Tobacco/Nicotine Cessation

Why it matters and what you can do

5/30/2023

WASHINGTON HEALTH ALLIANCE
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The problem: tobacco use

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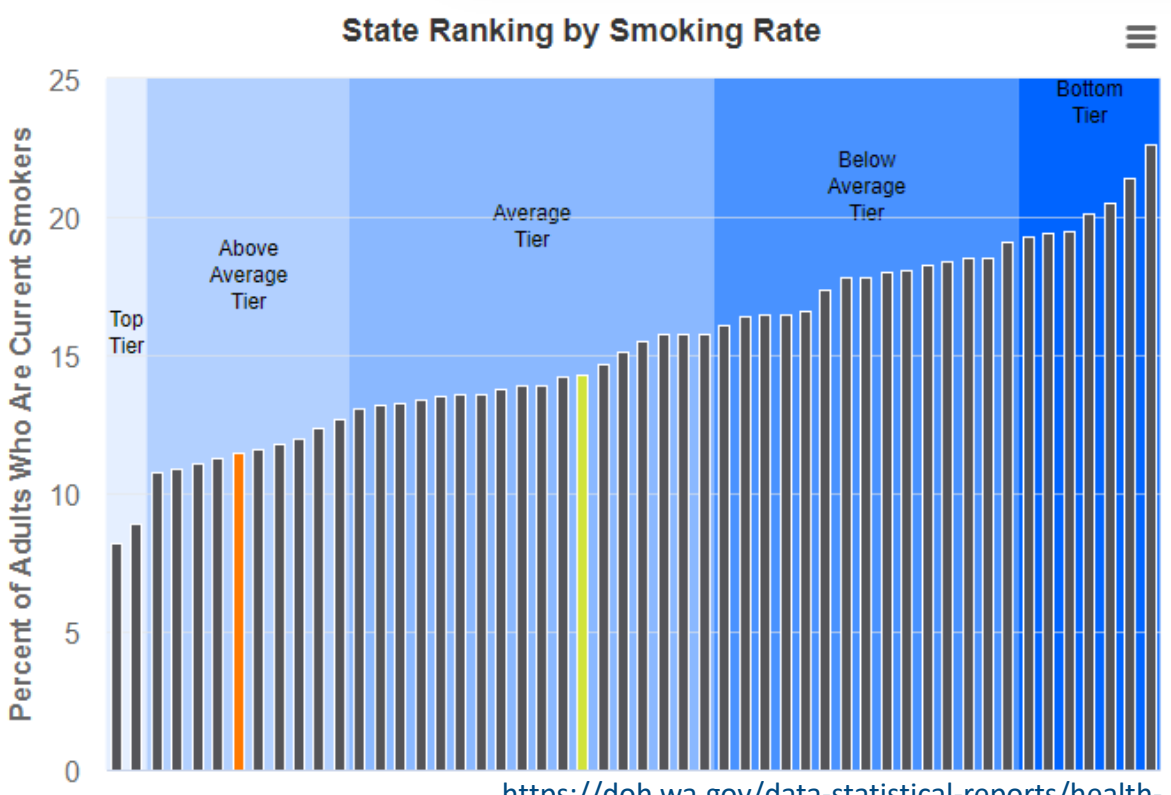
Disclosure: consulting for MannKind Corporation

The problem: tobacco/nicotine use in Washington State

- Adult smoking (2017): 13.5%
- Adult e-cigarette (2017): 4.2%
- Youth (10th grade) overall use (2018): 22.6%

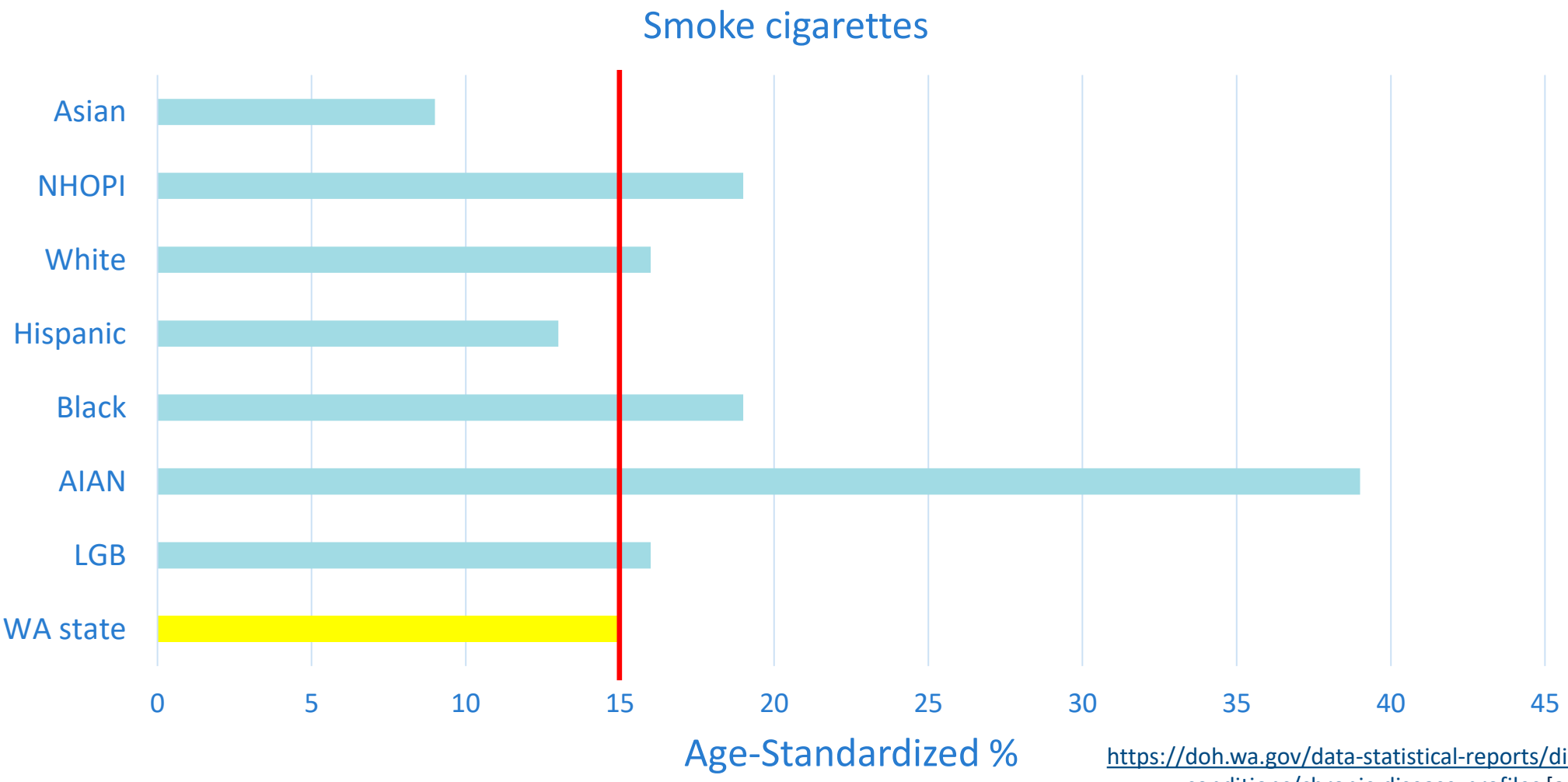
- In the Unites States (2018)
  - 13.7% of adults
    - 15.6% men, 12% women

- Tobacco use is also a health equity issue



https://doh.wa.gov/data-statistical-reports/health-behaviors/tobacco
https://www.lung.org/research/state-of-lung-cancer/states/washington
[accessed 13 Apr 2023]

Commercial tobacco and health disparities– Adults (18+)



https://doh.wa.gov/data-statistical-reports/diseases-and-chronic-conditions/chronic-disease-profiles [accessed 9 Apr 2023]

Washington State and the health burden of tobacco- a few stats

- On average, smokers die 10 years earlier than nonsmokers
- 1 in 5 deaths (20%) are caused by cigarettes (including secondhand smoke)
- 27.4% of cancer deaths are caused by smoking
- 104,000 youth alive today will die prematurely from smoking

