

Tobacco Cessation *Provider Toolkit*

Evidence-based tools, scripts, and referral resources to help your clinical team identify and treat tobacco use, integrated into a 3–5 minute visit workflow. Based on the 5 A's framework and current CDC, USPSTF, and MDHHS guidelines.

70%

of smokers see a clinician annually; most want to quit

2×

quit rates when counseling and medication are combined

3/5

American adults who ever smoked have successfully quit

1 The 5 A's Clinical Framework

Ask, Advise, Assess, Assist, and Arrange: a structured brief intervention deliverable in 3–5 minutes, distributable across your care team, with sample language for every step.

2 FDA-Approved Medications

Dosing, duration, cautions, and availability for all seven cessation medications (NRT forms, bupropion SR, and varenicline), including combination therapy guidance.

3 Michigan Tobacco Quitline

Complete reference for 1-800-QUIT-NOW: the patient experience, eligibility by insurance type, free NRT coverage, and what providers receive after referring.

4 Referral Forms

Side-by-side guide to the statewide Michigan Tobacco Quitlink fax referral and the DHD#10 regional Tobacco Treatment Program form, with required fields noted.

5 Withdrawal & Trigger Management

Coping strategies for anxiety, insomnia, restlessness, and hunger. Trigger management for situations, objects, and places. The 5 R's motivational model.

6 Quick Reference Scripts

Ready-to-use language for asking about tobacco use, advising, motivating reluctant patients, arranging follow-up, and introducing medications and quitline referrals.

A

Ask

- Ask every patient at every visit: cigarettes, e-cigarettes, smokeless tobacco, cigars
- Recently quit (1–12 months): congratulate, assess challenges and confidence
- Recently relapsed: provide encouragement and support to try again

EVERY VISIT

"Do you use tobacco products, for example cigarettes or e-cigarettes?"

IF RELAPSED

"Quitting often takes several tries. Would you like to try again?"

A

Advise

- **Clear:** name the need to quit now; even light smoking is dangerous
- **Strong:** communicate clinical concern directly
- **Personalized:** tie to their symptoms, family, or financial situation

SAMPLE LANGUAGE

"Quitting is the most important thing you can do for your health. I'd like to help you quit."

A

Assess

- Willing to quit in 30 days? → move to Assist
- Not willing? → use the 5 R's (Relevance, Risks, Rewards, Roadblocks, Repetition)
- Leave the door open; document and revisit at next visit

ASSESSING WILLINGNESS

"Would you be willing to quit in the next 30 days?"

IF NOT READY

"I understand. I am here to support you and will ask again next time."

A

Assist

- STAR: Set quit date · Tell support network · Anticipate triggers · Remove tobacco products
- Prescribe cessation medication unless contraindicated (see Section 2)
- Refer to Michigan Tobacco Quitline 1-800-QUIT-NOW (see Section 3)

⚠ Insufficient medication evidence for: pregnant women (without clearance), adolescents, ≤5 cig/day, smokeless/e-cigarette users.

ON MEDICATION

"Medications can significantly improve your chances of quitting; many are covered by insurance at no cost."

ON THE QUITLINE

"I can refer you to a free coach today. They'll call within 24 hours and send free nicotine patches."

A

Arrange

- Follow up within one week of quit date; second follow-up within the first month
- Monitor adherence, side effects, and relapse; adjust plan as needed
- Use EHR alerts and phone follow-up if in-person visit isn't possible

BEFORE THE VISIT ENDS

"Let's schedule a follow-up close to your quit date to check in and support you."

OPEN DOOR

"Contact us at any point; we are here to help and support you."



Combination Therapy Increases Quit Rates

Combining a long-acting NRT (patch) with a short-acting NRT (gum or lozenge) significantly improves outcomes over single-agent use. Patch + bupropion SR is the only FDA-approved combination product. Counseling + any medication doubles quit rates vs. either alone.

SHORT-ACTING NICOTINE REPLACEMENT: RESCUE FOR CRAVINGS

SHORT-ACTING

Nicotine Gum (2 mg / 4 mg)

DOSAGE

>30 min after waking → 2 mg; ≤30 min → 4 mg. 1 piece every 1–2 hrs; 6–15 pieces/day.

CAUTIONS

No food/drink 15 min before or during. Caution with dentures.

