

Treating Tobacco Use Dependence in an Evolving Tobacco Landscape

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**PUBLIC HEALTH &
HUMAN SERVICES**

Learning Objectives

1. Understanding of the financial and health impact of tobacco (nicotine) dependence in Montana and why it should be treated.
2. Understanding the significant rise of e-cigarette use among Montana youth and associated health risks.
3. Identify the physical and psychological aspects of tobacco addiction.
4. Understand the strategies and benefits of addressing nicotine addiction while also treating other addictions.
5. Assessment of a patient's need for pharmacologic intervention and apply effective methods in smoking cessation counseling.
6. Awareness of cessation resources, including community-based programs and the Montana Tobacco Quit Line.



Commercial Tobacco Products

MTUPP acknowledges the traditional and sacred use of tobacco among Native American/American Indian people. In this presentation, tobacco refers to the use of commercial tobacco products sold with the intention of driving profits and addiction, unless otherwise stated.



Tobacco Use in Montana



Tobacco use is still the leading cause of preventable death in the United States



Cigarette smoking is responsible for more than than **480,000** deaths per year in the United States and **1,600** deaths per year in Montana.

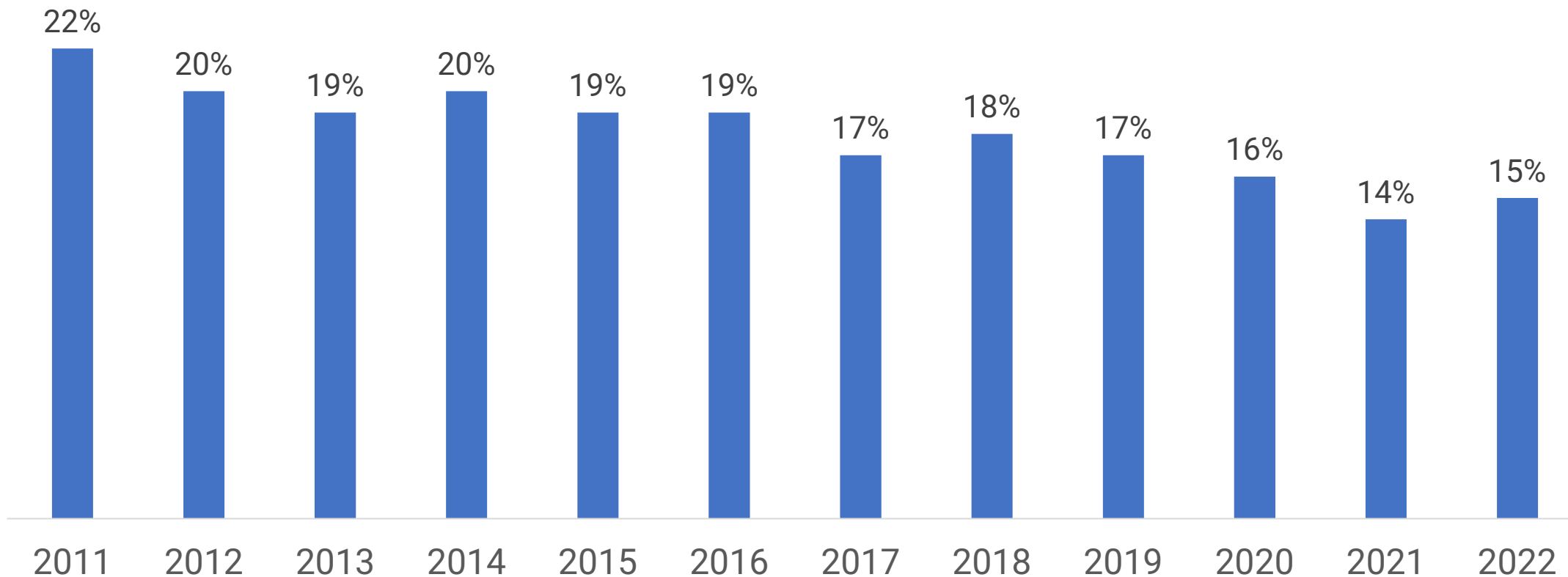
Tobacco Costs More Than Lives



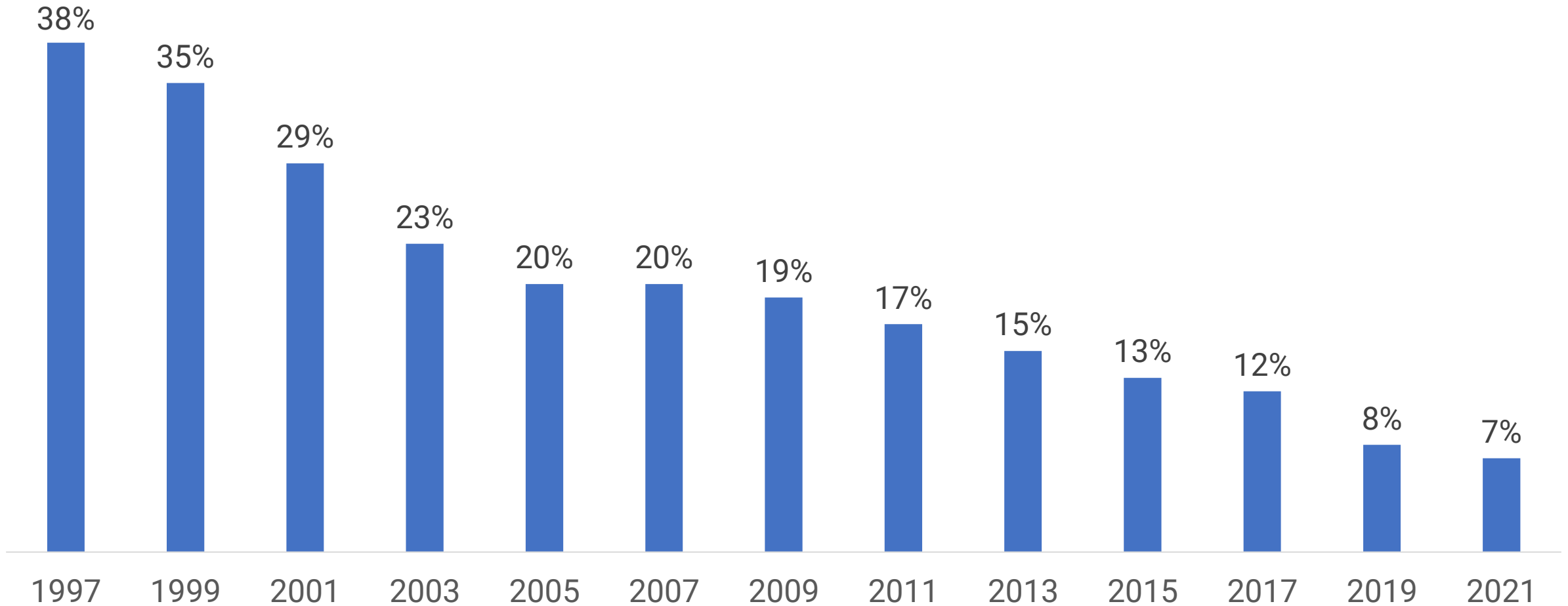
Annual health care costs in Montana directly caused by smoking	\$511 million
Medicaid costs caused by smoking in Montana	\$87.2 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,026 per household
Smoking-caused productivity losses in Montana	\$898.6 million



% of Montana Adults Who Currently Smoke Cigarettes, 2011 - 2022



% of Montana High School Students Who Currently Smoke Cigarettes, 1997 - 2021



Quotes From Industry

“Today’s teenager is tomorrow’s potential regular customer and the overwhelming majority of smokers first begin to smoke while in their teens.”

– Philip Morris Researcher

“The ability to attract new smokers and develop them into a young adult franchise is key to brand development.”