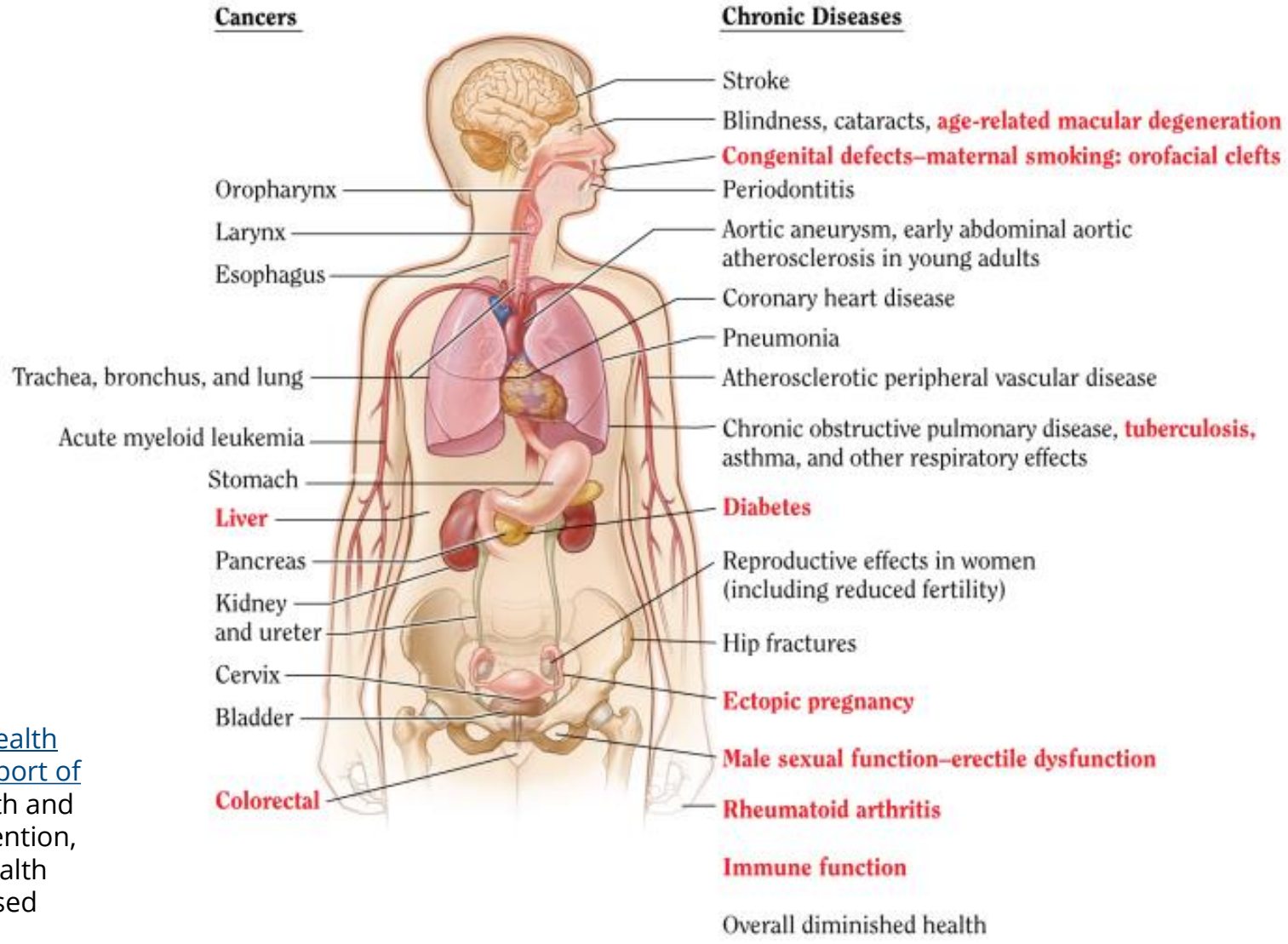
https://doh.wa.gov/data-statistical-reports/health-behaviors/tobacco [accessed 2023 Apr 10]

New England Journal of Medicine 2013;368:341–350.

Morbidity and mortality associated with tobacco/nicotine use

1. **Chronic obstructive pulmonary disease (COPD)**
2. **Cancer**
3. **Cardiovascular disease -- Heart disease and stroke**
4. **Pregnancy – preterm delivery, low birth weight, increased risk of SIDS, increased risk of postpartum VTE**
5. Diabetes
6. Infectious diseases – increases risk of TB, influenza, invasive pneumococcal disease
7. Neurologic disorders and cognitive decline – dementia, ALS
8. Eye disease – macular degeneration, cataracts
9. Worse outcomes after surgery

Health consequences linked to smoking



U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2023 Apr 11]

Mortality in Washington State - 2020

Ten Leading Causes of Death

Cause	Number	Percent	Rate[1]
All Causes	**63,177**	**100.0**	**697.5**
Malignant Neoplasms	12,731	20.2	135.1
Heart Disease	11,967	18.9	130.4
Unintentional Injury	4,193	6.6	51.1
COVID-19[2]	3,703	5.9	40.7
Alzheimer's Disease	3,612	5.7	41.0
Cerebrovascular Diseases	3,049	4.8	33.6
Chronic Lower Respiratory Disease	2,697	4.3	28.6
Diabetes Mellitus	2,042	3.2	22.0
Chronic Liver Disease & Cirrhosis	1,246	2.0	14.0
Intentional Self-Harm (Suicide)	1,210	1.9	15.3
All Other Causes	16,727	26.5	-

Cremated	79%	Buried	17%	Other	4%

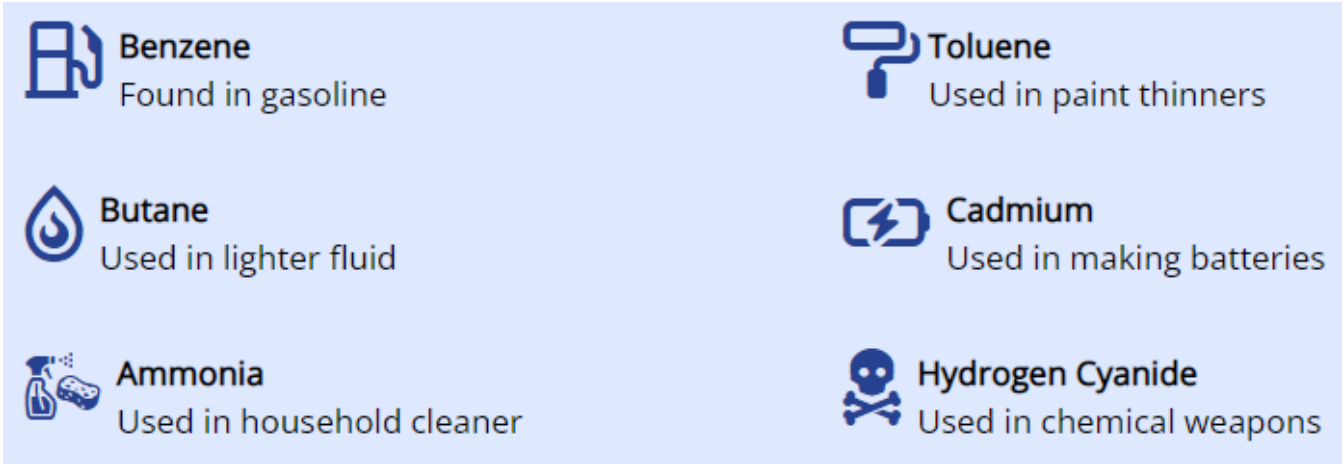
[1] Age adjusted rate per 100,000 population

[2] COVID-19 Dashboards

https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/422-099-2020-2010-VitalStatHighlights.pdf [accessed 13 Apr 2023]

Why is tobacco use bad?

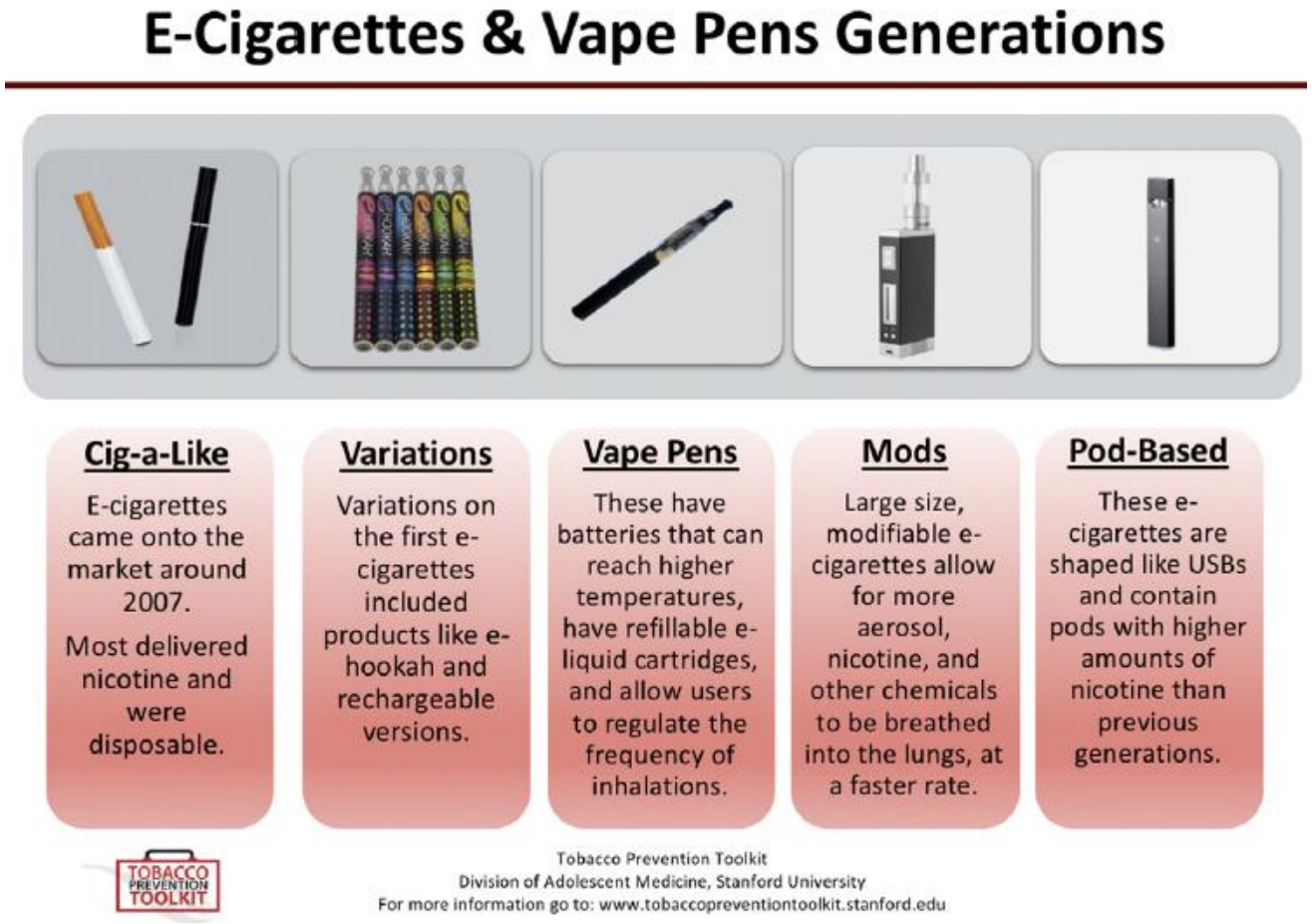
- More than 2,000 noxious constituents have been identified in tobacco smoke
- Gaseous phase: Carbon monoxide (CO), nitrogen dioxide, aldehydes, ketones, polynuclear aromatic hydrocarbons
- Particulate (tar) phase (aerosolized particles): water, nicotine, tar
  - Contains reactive oxygen species
- Direct irritant and toxic effects on the lungs
  - Inflammation
  - Oxidative injury
  - Immune system activation (systemically)
  - In the longer-term, changes to gene expression take place