DURATION

Up to 12 weeks after quitting

AVAILABILITY

OTC: Generic / Nicorette

SHORT-ACTING

Nicotine Lozenge (2 mg / 4 mg)

DOSAGE

>30 min → 2 mg; ≤30 min → 4 mg. Wks 1–6: q1–2h · Wks 7–9: q2–4h · Wks 10–12: q4–8h. Max 20/day.

CAUTIONS

No food/drink 15 min before. One lozenge at a time only.

DURATION

3–6 months

AVAILABILITY

OTC: Generic / Commit / Nicorette Mini

SHORT-ACTING

Nicotine Inhaler

DOSAGE

6–16 cartridges/day; 80 puffs/cartridge. Can save partial cartridge.

CAUTIONS

May irritate mouth/throat initially (improves with use).

DURATION

Up to 6 months, tapering at end

AVAILABILITY

Rx Only: Nicotrol Inhaler

SHORT-ACTING

Nicotine Nasal Spray

DOSAGE

1 squirt/nostril per dose; 1–2 doses/hr; 8–40 doses/day. Do not inhale.

CAUTIONS

Not for patients with asthma. May cause dependence. Nasal irritation common initially.

DURATION

3–6 months, tapering at end

AVAILABILITY

Rx Only: Nicotrol NS

LONG-ACTING: STEADY-STATE AGENTS

LONG-ACTING

Nicotine Patch (7 / 14 / 21 mg)

DOSAGE

≥10 cig/day: 21 mg × 4 wks → 14 mg × 2–4 wks → 7 mg × 2–4 wks. 1 patch/day.

CAUTIONS

Avoid with severe eczema/psoriasis. May cause local skin reaction or insomnia.

DURATION

12 weeks after quitting

AVAILABILITY

OTC or Rx: Nicoderm CQ

LONG-ACTING

Bupropion SR 150

DOSAGE

Days 1–3: 150 mg/morning. Days 4+: 150 mg twice daily. Start 1–2 wks before quit date.

CAUTIONS

Contraindicated: seizure hx, eating disorders, MAOIs, other bupropion. Side effects: insomnia, dry mouth.

DURATION

2–6 months

AVAILABILITY

Rx Only: Generic / Zyban

LONG-ACTING

Varenicline (Chantix): Non-nicotine pill; nicotine antagonist and agonist

DOSAGE

Days 1–3: 0.5 mg/morning · Days 4–7: 0.5 mg twice daily · Day 8+: 1 mg twice daily

WHEN TO START

Begin 1 week before the target quit date

DURATION

3–6 months

CAUTIONS

Use caution: renal impairment, serious psychiatric illness, dialysis. Side effects: nausea, insomnia, abnormal dreams.

* Excludes pregnant smokers, adolescents, smokers of ≤5 cigarettes/day, and smokeless tobacco users. Insufficient evidence exists for these populations. Source: PHS Clinical Practice Guideline 2008 Update; UW CTRI.

Michigan Tobacco Quitlink: Free Service Since 2003

Funded by MDHHS. Offers telephone, text, email, and online coaching. All coaches create personalized quit plans. Special services for pregnant women, non-English speakers, deaf/hard of hearing, American Indian patients, and those under 18.

1-800-QUIT-NOW (784-8669)

En Español: 1-855-DÉJELO-YA · Youth (under 18): Text "Start My Quit" to 1-855-891-9989 · Online enrollment: michigan.quitlogix.org

1

Intake Call

First outreach within 24 hours of referral. Assesses tobacco history, health, and motivation. Up to 15 minutes.

2

Enrollment & Materials

Patient chooses phone, online, or text coaching. Quit guide and welcome materials mailed to home.

3

4 Coaching Calls

Calls are scheduled around the quit date and the patient's availability. Additional calls between sessions as needed.

4

Provider Reports

Referring providers receive follow-up on enrollment, progress, and if patient was unreachable.