– Philip Morris Report



Ongoing Diversification of Products

Cigarillos



Chew



Snus



Electronic Nicotine Delivery System



Cigar



Little Cigar



Cigarette



Hookah



Nicotine Pouches



Pipe



Nicotine Gummies



Emerging Products

Heated Tobacco Products



Nicotine Pouches



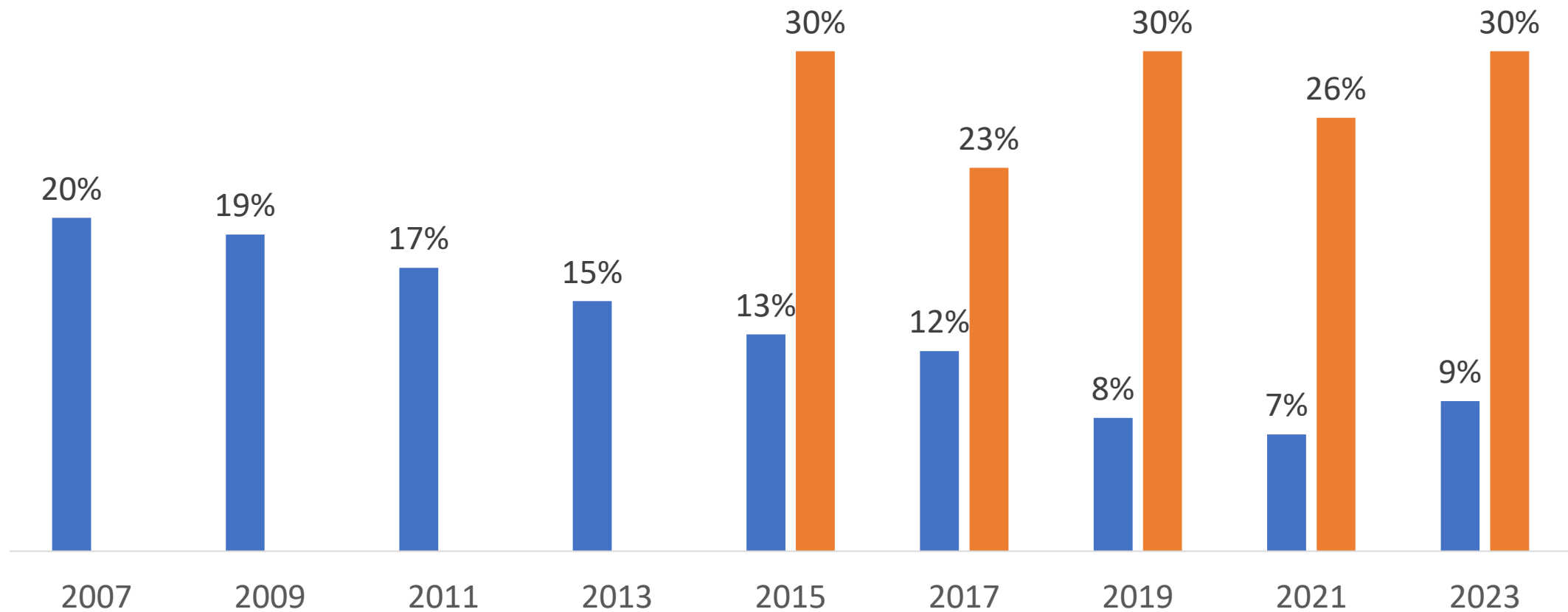
Flavored Disposable E-cigarettes



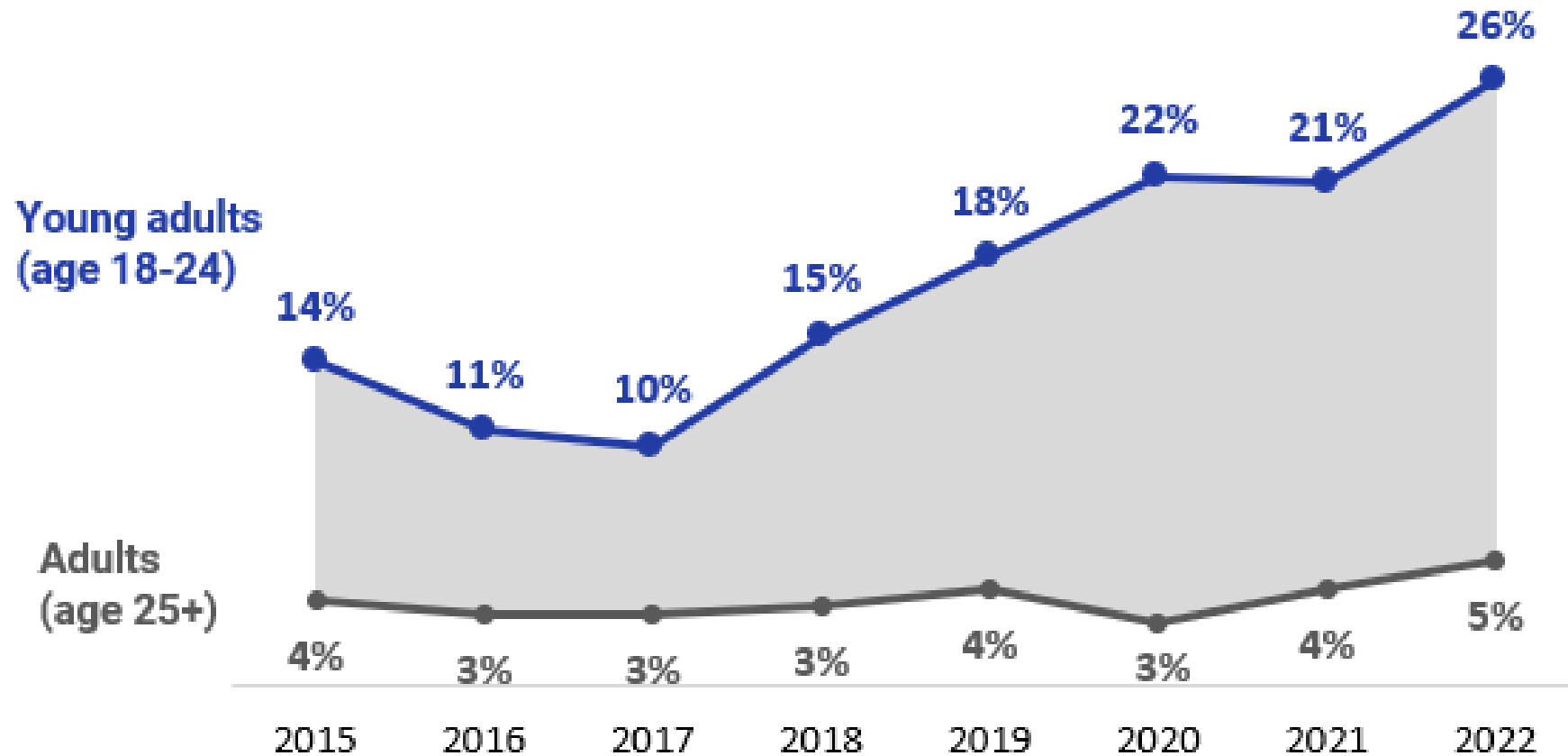
“Wellness” Vapes



% High School Students Who Currently Smoke Cigarettes vs. Use E-cigarettes, 2007 - 2023



Current e-cigarette use among **young adults** in Montana steadily increased while use among **adults 25 years and older** remained the same.



Data Source: Montana BRFSS, 2015-2022

Nicotine Pouch Use

- 22% of Montanans aged 15-25 have tried nicotine pouches; 9% currently use them
- FTC report found that tobacco manufacturers sold \$1.06 billion of synthetic nicotine lozenges, pouches, and other oral nicotine products in 2022

“In Goldman Sachs' second quarter Nicotine Nuggets survey, retailers and wholesalers expressed optimism for modern oral nicotine and predicted continued robust growth for modern oral brands, which is in other traditional oral categories, such as offsetting the declines they are experiencing moist tobacco.”

- Excerpt from Convenience Store News

Nicotine & Mental Health



Correlation Between Nicotine & Mental Health

25% of Montana adults who use tobacco report having poor mental health compared to 14% of non-tobacco users.

Over half of Quit Now Montana participants report having a behavioral health condition.

60% of MT high school students who vape report having felt sad or hopeless compared to 35% of students who do not vape.



Belief: Nicotine Use Relieves Stress

Montana High School Student Reported Reasons for Vaping:

1. Curiosity (27%)
2. Feeling anxious, stressed or depressed (26%)
3. To get high or a buzz from the nicotine (17%)
4. Friend or family member used them (15%)



Nicotine can worsen anxiety symptoms and amplify feelings of depression

A 2019 study of U.S. college students found that [vaping is significantly associated with higher levels of ADHD symptoms](#), and nicotine dependence was correlated with greater anxiety symptoms.