https://www.cdc.gov/tobacco/secondhand-smoke/about.html

Electronic cigarettes

- Mouthpiece, e-liquid, battery, atomizer (heating element)
- Increases in nicotine toxicity since 2009
- EVALI – attributed to additive, vitamin E acetate
- Health effects remain largely unknown
  - Some studies showing reduction in lung function
  - Some data showing increased risk of respiratory diseases independent of cigarette smoking



Med Clin N Am 106 (2022) 1081–1092.

Why is tobacco use bad? Carcinogenesis

- Polyaromatic hydrocarbons
- Nitrosamines and nicotine derivatives
  - Easily absorbed into the blood

- Respiratory tract receives the greatest exposure to these carcinogens

- Interestingly, knowledge of this has led to attempts to modify cigarettes.
  - Tar levels have decreased ~3-fold since the 1950s
  - Little to no change in the incidence of lung cancer

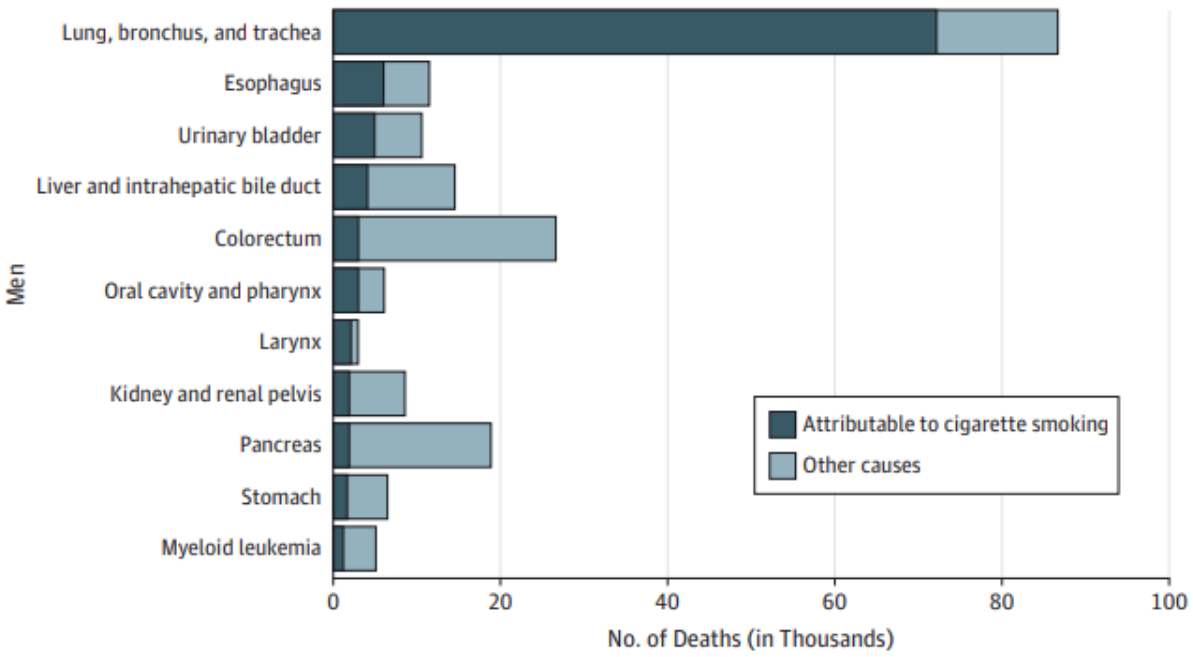
Smoking is the single largest population-attributable risk factor for cancer death

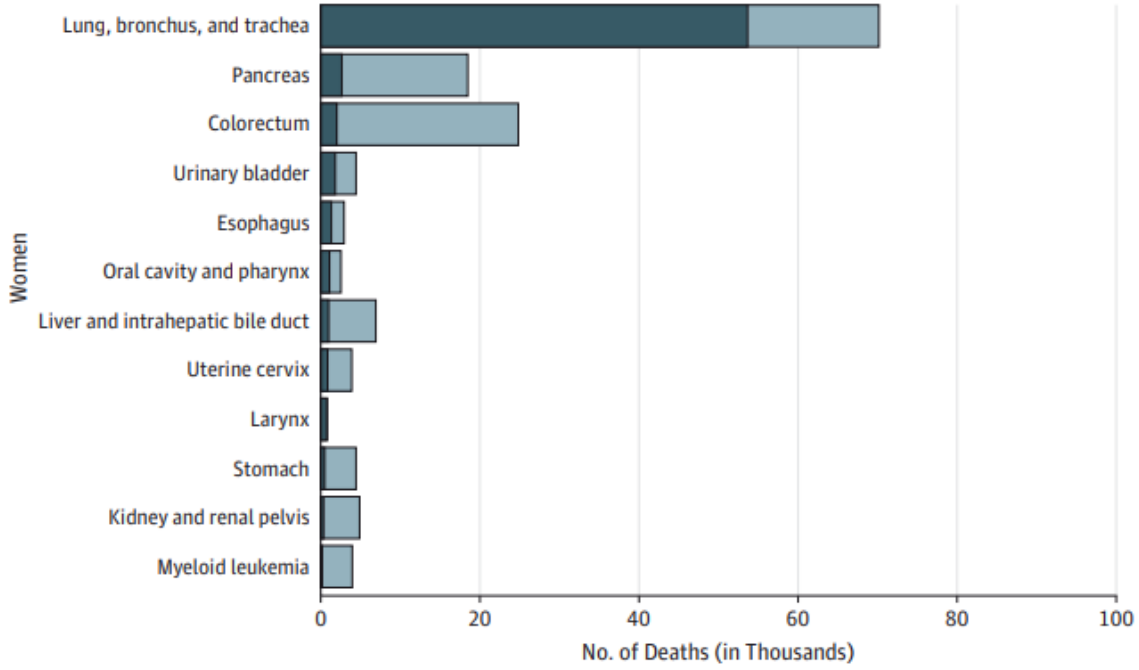
- 21-27.4% attributable to smoking (> 7 million cancer deaths worldwide)

- Cancer sites associated with highest proportion of smoking-attributable deaths
  - Oral cavity
  - larynx
  - Lung/bronchus/trachea
  - Esophagus
  - Urinary bladder

