupropion (Zyban) for 90 days every 365 days
- Varenicline (Chantix) for 120 days, every 365 days with prior authorization
- Commit, Nicorette, Nicotine gum, Nicotrol inhaler, and Nicotrol nasal spray are available with prior authorization

Some private health insurance plans also offer telephone counseling and/or free Nicotine Replacement Therapy (NRT). Clients should contact their plan to learn what is covered.



## Advising Clients to Quit

**Example 1:** “I need you to know that quitting smoking is one of the most important things you can do to protect the health of your baby. And quitting is important to your health too.”

**Example 2:** “You and I both want your baby to be as healthy as possible, so I must advise you to consider quitting smoking.”

### Assessing Readiness to Quit

**Example 1:** “Have you thought about quitting?” If yes: “Are you ready to make a quit attempt in the next 30 days?”

**Example 2:** “Have you ever tried to quit before?” If yes: “Would you be willing to try again in the next 30 days?”

If the client is not ready to quit, consider using motivational interviewing techniques at each visit to increase the client’s readiness to quit over time.

### Setting a Quit Date

**Example:** “It’s great that you’re interested in quitting. Can you pick a date in the next two weeks that would be your ‘quit date?’ If yes: “That’s terrific. I’ll give you some materials to take home and we can discuss other ways I can help you quit.”



## 5 Steps of Motivational Interviewing

Using a few simple techniques can help you to deal with clients who are resistant to change. The following techniques are based on “Motivational Interviewing” developed for use with resistant clients, including tobacco users and other substance abusers.

**1. Express empathy:** Show your clients that you understand how difficult quitting can be.

*“It sounds like you’ve tried to quit before and the stress was too much to deal with. Quitting may seem impossible sometimes.”*

**2. Develop discrepancy:** Ask clients about the pros and cons of their tobacco use. Point out inconsistencies.

*“So if I’ve understood you correctly, you’re wondering whether it matters all that much if you smoke four or five cigarettes a day, but at the same time you really want to give it up because you have a feeling that it won’t be good for your baby.”*

**3. Avoid argumentation:** Be flexible with your client and avoid statements that will encourage disagreement.

*“I care about you, and this issue is so important that I’m willing to discuss your smoking even knowing that you may get angry with me.”*

**4. Roll with resistance:** Accept those clients who are not ready to quit; let them know it’s their decision.

*“And it may very well be that when we’re through, you’ll decide that it’s worth it to keep on smoking as you have been. It may be too difficult to make a change. That will be up to you.”*

**5. Support self-efficacy:** Help clients set realistic goals. Identify their strengths and skills to quit, and encourage those behaviors.

## Local Resources

### Free Resources

|                              |              |  |
|------------------------------|--------------|--|
| Oregon Tobacco Quit Line     | 800-QUIT-NOW | Free & Clear telephone counseling and quit guides, free NRT,         |
| 7th Day Adventists – Breathe | 541-683-4169 | Clinics usually begin in late September and run through May. Call    |
| Nicotine Anonymous           | 541-342-1588 | Self-help support group, based on 12-step system for anyone with a   |
| LCC Health Clinic            | 541-463-5665 | <b>Individual cessation counseling for LCC students &amp; staff.</b> |
| UO Health Center             | 541-346-4456 | UO students/staff eligible for free Quit Kit, individual counseling, |

### Other Resources

|                               |              |   |
|-------------------------------|--------------|---|
| Peace Health: Options Program | 541-686-7442 | Includes individual counseling, support for self-help process, & behavioral therapy. Cost is \$45 |
| Employee Assistance Plans     | Varies       | Individual counseling via employee assistance programs from                                       |

### Internet Resources

|                           |  |
|---------------------------|--|
| Great Start               | <a href="http://www.americanlegacy.org/greatstart">www.americanlegacy.org/greatstart</a> |
| Become an Ex              | <a href="http://www.becomeanex.org">www.becomeanex.org</a>                               |
| Quitnet                   | <a href="http://www.quitnet.com">www.quitnet.com</a>                                     |
| Smokefree.gov             | <a href="http://smokefree.gov">http://smokefree.gov</a>                                  |
| Oregon Research Institute | <a href="http://www.chewfree.com">www.chewfree.com</a>                                   |
| American Cancer Society   | <a href="http://www.cancer.org">www.cancer.org</a>                                       |
| American Lung Association | <a href="http://www.lungusa.org">www.lungusa.org</a>                                     |