According to a 2019 JAMA study of nearly 30,000 current e-cigarette users above age 18, [frequent vaping is tied to even higher odds – 2.4X – of having a diagnosis of depression](#) compared to never users.

Using e-cigarettes can [worsen symptoms of depression](#), based on the results of a study of nearly 2,500 ninth graders who had never previously used e-cigarettes or combustible tobacco.

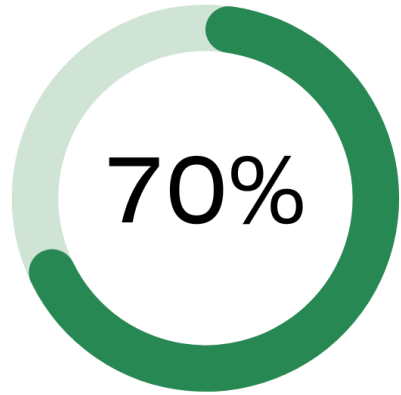
A 2014 meta-analysis showed [quitting smoking is linked with lower levels of anxiety, depression and stress](#) as well as improved positive mood and quality of life compared with continuing to smoke.



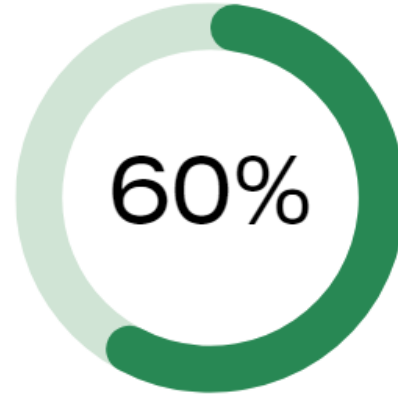
What We Can Do



The Majority Want to Quit



70% of adult smokers say they want to quit



60-70% of smokers with serious mental health issues say they want to quit



60% of MT high school students tried to quit use of all tobacco products in the past year



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Myths Around Addressing Tobacco Use

“Smoking is an important way for my client to deal with the stress of recovering from substance abuse or mental illness.”

“Quitting smoking might compromise or worsen psychiatric symptoms.”

“Tobacco use is not a priority compared to the other conditions my client has or the other drugs my client is using.”

“My clients have enough on their plate without having to tackle tobacco cessation.”

“My client won’t die from their tobacco use now.”



Reasons to Address Tobacco Use Now, Not Later

1

Improves chances of sobriety

2

Increases effectiveness of certain medications

3

Reduces anxiety, stress and depression

4

Increases life-expectancy

5

Eliminates a trigger

6

Similar treatment approaches



Estimated Prevalence of Extramedical Use and Dependence in Total Study Population and Lifetime Dependence Among Users