Lancet 2005 Nov 19;366(9499):1784
JAMA Intern Med 2015 Sep 1;175(9):1574

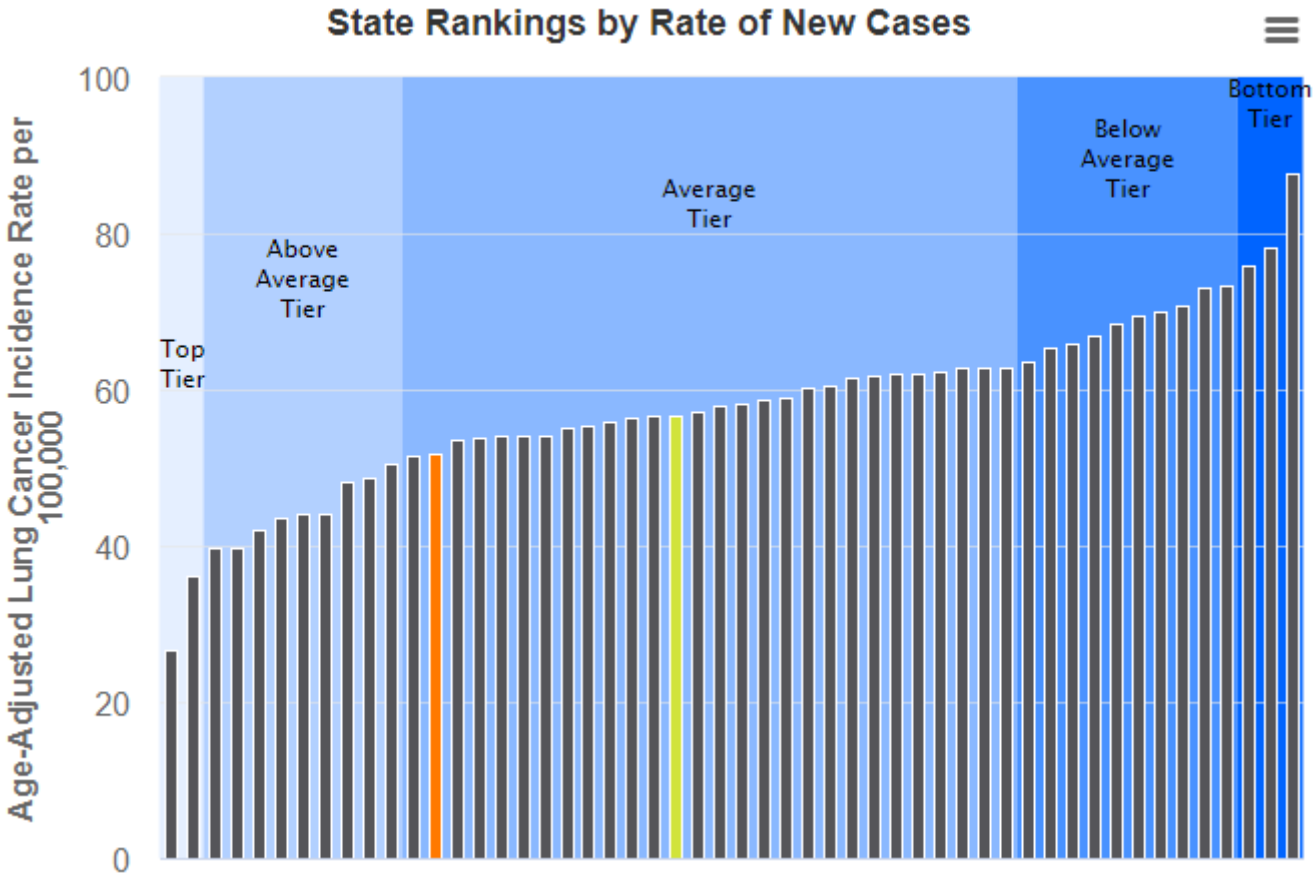
Cancer deaths attributable to cigarette smoking, adults > 35yo



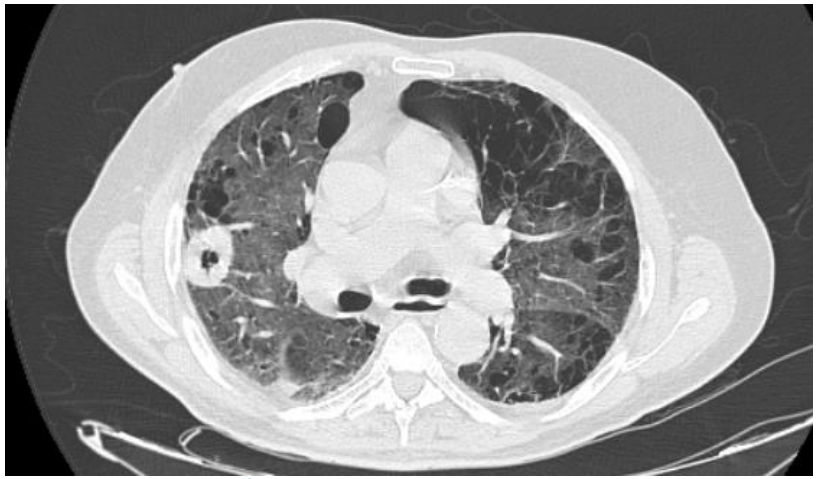


JAMA Intern Med 2015 Sep 1;175(9):1574

Lung cancer is the most common cancer and leading cause of cancer death globally in 2018



- Incidence rate of 52/100,000
- 13th best in the country



Case courtesy of Ahmed Abdrabou, Radiopaedia.org, rID: 44489

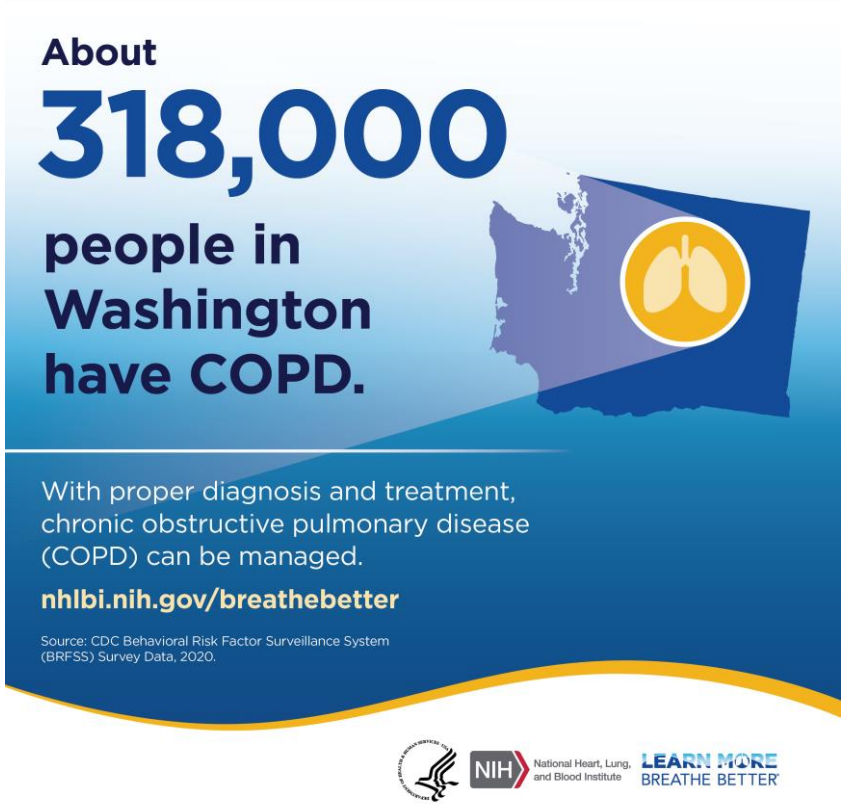
Int J Cancer 2019 Apr 15;144(8):1941

https://www.lung.org/research/state-of-lung-cancer/states/washington

COPD is a progressive and chronic lung disease that makes it difficult to breathe

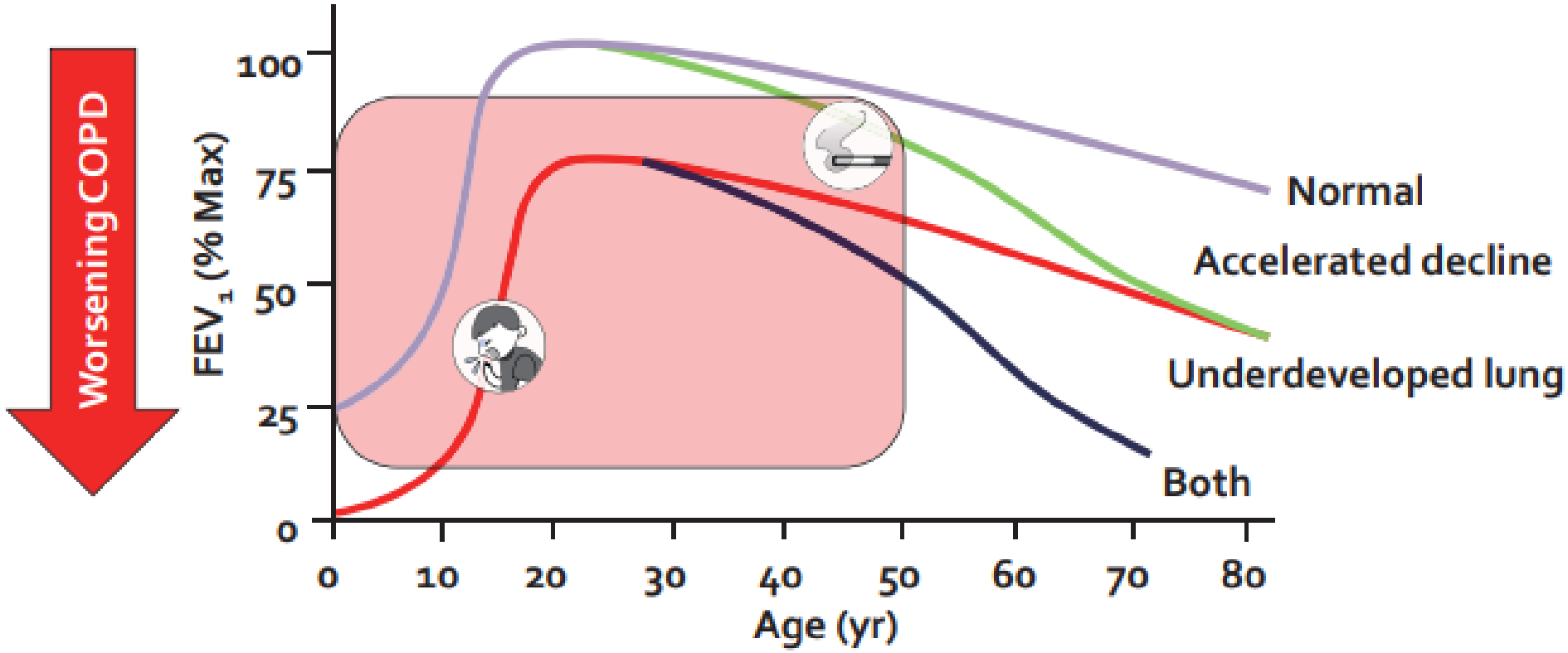
- Damage to airways and lungs leads ultimately to respiratory failure
- Spectrum from chronic bronchitis to emphysema
- 6th leading cause of death in the U.S.
- Symptoms can be managed
- No cure

