



THE FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE



The FSU College of Medicine AHEC and Tobacco Free Florida are emphasizing the importance of teamwork with licensed Physicians to help smokers quit for good. Team Up to Quit is a statewide effort to raise awareness among Florida's licensed health care professionals of the resources available to help Floridians quit tobacco.

"Virtually all clinicians are in a position to intervene with patients who use tobacco products" states Les Beitsch, M.D., J.D., Chair, Dept. of Behavioral Sciences and Social Medicine, Center for Medicine and Public Health, Florida State University College of Medicine. "Moreover, 70% of smokers report wanting to quit and almost two thirds of smokers who relapse want to try quitting again within 30 days. Smokers cite a health care professional's advice to quit as an important motivator to stop smoking."

The Centers for Disease Control and Prevention and the U.S. Surgeon General have recently urged all tobacco control programs and health care professionals to connect more smokers to proven effective resources. In 2012, only half of Florida's health care professionals reported that they often assessed tobacco users' readiness to quit or assisted smokers with a quit attempt.

Please find abstracts from these recent journal articles related to tobacco use treatment included in this informational packet-

Cahill, K., et al. (2013). "**Pharmacological interventions for smoking cessation: an overview and network meta-analysis.**" Cochrane Database Syst Rev **5**: CD009329.

Rolle, I. V., et al. (2015). "**Cigarette, Cigar, and Marijuana Use Among High School Students - United States, 1997-2013.**" MMWR Morb Mortal Wkly Rep **64**(40): 1136-1141.

The enclosed Team Up to Quit Fact Sheets contain information on why physician intervention is important, the impact of tobacco in Florida as well as information on electronic cigarettes, including talking points..

You will find samples of additional resources in your packet. For more information and resources, you are encouraged to visit- www.tobaccofreeflorida.com/healthcare.

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Tobacco Use Treatment Abstracts

Cahill, K., et al. (2013). "**Pharmacological interventions for smoking cessation: an overview and network meta-analysis.**" *Cochrane Database Syst Rev* 5: CD009329.

BACKGROUND: Smoking is the leading preventable cause of illness and premature death worldwide. Some medications have been proven to help people to quit, with three licensed for this purpose in Europe and the USA: nicotine replacement therapy (NRT), bupropion, and varenicline. Cytisine (a treatment pharmacologically similar to varenicline) is also licensed for use in Russia and some of the former socialist economy countries. Other therapies, including nortriptyline, have also been tested for effectiveness.

OBJECTIVES: How do NRT, bupropion and varenicline compare with placebo and with each other in achieving long-term abstinence (six months or longer)? How do the remaining treatments compare with placebo in achieving long-term abstinence? How do the risks of adverse and serious adverse events (SAEs) compare between the treatments, and are there instances where the harms may outweigh the benefits?

METHODS: The overview is restricted to Cochrane reviews, all of which include randomised trials. Participants are usually adult smokers, but we exclude reviews of smoking cessation for pregnant women and in particular disease groups or specific settings. We cover nicotine replacement therapy (NRT), antidepressants (bupropion and nortriptyline), nicotine receptor partial agonists (varenicline and cytisine), anxiolytics, selective type 1 cannabinoid receptor antagonists (rimonabant), clonidine, lobeline, dianicline, mecamylamine, Nicobrevin, opioid antagonists, nicotine vaccines, and silver acetate. Our outcome for benefit is continuous or prolonged abstinence at least six months from the start of treatment. Our outcome for harms is the incidence of serious adverse events associated with each of the treatments. We searched the Cochrane Database of Systematic Reviews (CDSR) in The Cochrane Library, for any reviews with 'smoking' in the title, abstract or keyword fields. The last search was conducted in November 2012. We assessed methodological quality using a revised version of the AMSTAR scale. For NRT, bupropion and varenicline we conducted network meta-analyses, comparing each with the others and with placebo for benefit, and varenicline and bupropion for risks of serious adverse events.

