

# Counsel to Quit<sup>®</sup> Webinar

## Frequently Asked Questions

### **Is the presentation, recording, or infographic available?**

The presentation slides and recording were sent out in a previous email. If you did not receive this email, please contact Hannah Mestyaneck at [hmestyaneck@resphealth.org](mailto:hmestyaneck@resphealth.org). The infographic is available by request. If you would like to purchase printed copies, you can [visit our website](#). If you would like a digital copy, please contact Hannah at the address above.

### **What are additional smoking cessation resources for patients?**

- RHA offers the Courage to Quit<sup>®</sup> adult cessation program. If you or someone you know is interested in becoming a trained Courage to Quit<sup>®</sup> program leader, contact Lesli Vipond at [lvipond@resphealth.org](mailto:lvipond@resphealth.org).
- Contact your state tobacco quitline at 1-800-QUIT-NOW. Quitlines are staffed by trained tobacco counselors. Services and hours vary by state.
- Contact your local health department to learn about local cessation resources.
- Visit [smokefree.gov](http://smokefree.gov) for cessation information and free text and app support.
- Visit [becomeanex.org](http://becomeanex.org) for online resources.

### **Do you have information or materials for teens about e-cigarettes?**

For information and resources on vaping and e-cigarette use, visit [resphealth.org/vape](http://resphealth.org/vape) or [e-cigarettes.surgeongeneral.gov/](http://e-cigarettes.surgeongeneral.gov/). The Truth Initiative also has a text-based cessation program for teens who want to quit. Text DITCHJUUL to 88709 to join.

### **Is the infographic available for patients who utilize e-cigarettes?**

The infographic was designed specifically for smokers using combustible cigarettes. We anticipate that e-cigarette users will experience similar benefits after quitting. However, these products are new and rapidly changing, so there is still much to learn about their effects on the body and the benefits of quitting e-cigarette use.

### **Would you use the same “Ask, Advise, Refer” technique for patients who dip, chew, or vape?**

Yes. All patients should be asked about their tobacco use at each visit, and ALL tobacco users should be advised to quit and referred to appropriate resources, regardless of the tobacco product they use. This includes dip, chew and e-cigarettes.

**Patients tell me things like, “I have a family member who smoked for fifty years and never had any issues. Why should I quit?” Any advice on what to say to that?**

Although smokers who live relatively long lives may seem to suggest smoking is not harmful to health, research suggests half of all persistent smokers die prematurely from their smoking. In fact, smoking remains the number one preventable cause of death in the United States. Some smokers who die from smoking-attributable diseases other than lung cancer (e.g. cardiovascular disease) may not recognize that smoking was a contributing factor in their development of the disease or health issue. Additionally, those smokers who do not die from their smoking may experience other health issues throughout their lives that they do not attribute to smoking, such as poor oral health. Having a family member who smoked and lived a long life that seemed to be unaffected by smoking does not mean their relatives will have the same experience.

Unfortunately, it can be difficult to convince smokers to quit. Knowing the facts about smoking and its harm to the body may not be enough to motivate them to quit. This is where it is important to use motivational interviewing skills to help patients identify their motivation for quitting. In this case, optimal health may not be good motivation for the patient. It is important that you work with them to determine what their motivation to quit might be.

**Can you provide more information about the Courage to Quit® adult smoking cessation program?**

Information about the Courage to Quit® program is available at [couragetoquit.org](http://couragetoquit.org).

While similar in general structure to other group-based programs, Courage to Quit® also uniquely combines behavioral, cognitive, 12-step, and motivational interviewing elements. Additionally, Courage to Quit® is made to be implemented in a variety of settings with various population groups. We look to Courage to Quit® leaders to implement the program in a manner that is most appropriate for their audience. It can be delivered for groups or individuals. There is no minimum requirement for number of participants to be able to run a group.

What truly sets Courage to Quit® apart from other cessation programs is that it was designed for implementation in multi-cultural, diverse communities. The program has been validated by research published in the American Journal of Public Health on 1,500 program participants, which found quit rates of up to 36% and no disparities in quit rates among African Americans and Whites. Researchers noted that while race/ethnicity were not reported in studies of other cessation programs from larger, national organizations—those studies were drawn from small samples in majority-White areas.

**Do you have recommendations for reducing the dreams experienced by patients taking Chantix?**

Patients should discuss any medication concerns with their primary care physician or other health care professional.

*If you have additional questions, please contact Lesli Vipond at [lvipond@resphealth.org](mailto:lvipond@resphealth.org) or 312-628-0208.*