- CDC estimates a prevalence of 4.9% in 2020



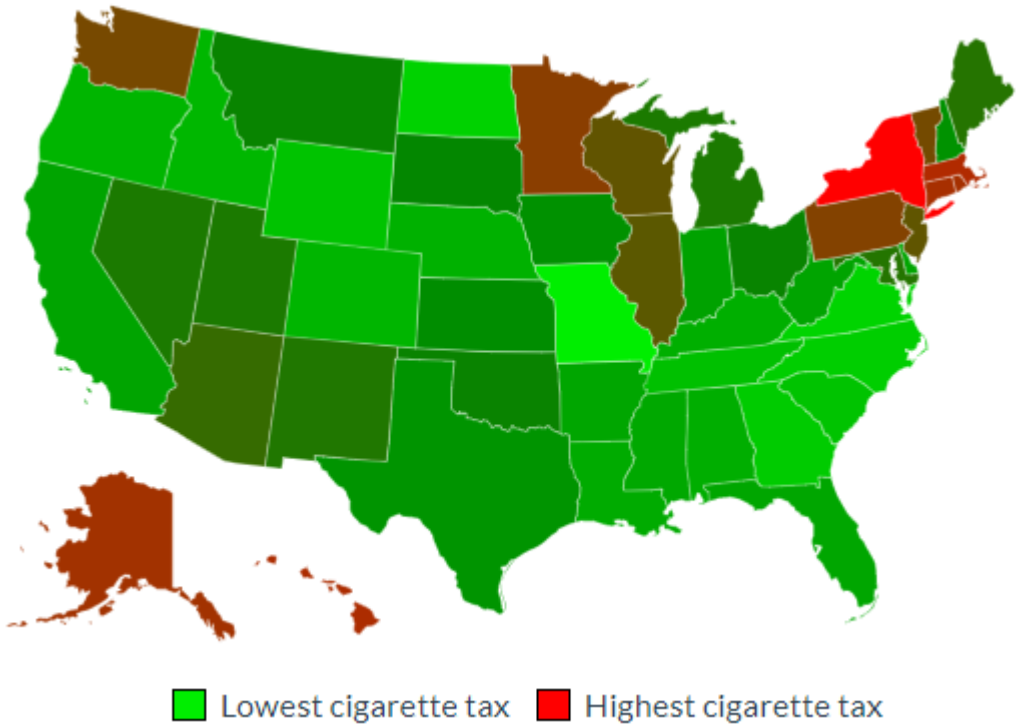
https://www.nhlbi.nih.gov/health-topics/education-and-awareness/copd-learn-more-breathe-better/state-prevalence

Lung-function trajectories and COPD



Tuberc Respir Dis 2023;86:71-81

The cost

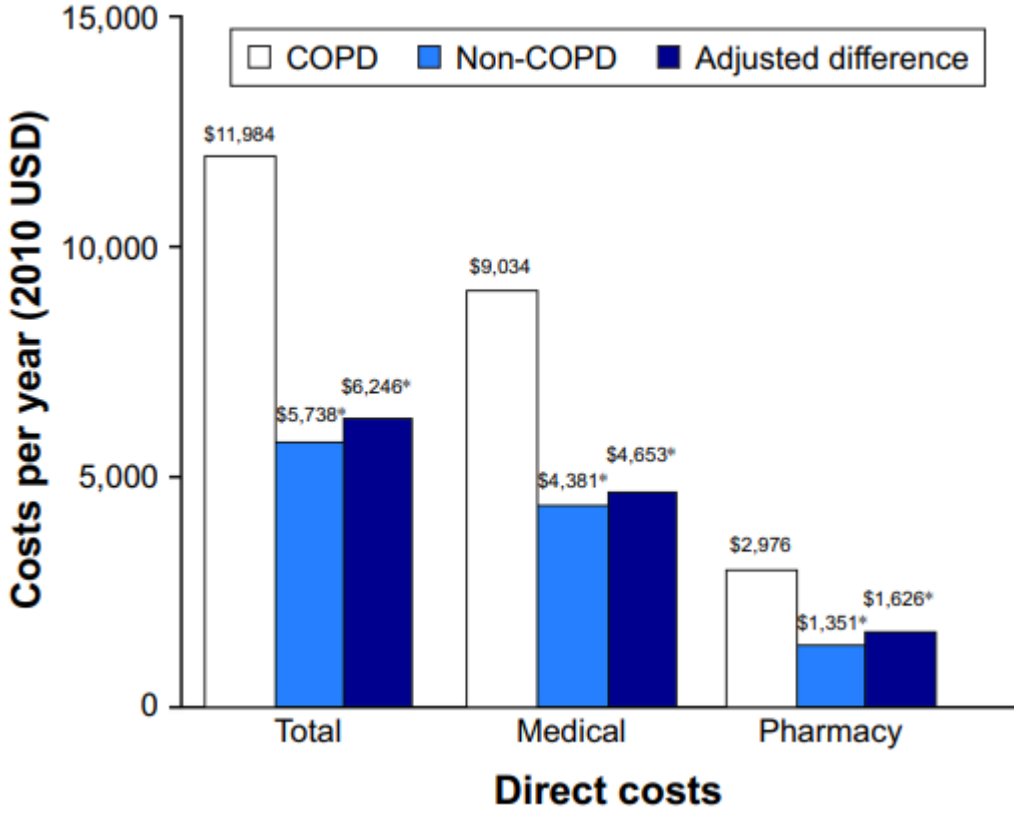


State Name	Cigarette Excise Tax Per Pack	Total Tax Per Pack	Average Retail Price Per Pack
New York	$4.35	$4.75	**$10.45**
Massachusetts	$3.51	$4.04	**$9.08**
Hawaii	$3.20	$3.55	**$8.99**
Connecticut	$3.90	$4.43	**$8.91**
Rhode Island	$3.75	$4.33	**$8.87**
Alaska	$2.00	$2.00	**$8.81**
Minnesota	$3.00	$3.54	**$8.40**
Pennsylvania	$2.60	$3.07	**$8.27**
Washington	$3.03	$3.52	**$8.05**
Vermont	$3.08	$3.53	**$8.01**

https://www.salestaxhandbook.com/cigarette-tax-map [accessed 11 Apr 2023]

The Cost: Washington State

- Costs caused by smoking annually
  - $2.8 billion in state health care costs
  - $2.2 billion lost by employers from lost productivity
  - $720 per household in taxes (smoking-caused government expenditures)
  - Medical costs to employers almost double per year for COPD afflicted worker



International Journal of COPD 2018:13 2301–2311.
https://doh.wa.gov/data-statistical-reports/health-behaviors/tobacco [accessed 14 Apr 2023]

Washington State

American Lung Association. State of Tobacco Control | 2023

Tobacco Prevention and Cessation Funding	Smokefree Air	Tobacco Taxes	Access to Cessation Services	Flavored Tobacco Products
F	A	C	F	F

https://www.lung.org/research/sotc/state-grades/washington
[accessed 14 Apr 2023]

Tobacco prevention and cessation funding

American Lung Association. State of Tobacco Control 2023

Overall Grade	F
FY2023 State Funding for Tobacco Control Programs:	$6,578,553
FY2023 Federal Funding for State Tobacco Control Programs:	$1,828,532*
FY2023 Total Funding for State Tobacco Control Programs:	$8,407,085
CDC Best Practices State Spending Recommendation:	$63,600,000
Percentage of CDC Recommended Level:	13.2%
State Tobacco-Related Revenue:	$510,000,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

https://www.lung.org/research/sotc/state-grades/washington
[accessed 14 Apr 2023]

Impact on employers, health plans

- Cost of lost productivity: $365 billion from smoking-related illnesses and health conditions and premature death
  - Smoking breaks' productivity loss is the largest single cost that private employers incur from a smoking employee
  - Absenteeism is higher in smokers and former smokers
- It stands to reason that insurance costs are increased for all of us, as we need to cover all of the smoking (and second-hand smoke)-related illnesses (the concept of insurance!).