MAIN RESULTS: We identified 12 treatment-specific reviews. The analyses covered 267 studies, involving 101,804 participants. Both NRT and bupropion were superior to placebo (odds ratios (OR) 1.84; 95% credible interval (CredI) 1.71 to 1.99, and 1.82; 95% CredI 1.60 to 2.06 respectively). Varenicline increased the odds of quitting compared with placebo (OR 2.88; 95% CredI 2.40 to 3.47). Head-to-head comparisons between bupropion and NRT showed equal efficacy (OR 0.99; 95% CredI 0.86 to 1.13). Varenicline was superior to single forms of NRT (OR 1.57; 95% CredI 1.29 to 1.91), and to bupropion (OR 1.59; 95% CredI 1.29 to 1.96). Varenicline was more effective than nicotine patch (OR 1.51; 95% CredI 1.22 to 1.87), than nicotine gum (OR 1.72; 95% CredI 1.38 to 2.13), and than 'other' NRT (inhaler, spray, tablets, lozenges; OR 1.42; 95% CredI 1.12 to 1.79), but was not more effective than combination NRT (OR 1.06; 95% CredI 0.75 to 1.48). Combination NRT also outperformed single formulations. The four categories of NRT performed similarly against each other, apart from 'other' NRT, which was marginally more effective than NRT gum (OR 1.21; 95% CredI 1.01 to 1.46). Cytisine (a nicotine receptor partial agonist) returned positive findings (risk ratio (RR) 3.98; 95% CI 2.01 to 7.87), without significant adverse events or SAEs. Across the 82 included and excluded bupropion trials, our estimate of six seizures in the bupropion arms versus none in the placebo arms was lower than the expected rate (1:1000), at about 1:1500. SAE meta-analysis of the bupropion studies demonstrated no excess of neuropsychiatric (RR 0.88; 95% CI 0.31 to 2.50) or cardiovascular events (RR 0.77; 95% CI 0.37 to 1.59). SAE meta-analysis of 14 varenicline trials found no difference between the varenicline and placebo arms (RR 1.06; 95% CI 0.72 to 1.55), and subgroup analyses detected no significant excess of neuropsychiatric events (RR 0.53; 95% CI 0.17 to 1.67), or of cardiac events (RR 1.26; 95% CI 0.62 to 2.56). Nortriptyline increased the chances of quitting (RR 2.03; 95% CI 1.48 to 2.78). Neither nortriptyline nor bupropion were shown to enhance the effect of NRT compared with NRT alone. Clonidine increased the chances of quitting (RR 1.63; 95% CI 1.22 to 2.18), but this was offset by a dose-dependent rise in adverse events. Mecamylamine in combination with NRT may increase the chances of quitting, but the current evidence is inconclusive. Other treatments failed to demonstrate a benefit compared with placebo. Nicotine vaccines are not yet licensed for use as an aid to smoking cessation or relapse prevention. Nicobrevin's UK license is now revoked, and the manufacturers of rimonabant, taranabant and dianicline are no longer supporting the development or testing of these treatments.

AUTHORS' CONCLUSIONS: NRT, bupropion, varenicline and cytisine have been shown to improve the chances of quitting. Combination NRT and varenicline are equally effective as quitting aids. Nortriptyline also improves the chances of quitting. On current evidence, none of the treatments appear to have an incidence of adverse events that would mitigate their use. Further research is warranted into the safety of varenicline and into cytisine's potential as an effective and affordable treatment, but not into the efficacy and safety of NRT.

Rolle, I. V., et al. (2015). "**Cigarette, Cigar, and Marijuana Use Among High School Students - United States, 1997-2013.**" MMWR Morb Mortal Wkly Rep **64**(40): 1136-1141.

What is already known on this topic? Since 2010, the proportion of U.S. 12th grade students who reported using marijuana during the preceding 30 days (21.4%) has surpassed the proportion reporting use of cigarettes during the preceding 30 days (19.2%).

What is added by this report? During 1997-2013, the proportion of white, black, and Hispanic high school students overall who were exclusive cigarette or cigar users decreased 64%, from 20.5% to 7.4%. The proportion of white, black, and Hispanic students who were exclusive marijuana users more than doubled from 4.2% to 10.2%, and among cigarette or cigar users, marijuana use increased, with considerable increases identified among black and Hispanic students toward the end of the study period.