FY 2022 ELIGIBILITY AND BENEFITS BY POPULATION

Population	Proactive Counseling	Free NRT	Local Program Referral	Text Messaging	Online Coaching
Medicaid	✓	Via Medicaid Rx only (prescription required; no prior auth needed)	✓	✓	✓
Medicare	✓	✓	✓	✓	✓
Uninsured	✓	✓	✓	✓	✓
Veterans	✓	✓	✓	✓	✓
Pregnant	✓ (8 sessions)	✓	✓	✓	✓
Cancer Patients	✓	✓	✓	✓	✓
Behavioral Health	✓ (7 sessions)	✓	✓	✓	✓
American Indian / IHS	✓ (10 sessions)	✓	✓	✓	✓
State of MI Employees	✓	-	✓	✓	✓
Insured (other)	-	-	✓	✓	✓

Free NRT = 8-week supply of nicotine patch, gum, or lozenge mailed directly to patient's home. Combination therapy included. Dual-eligible (Medicaid + Medicare) patients: OTC medications covered by Medicaid only. Prescription required for Medicaid; no prior authorization needed. Free clinic posters and referral cards: email MDHHS-quitkit@michigan.gov with quantity needed and mailing address.

**Michigan Tobacco Quitlink
Statewide Fax Referral**

FAX TO	1-800-261-6259
ONLINE FORM	michigan.quitlogix.org → Healthcare Provider tab
REQUIRED PROVIDER INFO	Name, organization, address, phone, fax or email, HIPAA entity type
REQUIRED PATIENT INFO	Name, phone, date of birth, language, zip code
PATIENT SIGNATURE	Required to initiate outreach call (or authorized representative)
PREGNANT / BREASTFEEDING	Provider signature required to authorize NRT shipment to patient
HIPAA NOTE	Follow-up reports sent to HIPAA-covered entities only. Non-covered entities receive no PHI.
FIRST OUTREACH	Intake call attempted within 24 hours of referral receipt

**DHD#10 Tobacco Treatment Program
Ten-County Regional Referral**

FAX TO	231-305-0005
COUNTIES SERVED	Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, Wexford
PATIENT STATUS	Check one: Ready to quit / Already quit (needs support) / Wants resources only
REQUIRED CLINICAL INFO	Confirm 2 A's and R Assessment completed (Yes/No) · Note if patient has pregnancy, uncontrolled HTN, or heart disease
VERBAL CONSENT	Practitioner initials confirm patient verbally consents to contact by a Tobacco Treatment Specialist
YOUTH PROGRAM	Check box if referring for N-O-T youth cessation program
BEST CONTACT TIMES	Capture morning / afternoon / evening preference and message consent
TEXT REMINDER	Document patient preference for appointment text reminders (Yes / No)

ADDITIONAL RESOURCES FOR PROVIDERS & PATIENTS**National Quitlines**

English: 1-800-QUIT-NOW
 Spanish: 1-855-DEJELO-YA
 Mandarin/Cantonese: 1-800-838-8917
 Korean: 1-800-556-5564
 Vietnamese: 1-800-778-8440

Digital Patient Resources

CDC.gov/quit (English) · CDC.gov/dejar (Spanish)
 Smokefree.gov
 Text program: SmokefreeTXT (smokefree.gov/smokefreetxt)
 Mobile app: QuitSTART (smokefree.gov/apps-quitstart)
 becomeanex.org

Clinical Guidelines

USPSTF Tobacco Cessation Recommendations:
 uspreventiveservicestaskforce.org
 PHS Clinical Practice Guideline (2008 Update): ahrq.gov
 CDC Provider Resources: CDC.gov/TobaccoHCP
 Million Hearts® Protocol: millionhearts.hhs.gov

Withdrawal Symptoms & Coping Strategies

ANXIETY & IRRITABILITY

- Exercise; even a 5-minute walk can significantly help
- Contact a friend or family member for support
- Take a few slow, deep breaths
- Chew sugar-free gum

INSOMNIA / SLEEP PROBLEMS

- Avoid caffeine in the late afternoon and evening
- Regular physical activity (but not too close to bedtime)
- Maintain a consistent sleep and wake schedule

RESTLESSNESS

- Exercise or brisk physical activity
- Focus on a hobby: cooking, drawing, hiking
- Productive household activity (cleaning, organizing)

INCREASED HUNGER / WEIGHT CONCERNS

- Eat plenty of fruits and vegetables; drink more water
- Avoid high-calorie foods and beverages as substitutes
- Carry sugar-free gum or toothpicks to manage oral fixation
- Exercise regularly to offset potential weight gain