Insurance costs related to smoking

- Impact on insurance costs: smokers **may** pay up to 50% more than non-smokers in insurance premiums under the ACA. The Affordable Care Act allows just four factors to increase premiums: Age, family size, location — and tobacco use. The penalty for smoking will depend on where you live or work. For individual health plans – the kind you buy on your own — the Affordable Care Act lets insurance companies charge 50 percent higher premiums for smokers than nonsmokers. States, however, can set their own rules to reduce or eliminate that surcharge, and 10 so far have chosen to do so. This is due to the **equity impact of the higher premiums**.

Smoking Cessation Modalities

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Pronouns: He/Him/His

Certified Tobacco Treatment Specialist

Living Tobacco-Free Services

Fred Hutchinson Cancer Center

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Cessation modalities

- Cessation Modalities
  - How they work
  - Effectiveness
    - Evidence base for use: which are most effective? New info I.e., myth-busting re generic varenicline/emerging literature
    - NNT
- Tobacco Use Screening
- Tobacco Treatment Programming

Cessation modalities

1st line Medications for Tobacco Cessation Treatment*

Drug (Available Doses)	How Sold (U.S.)	Dosing Instructions†	Administration	Common Side Effects	Advantages	Disadvantages
Nicotine patch 21 mg 14 mg 7 mg	OTC or Rx	**Starting dose:** 21 mg for ≥10 cigarettes per day. 14 mg for <10 cigarettes per day. After 6 weeks, option to taper to lower doses for 2-6 weeks. Use ≥3 months. After 6 weeks, continue original dose or taper to lower doses (either option acceptable).	Apply a new patch each morning to dry skin. Rotate application site to avoid skin irritation. May start patch before or on quit date. Keep using even if a slip occurs. If insomnia or disturbing dreams, remove patch at bedtime.	Skin irritation Trouble sleeping Vivid dreams (patch can be removed at bedtime to manage insomnia or vivid dreams)	Easiest nicotine product to use. Provides a steady nicotine level. Combination NRT therapy: Can add prn gum, lozenge, inhaler, or nasal spray to patch to cover situational cravings.	User cannot alter dose if cravings occur during the day.
Nicotine lozenge 4 mg 2 mg	OTC or Rx	If 1st cigarette is ≤30 minutes of waking: 4 mg. If 1st cigarette is >30 minutes of waking: 2 mg. Use ≥3 months.	Place between gum and cheek, let it melt slowly. Use 1 piece every 1-2 hours (Max: 20/day).	Mouth irritation Hiccups Heartburn Nausea	User controls nicotine dose. Oral substitute for cigarettes. May be added to patch to cover situational cravings. Easier to use than gum for those with dental work or dentures.	No food or drink 15 minutes prior to use and during use.
Nicotine gum 4 mg 2 mg	OTC or Rx	If 1st cigarette is ≤30 minutes of waking: 4 mg. If 1st cigarette is >30 minutes of waking: 2 mg. Use ≥3 months.	Chew briefly until mouth tingles, then 'park' gum inside cheek until tingle fades. Repeat chew-and-park each time tingle fades. Discard gum after 30 minutes of use. Use ~ 1 piece per hour (Max: 24/day).	Mouth irritation Jaw soreness Heartburn Hiccups Nausea	User controls nicotine dose. Oral substitute for cigarettes. May be added to patch to cover situational cravings.	Not chewed in same way as regular gum; requires careful instruction. Can damage dental work and be difficult to use with dentures. No food or drink 15 minutes prior to use and during use.
Nicotine inhaler 10-mg cartridge	Rx only	10 mg/cartridge. Each cartridge has ~80 puffs. Use ≥3 months.	Puff into mouth/ throat until cravings subside. Do not inhale into lungs. Change cartridge when nicotine taste disappears. Use 1 cartridge every 1-2 hours (Max: 16/day).	Mouth and throat irritation Coughing if inhaled too deeply	User controls nicotine dose. Mimics hand-to- mouth ritual of smoking cigarettes. May be added to patch to cover situational cravings.	Frequent puffing required.
Nicotine nasal spray 10 mg/ml (10 ml bottle)	Rx only	10 mg/mL 0.5 mg per spray. Each bottle has ~200 sprays. Use ≥3 months.	Use 1 spray to each nostril. Use spray every 1-2 hours. (Max: 80/day).	Nasal and throat irritation Rhinitis Sneezing Coughing Tearing	User controls nicotine dose. Most rapid delivery of nicotine among all NRT products. May be added to patch to cover situational cravings.	Has the most side effects of all NRT products. Some users cannot tolerate local irritation to nasal mucosa.
Varenicline (tablet) 0.5 mg 1.0 mg	Rx only	Days 1-3: 0.5 mg/day. Days 4-7: 0.5 mg twice a day. Day 8+: 1 mg twice a day. Use 3-6 months.	Start 1-4 weeks before quit date. Take with food and a tall glass of water to minimize nausea.	Nausea Insomnia Vivid dreams Headache	Quit date can be flexible, from 1 week to 3 months after starting drug. Dual action: relieves nicotine withdrawal and blocks reward of smoking. Oral agent (pill).	Because of previous FDA boxed warning (now removed), many patients fear psychiatric adverse events, even though they are no more common than with other cessation medications.
Bupropion sustained release (SR) (tablet) 150 mg	Rx only	150 mg/day for 3 days, then 150 mg twice a day. Use 3-6 months.	Start 1-2 weeks before quit date.	Insomnia Agitation Dry mouth Headache	May lessen post-cessation weight gain while drug is being taken. Oral agent (pill).	Increases seizure risk: not for use if seizure disorder or binge drinking.

Barua R, Rigotti N, Benowitz N, et al. 2018 ACC Expert Consensus Decision Pathway on Tobacco Cessation Treatment. *J Am Coll Cardiol.* 2018 Dec, 72 (25) 3332–3365.https://doi.org/10.1016/j.jacc.2018.10.027

List of modalities covered in 2022 WHA health plan survey

- Phone or virtual counseling
- Text counseling
- Group counseling
- Individual, in-person counseling
- OTC medication patch/gum/lozenge (nicotine replacement)
- Rx medication: nicotine nasal spray
- Rx medication: bupropion
- Rx medication: varenicline (trade name: Chantix)
- Other

How the modalities work

The chemical addiction is to nicotine; there are psychosocial components as well.

- Rx medication: Varenicline and Bupropion
- Rx Nicotine Replacement Therapy Medication
- OTC Nicotine replacement
- Quitlines and Counseling: Motivational Interviewing, Cognitive Behavioral Approaches, Skill-Building, and Coping Strategies
- Behavioral Support Recommendations: Group or Individualized Counseling
- Web or App Based Solutions

Tobacco Use	Nicotine Matching
1-2 cigs/day	7mg Patch + 2mg Gum or Lozenge
10 cigs/day	14mg Patch + 4mg Gum or Lozenge
20 cigs/day	21mg Patch + 4mg Gum or Lozenge
40+ cig/ day or Heavy Smokeless/Vape Use	21+21mg Patch + 4mg Gum or Lozenge

Int J Prev Med. 2014 Jun; 5(6): 673–678Heydari G., et al. A Comparative Study on Tobacco Cessation Methods: A Quantitative Systematic Review
Singh D, Saadabadi A. Varenicline. [Updated 2022 Dec 14]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK534846/

Evidence base for modalities

- Number needed to treat (NNT) "with varenicline as 11 (95% CI, 9 to 13). Using the compiled data and absolute risk reduction without advanced statistics gives an NNT for varenicline vs. placebo, bupropion, and nicotine replacement therapy of 6, 15, and 20, respectively."
- Some evidence supports NRT plus varenicline as most effective, and some studies found no difference between the combination and varenicline alone.
- Counseling is seen as an important component of all cessation approaches as support increases the chances of success.
- The best modality is/are the one(s) that work for the patient in the context of continued support.