What are the implications for public health practice? Despite significant declines since 1997, approximately 30% of white, black, and Hispanic U.S. high school students were current users of cigarettes, cigars, or marijuana in 2013. Policy and programmatic efforts might benefit from integrated approaches that focus on reducing the use of tobacco and marijuana among youths.



THE FACTS

Why Physician Intervention is Important

- Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. Therefore, it is essential that health care providers consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting. ^[i]
- When tobacco users receive treatment according to the U.S. Public Health Service's clinical practice guideline, they report higher satisfaction with overall health care received compared to untreated tobacco users. ^[ii]
- Yet, in 2012, only half of Florida's health care providers reported often assessing tobacco users' readiness to quit or that they often assist users with a quit attempt. ^[iii]
- Smokers who quit can add up to 10 years to their life expectancy by quitting. ^[iv]

How to Team Up to Quit

- **Refer patients to the Florida Department of Health's Tobacco Free Florida program, which offers free and evidence-based quit services to all Floridians.**
 - In Florida, tobacco users have the option to call the Florida Quitline, use a web-based program, or attend in person counseling services.
 - They may also receive free FDA-approved nicotine replacement therapy, like the patch or a combination of the patch and nicotine gum.
 - **Use the 5 As.** ^[v]
 - Ask- Find out if your patients are using tobacco in any form.
 - Advise- In a clear, strong and personalized manner urge every tobacco user to quit.
 - Assess- For current tobacco user; is the tobacco user willing to make a quit attempt at this time? For the ex-tobacco user; how recent did you quit and are there any challenges to remaining abstinent?
 - Assist- For patients willing to make a quit attempt, discuss medication options as appropriate. Provide behavioral treatment to help patients quit or refer patients to Tobacco Free Florida's services that can complement your care.
 - Arrange- Follow up regularly with patients who are trying to quit.
 - **Use the 2 As and 1 R.**
 - Ask- Find out if your patients are using tobacco in any form.
 - Advise- In a clear, strong and personalized manner urge every tobacco user to quit.
 - Refer- Provide direct referrals to Tobacco Free Florida's services that will assist patients in quitting. Refer to their physician for prescription medications, if appropriate.
- ★ **Tobacco Free Florida's 3 Ways to Quit are free and evidence-based quit services available to all Floridians.**

Impact of Tobacco in Florida

- Florida's leading preventable cause of death and disease is tobacco use. ^[vi]
- If current rates continue, 270,200 Florida children alive today who are younger than 18 years of age will die prematurely as a result of smoking. ^[vii]
- In 2009, the annual direct costs to Florida's economy attributable to smoking were in excess of \$19.6 billion, including direct medical costs of \$7.2 billion. ^[viii]

For more information, visit tobaccofreeflorida.com/healthcare.

[i] Tremblay, M., et al. (2009). "Do the correlates of smoking cessation counseling differ across health professional groups?" *Nicotine Tob Res* 11(11): 1330-1338

[ii] Rigotti, N. (2013). "Smoking cessation in patients with respiratory disease: existing treatments and future directions" *Lancet Respir Med* 1(3): 241-250.

[i] Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Quick Reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. April 2009.

[ii] Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services; Public Health Service; 2008.

[iii] RTI International. 2013 Independent Evaluation Report. Fifth Annual Independent Evaluation of Florida's Bureau of Tobacco Free Florida, Fiscal Year 2012-2013. RTI Project Number 0212005.001.002.008. December 2013.

[iv] Prabhat Jha, M.D., Chinthanie Ramasundarathetteg, M.Sc., Victoria Landsman, Ph.D., Brian Rostron, Ph.D., Michael Thun, M.D., Robert N. Anderson, Ph.D., Tim McAfee, M.D., and Richard Peto, F.R.S. *N Engl J Med* 2013; 368:341-350 January 24, 2013 DOI: 10.1056/NEJMs1211128

[v] Five Major Steps to Intervention (The "5 A's"). December 2012. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html>

[vi] U.S. Department of Health and Human Services. The Health Consequences of Smoking —50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: 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

[vii] 2014 CDC Best Practices: Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—January 2014. Atlanta, GA: 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.