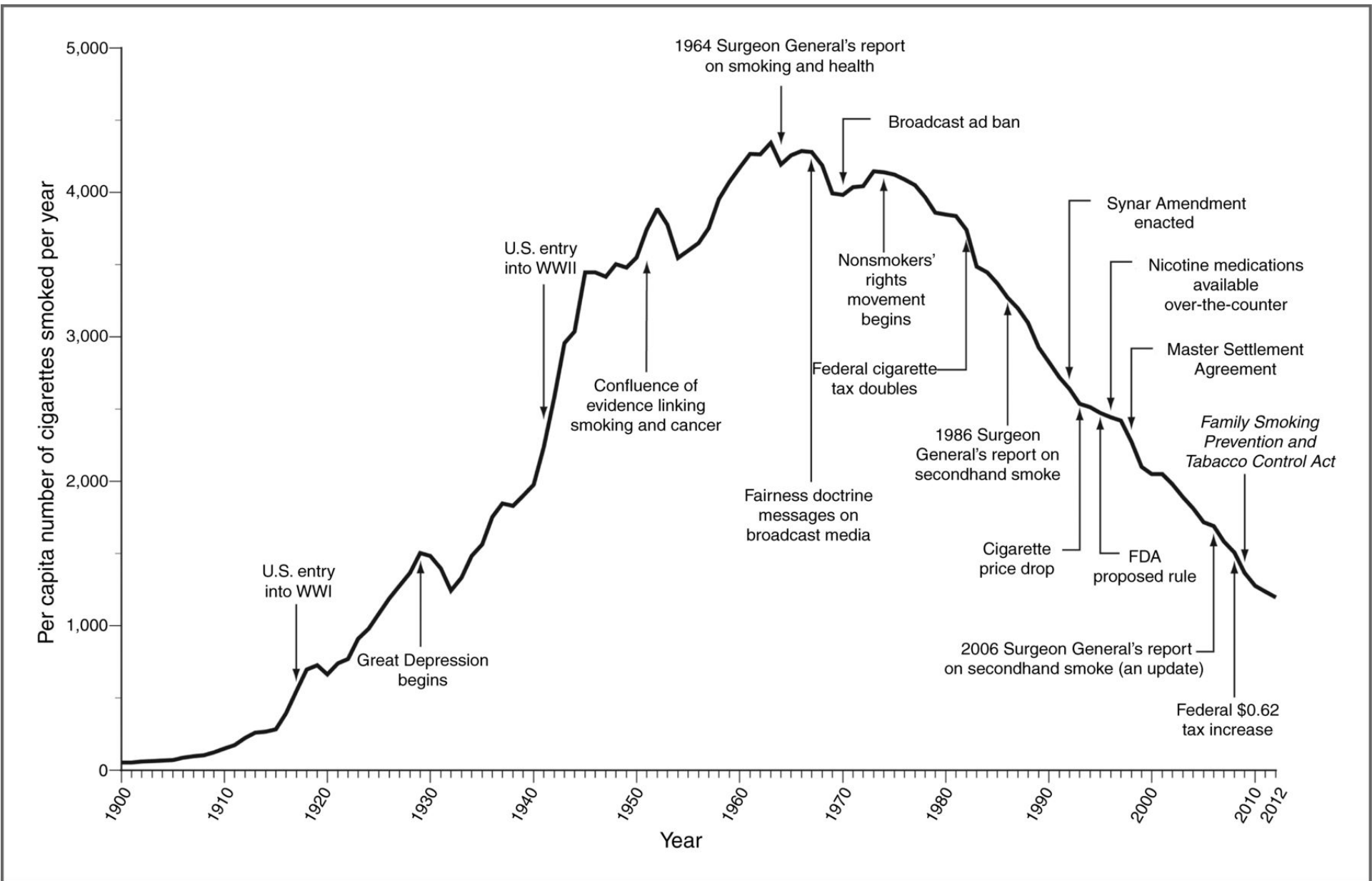
Drug categories	Proportion with a history of dependence		Proportion with a history of extramedical use		Dependence among extramedical users	
	<i>P</i>	<i>SE</i>	<i>P</i>	<i>SE</i>	<i>P</i>	<i>SE</i>
Tobacco ^a	24.1	1.0	75.6	0.6	31.9	–
Alcohol	14.1	0.7	91.5	0.5	15.4	0.7
Other drugs	7.5	0.4	51.0	1.0	14.7	0.7
Cannabis	4.2	0.3	46.3	1.1	9.1	0.7
Cocaine	2.7	0.2	16.2	0.6	16.7	1.5
Stimulant	1.7	0.3	15.3	0.7	11.2	1.6
Anxiolytics, etc. ^b	1.2	0.2	12.7	0.5	9.2	1.1
Analgesics	0.7	0.1	9.7	0.5	7.5	1.0
Psychedelics	0.5	0.1	10.6	0.6	4.9	0.7
Heroin	0.4	0.1	1.5	0.2	23.1	5.6
Inhalants	0.3	0.1	6.8	0.4	3.7	1.4

Note. Weighted estimates from the National Comorbidity Survey data gathered in 1990–1992 for persons 15–54 years old ($n = 8,098$). Dash indicates data not estimated. *P* = Estimated prevalence proportion.

^a $n = 4,414$. ^bAnxiolytics, sedatives, and hypnotic drugs, grouped.