Medications	Abstinence vs. Placebo	Abstinence if placebo = 10%
Standard-of Care		
Varenicline	RR = 2.43	24%
Patch + Immediate Release Nicotine	RR = 2.33	23%
Monotherapies		
Nicotine Patch	RR = 1.75	18%
Nicotine Gum	RR = 1.59	16%
Nicotine Lozenge	RR = 1.59	16%
Nicotine Inhaler	RR = 1.82	18%
Nicotine Nasal Spray	RR = 1.93	19%
Bupropion	RR = 1.71	17%
Nortriptyline	RR = 1.71	17%
Clonidine	RR = 1.74	17%

Cahill (2013); Duke-UNC Tobacco Treatment Program; The NNT.com

Costs of cessation modalities

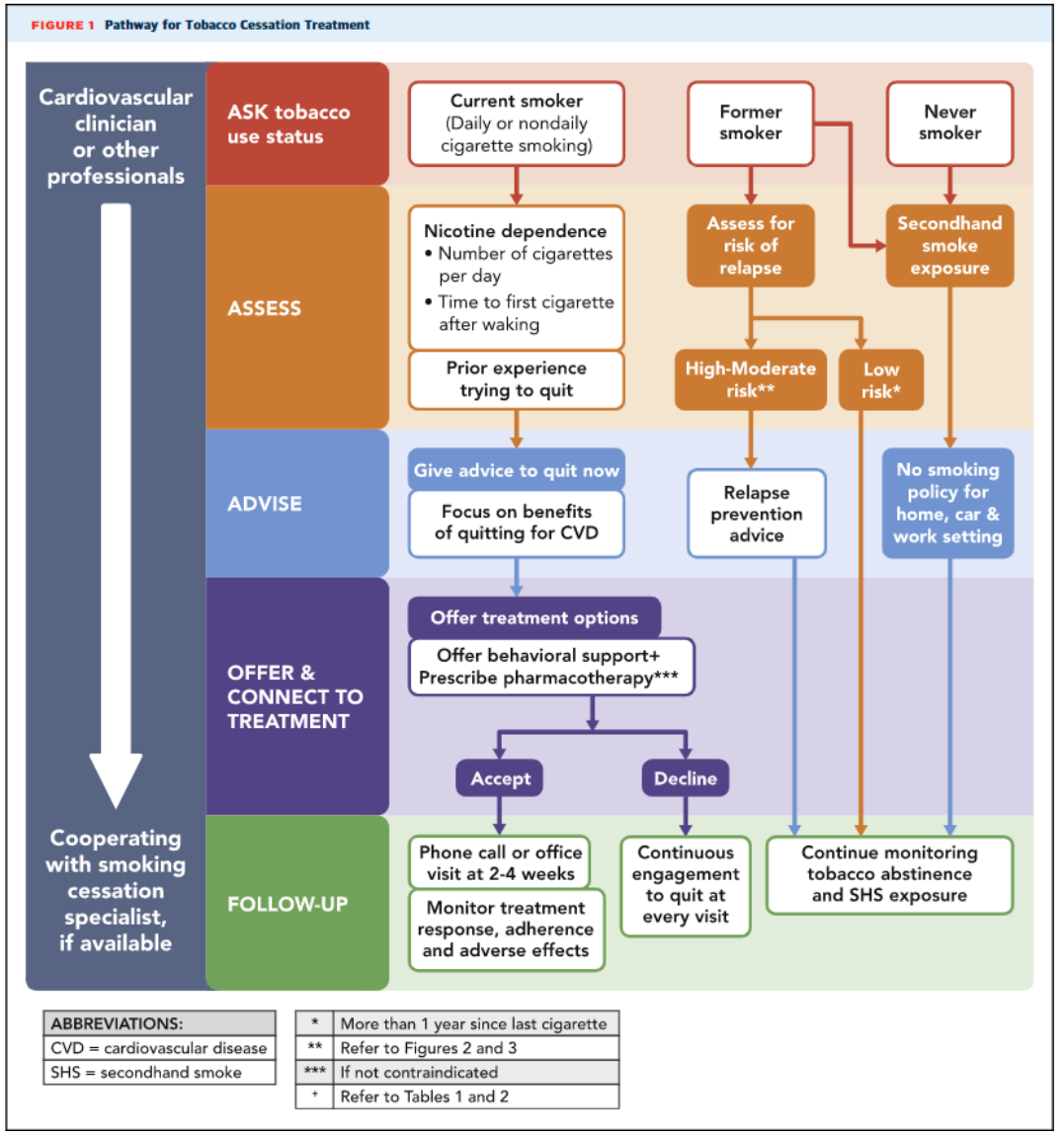
- Washington State law requires health plans to cover the same preventive services required by federal law.
- Providers should be able to bill for the following services without prior authorization and cost to their client, at least twice per year
  - Four counseling sessions (Individual In-Person, Telehealth/Phone QuitLine Visits, Group Counseling)
  - A 90-day supply of medications approved by the FDA
    - OTC Nicotine Replacement Therapy
    - Prescription NRT
    - Prescription Non-Nicotine Medication
  - Health plans may require a prescription to reimburse clients for OTC NRT

- For more information: Insurance Coverage and Billing | Washington State Department of Health

The 5 A's Framework

Best Practice Recommendations

- 5 A's model
- Adapted from previous Ask, Advise, Refer recommendation



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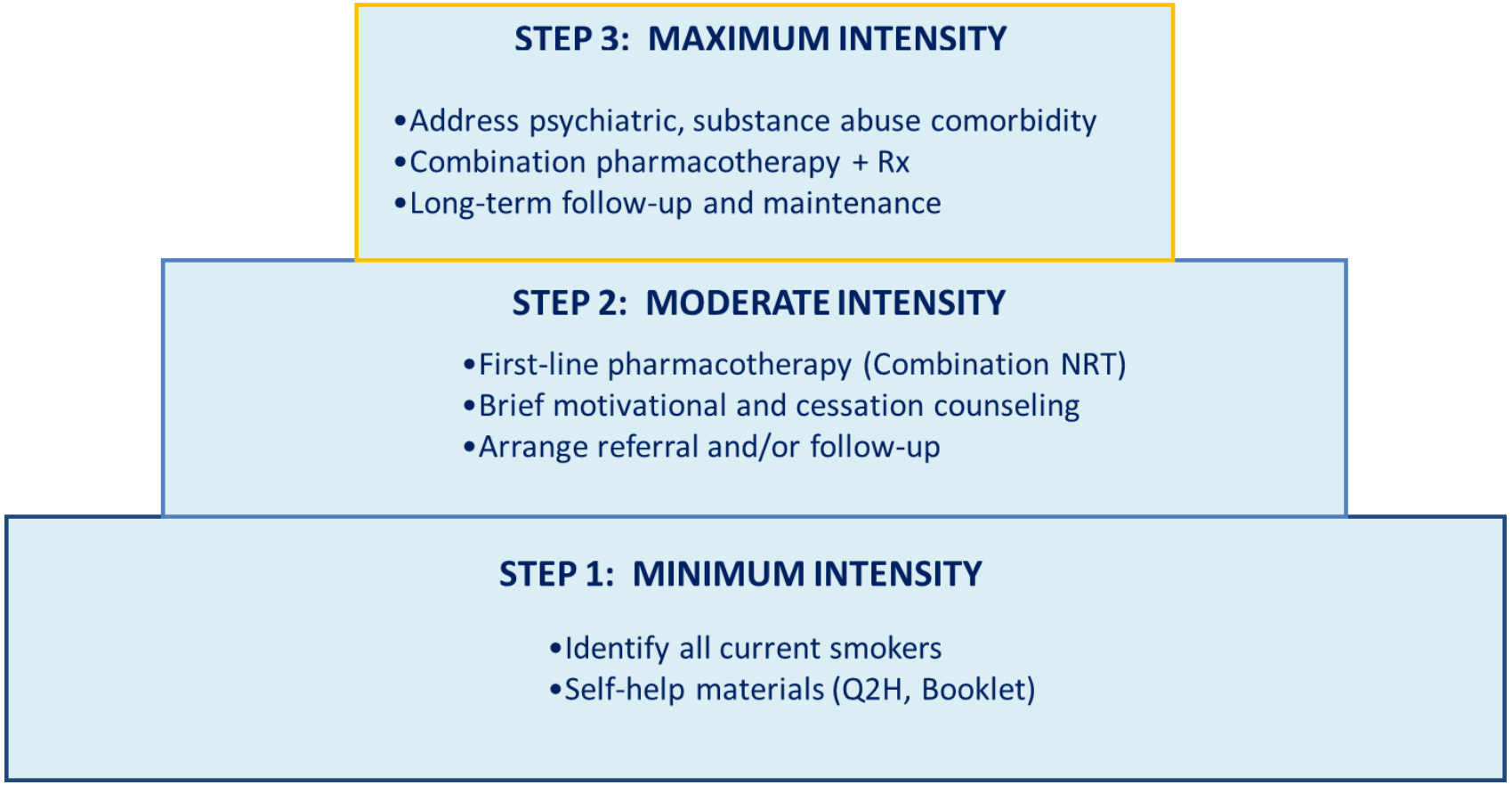
Stepped-Care Model Approach



Which modalities are covered by WA health plans?

Results of WHA 2022 health plan survey

Sharon I. Eloranta, MD

Medical Director, Performance Measurement and Practice Transfomation
Washington Health Alliance

8 Respondents / ~3.7 million

- Aetna small group, large group, self-insured (40,451)
- Amerigroup, Medicaid (220,000)
- Coordinated Care of Washington, Medicaid (232,438)
- Community Health Plan of Washington, Medicaid (286,000)
- Kaiser Permanente Washington (665,000)
- Regence, individual, small group, large group, self-insured (996,993)
- UnitedHealthcare, individual, small group, large group, self-insured, Medicaid (915,000)
- UnitedHealthcare Community Plan (300,000)

Are you aware of the DOH's Quitline that offers at least 5 counseling calls and 2 weeks of nicotine replacement therapy for free, courtesy of CDC funding?

86% Yes

14% No

Are Tobacco Cessation Benefits Included in the Standard Benefit Package?