[viii] Penn State. "Potential Costs and benefits of Smoking Cessation for Florida." 30 April 2010. Web. < <http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/cessation-economic-benefits/reports/FL.pdf>>

Why Physician Intervention is Important

- Electronic cigarettes – also known as e-cigarettes, e-cigs, vape pens and vapes – have not been around long enough to determine their long-term health effects.
- Studies have found harmful chemicals in some e-cigarettes. These substances include traces of metal, volatile organic compounds, and nitrosamines, which are carcinogenic.^[1]

Not a Proven Cessation Tool

- E-cigarettes are not approved quit aids by the Food and Drug Administration. There are seven FDA-approved cessation aids and medications that are proven safe and effective when used as directed.^[2]
- Tobacco Free Florida offers free cessation services that can increase your patients' chances of quitting by five times.^[3]
 - » These services provide free FDA-approved nicotine replacement therapy (NRT), if medically appropriate and while supplies last.
 - » Floridians who want to quit smoking are encouraged to find the cessation service that works best for them at tobaccofreeflorida.com.

Dual Use with Conventional Cigarettes

- Approximately three out of four e-cigarette users continue to smoke conventional cigarettes as well, which is called "dual use."^[4]
- Dual use is not an effective way to safeguard one's health.^[5] Even people who smoke fewer than five cigarettes a day may show signs of early heart disease.^[6]

E-Cigarettes and Youth

- Monthly poison control calls about exposure to liquid nicotine have increased dramatically. In just a few years, calls per month increased from one to 215.^[7]
- In Florida, the number of high school students who were current e-cigarette users tripled from 5.4 percent in 2013 to 15.8 percent in 2015.^[8]
- There is evidence that adolescents who use e-cigarettes are more likely to start smoking cigarettes.^{[9][10]}
- Adolescent bodies are more sensitive to nicotine, and adolescents are more easily addicted than adults.^[11] Because the adolescent brain is still developing, nicotine use during adolescence can disrupt the formation of brain circuits that control susceptibility to addiction.^[12]

**For more information on how to help your patients quit tobacco,
visit tobaccofreeflorida.com/healthcare-provider.**

[1] Cheng T. Chemical Evaluation of Electronic Cigarettes. *Nicotine & Tobacco Research* 2014;23:ii11–7. 23 May 2014. <http://www.ncbi.nlm.nih.gov/pubmed/24732157>.

[2] "Five Keys for Quitting Smoking." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, n.d. Web.

[3] Professional Data Analysts. "BTFF Tobacco Cessation Evaluation FY15 Synthesis Report." 15 February 2015.

[4] King, Patel, Nguyen, and Dube. Trends in Awareness and Use of Electronic Cigarettes among U.S. Adults, 2010 -2013 *Nicotine Tob Res* ntu191 first published online September 19, 2014 doi:10.1093/ntr/ntu191.

[5] Centers for Disease Control and Prevention . "Transcript for CDC press briefing: CDC launches powerful new ads in "Tips From Former Smokers" campaign." 26 March 2015. Web. Last Assessed 24 July 2015. <http://www.cdc.gov/media/releases/2015/t0326-tips.html>.

[6] 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.

[7] Chatham-Stephens, Kevin, et al. "Notes from the Field: Calls to Poison Centers for Exposures to Electronic Cigarettes — United States, September 2010–February 2014." *Morbidity and Mortality Weekly Report*. Centers for Disease Control and Prevention, 04 Apr. 2014. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6313a4.htm?s_cid=mm6313a4_w.

[8] Florida Youth Tobacco Survey (FYTS), Florida Department of Health, Bureau of Epidemiology, 2015.

[9] Thomas A Wills, Rebecca Knight, James D Sargent, Frederick X Gibbons, Ian Pagano, Rebecca J Williams Longitudinal study of e-cigarette use and onset of cigarette smoking among high school students in Hawaii. *Tob Control* doi:10.1136/tobaccocontrol-2015-052705.

[10] Coleman BN, Apelberg BJ, Ambrose BK, et al. Association between electronic cigarette use and openness to cigarette smoking among US young adults. *Nicotine Tob Res*. 2015; 17(2):212-218.

[11] U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta, GA: 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, 2010.

[12] England, L. et al. Nicotine and the Developing Human: A Neglected Element of the E-cigarette Debate. *Am J Prev Med*. 2015 Mar 7. [Epub ahead of print].