Trigger Management Strategies

SOCIAL SITUATIONS

- Avoid people who use tobacco, or ask them not to smoke around you
- Build and maintain friendships with non-tobacco users
- Skip smoke breaks and other tobacco-associated social gatherings

OBJECTS & SUBSTANCES

- Remove all cigarettes, lighters, ashtrays from home, car, and workplace
- Avoid alcohol for at least the first month; strongly associated with relapse
- Develop new stress-management strategies (walks, breathing exercises)

PLACES & ROUTINES

- Avoid locations where you normally buy or use tobacco products
- Take a different route to work or school to break habitual patterns
- Alter routines associated with tobacco use (coffee, morning routine, after meals)

OTHER HOUSEHOLD SMOKERS

- Encourage household members to quit together
- Ask others not to smoke in shared spaces or vehicles
- Make the home smoke-free; a written household agreement can help

MOTIVATIONAL INTERVIEWING: THE 5 R'S (FOR PATIENTS NOT READY TO QUIT)

R

Relevance

Help the patient identify why quitting is personally relevant to their specific health, family, and life situation.

R

Risks

Ask the patient to identify negative consequences most relevant to them: health, family, financial, and social.

R

Rewards

Ask the patient to identify personally meaningful benefits of quitting: health, finances, family, self-esteem.

R

Roadblocks

Ask about barriers to quitting and address each with medication, counseling, or practical problem-solving.

R

Repetition

Remind the patient that most people require multiple quit attempts before succeeding; this is normal and expected.

Asking About Tobacco Use

EVERY VISIT

"Do you use tobacco products, for example cigarettes or e-cigarettes?"

RECENTLY QUIT (1–12 MONTHS)

"The first few weeks after quitting can be hard. Have you felt the urge to use tobacco? Is there anything I can do to support you?"

RECENTLY RELAPSED

"Quitting can be hard; it often takes several tries to succeed. Would you like to try again?"

Advising to Quit

CLEAR, STRONG, PERSONALIZED ADVICE

"Quitting is the most important thing you can do for your health. As someone who cares about you, I'd like to help you quit."

ASSESSING WILLINGNESS

"I'd like to hear your thoughts about quitting. Would you be willing to quit in the next 30 days?"

PERSONALIZING TO THEIR HEALTH

"Continuing to smoke is making your [condition] worse. Quitting could significantly improve how you feel."

Patient Not Ready to Quit

BRIEF MOTIVATIONAL MESSAGE

"I feel strongly about tobacco use and its effect on your health. I understand quitting can be hard, but I am here to support you. I will ask you about it again next time I see you."

5 R'S OPENER

"Can I share one reason I think quitting could really benefit you specifically, given what we've talked about today?"

Introducing Medications

OPENING THE CONVERSATION

"Combining counseling with medication can double your chances of quitting successfully. Many options are covered by your insurance at no cost. Would you like to talk about your options?"

RECOMMENDING COMBINATION THERAPY

"Using a patch for steady support along with a lozenge or gum when cravings hit is the most effective approach. We can set that up today."

Quitline Referral

INTRODUCING THE QUITLINE

"Michigan has a free program, 1-800-QUIT-NOW, where trained coaches help you build a personal quit plan and provide free nicotine patches, gum, or lozenges."

WARM FAX REFERRAL

"If you sign this short form, I can refer you directly today. They'll call you within 24 hours to get you enrolled."

Arranging Follow-Up

BEFORE LEAVING THE VISIT

"Before you go, let's schedule a follow-up appointment close to your quit date. We'll check in on how things are going and see how we can support you."

OPEN DOOR

"Please feel free to contact us at any point between visits. We are here to help and support you throughout this process."

KEY CLINICAL REMINDERS



Treat as Chronic Disease

Tobacco dependence often requires multiple interventions over time. Don't give up after one attempt. Three out of five adults who ever smoked have successfully quit.



Brief Advice Works

Even a 3–5 minute clinical intervention increases the likelihood a patient will attempt to quit. Combining counseling and medication can double quit rates compared to either alone.



Distribute Across the Team

Any team member can Ask and Advise. Clinical staff can Assess, Assist, and Arrange follow-up. Use EHR alerts and registries to proactively identify and track patients who use tobacco.