	Individual	Small Group	Large Group	Self-Insured	Medicaid
Yes at no cost	67%	100%	67%	67%	71%
Yes with prior authorization	50%	50%	33%	33%	14%

Summary of survey results

- All small group plans offer tobacco cessation benefits at no cost as part of the standard benefit package.
- **Prior authorization is commonly required for NRT nasal spray and inhaler prescriptions**.
- There is more variation of the benefits covered at no cost for the Medicaid plans than for the small group plans.
- None of the plans are changing their tobacco cessation benefits in 2023.
- **Varenicline had inconsistent coverage without copay or prior authorization.**
- **Most of the health insurance plans were familiar with the DOH's Quitline (86%).**
- **Many wanted the Quitline to be able to refer members to the tobacco cessation benefits currently offered through their health plan (80%).**
- **Many were interested in learning more about opportunities to participate in smoking cessation effort in Washington state (71%).**

Implications for employers, health plans, policy makers

Sharon I. Eloranta, MD
Medical Director, Performance Measurement and Practice Transformation
Washington Health Alliance

Proven policy interventions

- Furthermore, if the 30% increase in the fraction of spending on Medicaid that is attributable to adult smoking between 2010 and 2014 is any indication, the tobacco industry's economic burden may continue to grow. For this reason, it is important that decision makers employ proven population-based interventions such as **increasing tobacco taxes, implementing comprehensive smoke-free laws such as those in Brookline MA, Beverly Hills CA, and Manhattan Beach CA, and improving cessation access among other effective tobacco-control policies. These interventions reduce the demand for healthcare to combat smoking-related disease and death: effectively lessening the 226.7 billion dollars in annual U.S. smoking-attributable healthcare costs.**

Unless otherwise specified, all data are from the following article: Xu, X., Shrestha, S. S., Trivers, K. F., Neff, L., Armour, B. S., & King, B. A. (2021). U.S. healthcare Spending attributable to cigarette smoking in 2014. *Journal of Preventive Medicine*, *150*, 106529. https://doi.org/10.1016/j.ypmed.2021.106529.

Issue Brief recommendations

- To reduce tobacco usage, health plans and employers can:
- eliminate co-pays and co-insurance for smoking cessation programs,
- expand benefit coverage to include counseling, over-the-counter, and prescription medication, and
- utilize the Washington State Quitline to refer their members' tobacco cessation benefit information
- promote the Quitline, available online at quitline.com, by phone **1-800-QUIT-NOW** (1-800-784-8669), or text at READY to 200-400)
- support tobacco cessation efforts across Washington state by getting involved at tobacco.web@doh.wa.gov.

"This work is reducing the burden of tobacco not only in our state, but across the nation and around the globe." Washington State Secretary of Health Dr. Umair Shah at the April 2022 Washington State Leadership Academy for Wellness and Tobacco Free Recovery.

Positive impact of coverage

- Improve health: reduce morbidity/mortality
- Improve health equity across populations
- Reduce absenteeism, healthcare costs
- Improve employer, plan bottom lines

WA DOH Recommendations/comments

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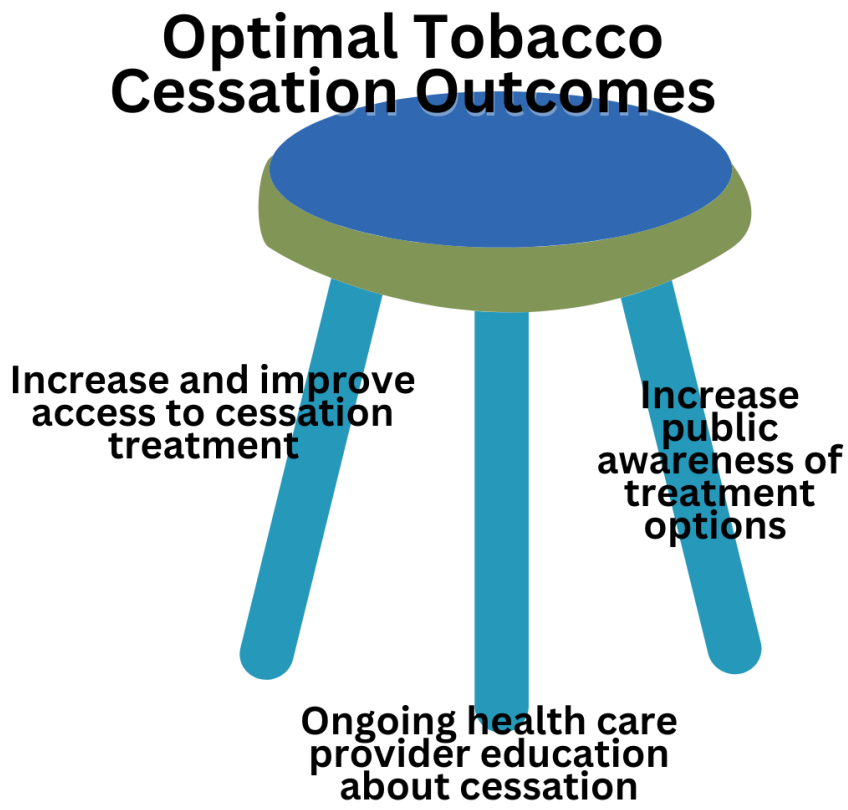
Commercial Tobacco Prevention Manager
Washington State Department of Health

3-legged stool for cessation



- All legs needed for optimal cessation outcomes
- *Without a leg, outcomes are weaker and less plausible*

A key part of optimal cessations outcomes not mentioned is a **comprehensive statewide tobacco program** to ensure ongoing coordination of cessation efforts

DOH 5-Year Strategic Plan

- Goal 3: Leverage Resources for Promoting and Supporting Tobacco Dependence Treatment
  - Strategy 3.1: Increase access to tobacco dependence treatment resources.
  - Strategy 3.2: Build health care provider knowledge, skills, and capacity for treatment commercial tobacco dependence and nicotine addiction
  - Strategy 3.3: Provide population-level dependence treatment services to underserved populations.

Goal 3: Tobacco Dependence Treatment

- Strategy 3.1: Increase access to tobacco dependence treatment resources.
  - Explore frameworks to adapt local commercial tobacco dependence treatment programs to meet standards of cultural agility and local need
  - Improve public and private insurance coverage of best and promising practices for tobacco dependence counseling and medication
  - Streamline access to existing tobacco dependence treatment resources

Strategy 3.1: Increase access to treatment

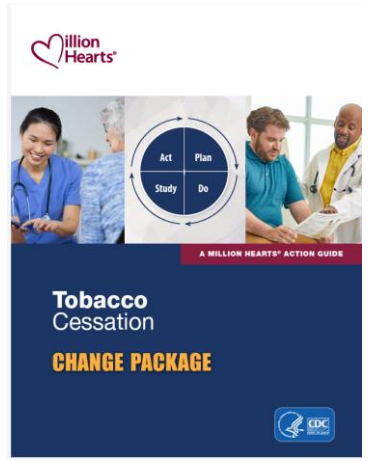
- Improve public and private insurance coverage of best and promising practices for tobacco dependence counseling and medication
  - Remove pre-authorizations
  - No-cost for the following treatment options:
    - Nicotine Replacement Therapy
    - Individual or Group Counseling
    - Peer Support
    - Prescription Medications

Goal 3: Tobacco Dependence Treatment

- Strategy 3.2: Build health care provider knowledge, skills, and capacity for treatment commercial tobacco dependence and nicotine addiction
  - Identify, adapt, and promote use of tools for health care providers to better understand the importance of treating commercial tobacco dependence and nicotine addiction to improve health outcomes (e.g., clinical quality measures).
  - Link health care providers, including school-based health centers, clinicians, pharmacists, health navigators, and community health workers, with appropriate training in best and promising practices for treating commercial tobacco dependence and nicotine addiction.
  - Engage behavioral health agencies to co-treat commercial tobacco dependence and nicotine addiction during substance abuse treatment to promote long-term recovery.

Strategy 3.2: Health care provider knowledge

- Development or collection of available toolkits and webinars to support provider education
  - Ensure that webinars provide CME/CE credits
  - Provider outreach includes non-traditional providers
  - Center cultural competency and health disparities
- Focus on Health Systems change to integrate tobacco cessation treatment into care
  - Leverage local partnerships with health systems
  - Support TTS certification for providers
  - Offer ongoing technical assistance and support



Goal 3: Tobacco Dependence Treatment

- Strategy 3.3: Provide population-level dependence treatment services to underserved populations.
  - Continue to offer and improve the service quality of Washington State Quitline.
  - Continue to offer a smartphone application for tobacco dependence and nicotine addiction treatment, with a focus on evaluating reach and effectiveness.
  - Monitor the development of youth tobacco dependence and nicotine addiction treatment resources and services available from state and national research partners; ensure dissemination of promising practices to health care partners.

Strategy 3.3: WA State Quitline

- Quitline has-
  - –5 conversation programs
  - –7 calls for priority populations (those who are pregnant or behavioral health conditions)
- NRT provided for 2 weeks (or 4 for those with a behavioral health conditions)
- Conversations are with the coach via text, online platform or phone call
  - Individual or group messaging

Strategy 3.3: 2Morrow Health App

- Free to use cellphone app for..
  - Smoking and Tobacco
  - Vapor Products (ages 13+)
- Ongoing support and education to help individuals on their cessation journey
- NRT provided for 2 weeks for those 18+

Summary and discussion

Questions or comments?

THANK YOU!

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