Talking Points on Electronic Cigarettes



Not a Proven Cessation Aid

- ▶ E-cigarettes are not quit aids approved by the Food and Drug Administration. There are seven FDA-approved cessation aids and medications that are proven safe and effective when used as directed:^[1]
 - ▶ Three types of nicotine replacement therapy (NRT) are available without a prescription: patch, gum and lozenge.
 - ▶ Two types of nicotine replacement therapy are available with a prescription: nicotine inhaler and nasal spray.
 - ▶ There are two non-nicotine prescription medications: Bupropion (commonly known by the brand name Wellbutrin) and Varenicline (commonly known by the brand name Chantix).
- ▶ Evidence-based cessation counseling and FDA-approved NRT together can double to triple a smoker's chances of successfully quitting.^[2]
- ▶ As a health care provider, Tobacco Free Florida encourages you to talk to your patients about quitting tobacco, and refer them to an evidence-based resource like Tobacco Free Florida.
- ▶ Tobacco Free Florida offers cessation resources that can increase your patients' chances of quitting by five times.^[3]
 - ▶ These services provide free FDA-approved NRT patches, if medically appropriate and while supplies last.
 - ▶ Floridians who want to quit smoking are encouraged to find the cessation services that work best for them at tobaccofreeflorida.com.

Dual Use with Conventional Cigarettes

- ▶ The Centers for Disease Control and Prevention estimates that the majority of e-cigarette users—about three out of four—are still smoking conventional cigarettes, which is called “dual use.”^[4]
- ▶ Dual use is not an effective way to safeguard health.^[5] Even people who smoke fewer than five cigarettes per day may show signs of early heart disease.^[6]

Dangers of Nicotine

- ▶ Nicotine—inhaled, ingested or in direct contact with the skin—can be particularly hazardous to the health and safety of certain segments of the population, such as children, young people, pregnant women, nursing mothers, people with heart conditions and the elderly.^[7]
- ▶ Many e-cigarette users refill their own cartridges, which may be unsafe because it involves dealing with potentially dangerous concentrations of nicotine.^[8]
- ▶ One teaspoon of liquid nicotine could be lethal to a child, and smaller amounts can cause severe illness, often requiring trips to the emergency room.^[9] Less than a tablespoon, at high concentrations, can kill an adult.^[10]

1. "Five Keys for Quitting Smoking," Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, n.d. Web.
2. Fiore MC, Jaen CR, Baker TB, et al. Treating tobacco use and dependence: 2008 update. Clinical practice guideline. Rockville, MD: US Department of Health and Human Services, Public Health Service; 2008. Available at http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf.
3. Professional Data Analysts. "BTFF Tobacco Cessation Evaluation FY15 Synthesis Report." 15 February 2015.
4. King, Patel, Nguyen, and Dube. Trends in Awareness and Use of Electronic Cigarettes among U.S. Adults, 2010 -2013 Nicotine Tob Res ntu191 first published online September 19, 2014 doi:10.1093/ntr/ntu191.
5. Centers for Disease Control and Prevention. "Transcript for CDC press briefing: CDC launches powerful new ads in "Tips From Former Smokers" campaign." 26 March 2015. Web. Last Accessed 24 July 2015. <http://www.cdc.gov/media/releases/2015/t0326-tips.html>.
6. 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.
7. World Health Organization (WHO). Questions and answers on electronic cigarettes or electronic nicotine delivery systems (ENDS). (10 Jul 2013). http://www.who.int/tobacco/communications/statements/electronic_cigarettes/en/index.html.
8. Yamin, CK, Bitton, A, Bates, DW. E-Cigarettes: A Rapidly Growing Internet Phenomenon. Ann Intern Med. 2010;153:607-609.
9. American Association of Poison Control Centers (AAPCC). "American Association of Poison Control Centers Urges Government Liquid Nicotine Regulation in Wake of Child Death." 12 Dec. 2014. Press Release. Last Accessed 24 July 2015. <http://www.aapcc.org/press/37/>.
10. The New York Times Editorial Board. "Lethal Liquid Nicotine." The New York Times. 24 March 2014. Web. Last Accessed 24 July 2015. <http://www.nytimes.com/2014/03/25/opinion/lethal-liquid-nicotine.html>.



Health Care Provider Referral Form to Tobacco Free Florida

I. Provider Information (Required) *Provider fills out*

Facility (i.e. Hospital, Department of Health, Practice Name): FSU College of Medicine

Unit (i.e. Hospital Department, Program, Branch): Summer Clinical Practicum

Provider Name (i.e. Clinician, Health Professional): _____

Main Contact Person: _____ Email: _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip Code: _____

The Florida Quitline is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). The Florida Quitline will only be able to share service outcome information with you if you verify that your organization is a HIPAA-covered entity and that the use of information is for treatment purposes as permitted by HIPAA. Please select one option below:

I am a HIPAA Covered Entity: Yes No

II. Patient Information (Required) *Patient fills out*

Patient First Name: _____ Patient Last Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Best Telephone Number: _____ Alternate Telephone Number: _____

The best time to call you: *(check one)*

Morning: 8am – Noon Afternoon: Noon – 5pm Evening: 5 – 9pm


Can we leave a voicemail? *(check one)*


Yes No


My signature gives permission for my provider to send this form to a Tobacco Free Florida representative. I understand that I will be contacted within the next week.

Patient Signature: _____ Date: _____

Program choice: Check ONE box below. The provider will then submit this form via fax or email to the program listed below.

 Attend a local in-person group class **Fax:** 1-888-975-1534 | **Email:** ahectobacco@health.usf.edu

 Talk to a Quit Coach over the phone **Fax:** 1-866-688-7577 | **Email:** supportservices@alere.com

 Use an online program **Fax:** 1-866-688-7577 | **Email:** supportservices@alere.com

Tobacco Free Florida Program Options



Local **in-person** group class

The Florida Area Health Education Centers offer in-person help with quitting in a group setting. Classes provide support, guidance, and you may receive quit aids like nicotine patches to help you become tobacco free. Classes are offered in every county.



Quit Coach over the **phone**

The toll-free Florida Quitline at 1-877-U-CAN-NOW (1-877-822-6669) allows you to speak with a trained and certified Quit Coach® who will help you create a personalized quit plan. You may receive up to three coaching calls, a quit guide, and quit aids like nicotine patches.



Online program

This free online program helps you create a unique web-based quit plan to follow at your own pace and in private. You may receive emails about quitting and quit aids like nicotine patches. To learn more, visit: www.quitnow.net/florida

Need more information about the programs available? Visit: www.tobaccofreeflorida.com

Referral Form Submission Instructions

- I. Provider Information:** The provider completes this section. Write in the Facility, Unit, and Provider Names (if applicable) for your organization. Examples are listed below:

Facility	Unit	Provider
<i>Hospital, Department of Health, practice name, etc.</i>	<i>Hospital department, program, branch, etc.</i>	<i>Name of clinician, health professional, etc.</i>
Jane J. Doe D.O., LLC		Jane J. Doe D.O.
ABC Primary Clinics	ENT Department	
John Hopkins Hospital	Comprehensive Rehab Unit	John Mackey, M.D.
ABC County Health Department	Healthy Start Program	
South Shore Cancer Center	Oncology Clinic	

- II. Patient Information:** The patient provides their contact information.

Program Choice: Patient should select ONE program from the list.

- Provider should fax or email completed forms to the program the patient has selected.
- If the referral is sent to the in-person group class, the patient will be called by the Florida Area Health Education Center (AHEC) that serves the patient's county to schedule them in a course.
- If the referral is sent to the telephone or online program, a tobacco Quit Coach will call the patient to enroll them in their preferred program.

3 FREE & EASY WAYS TO QUIT

CALL



Talk to a Quit Coach® who
can help you quit tobacco.
1-877-U-CAN-NOW
1-877-822-6669

CLICK



Online help quitting tobacco
is only a few clicks away.
www.tobaccofreeflorida.com/webcoach

COME IN



Looking for local face-to-face
help? Find classes near you.
www.tobaccofreeflorida.com/ahec

TO GET MORE TOOLS AND QUIT TIPS, VISIT WWW.TOBACCOFREEFLORIDA.COM



Florida Department of Health