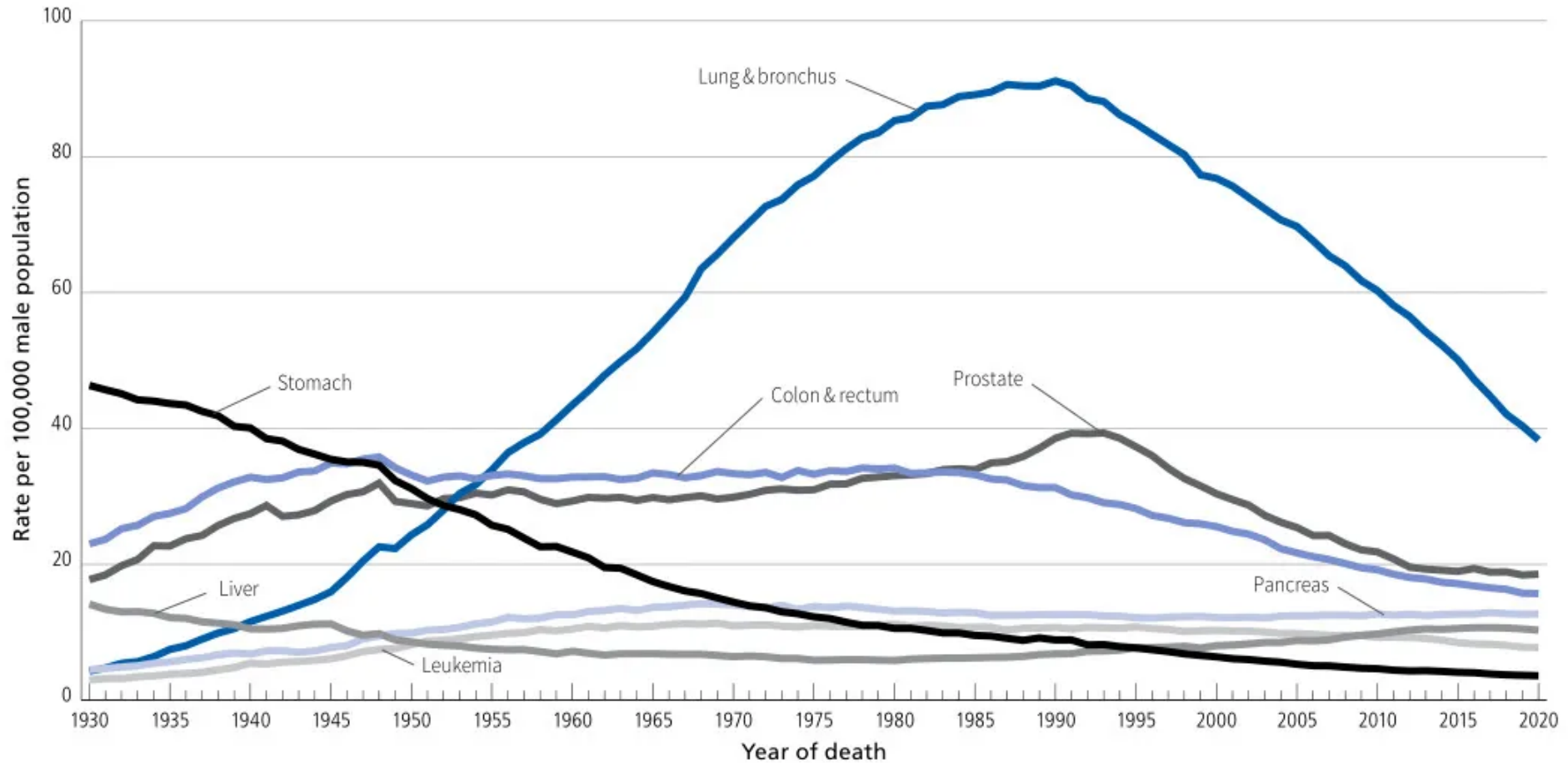


*Centers for Disease Control and Prevention (CDC).
Quitting smoking among adults—United States, 2001–
2010. MMWR Morb Mortal Wkly Rep. 2011;60(44):1513-
1519.



Source: U.S. Department of Health and Human Services. The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General.

Figure 1. Trends in Age-adjusted Cancer Death Rates* by Site, Males, US, 1930-2020



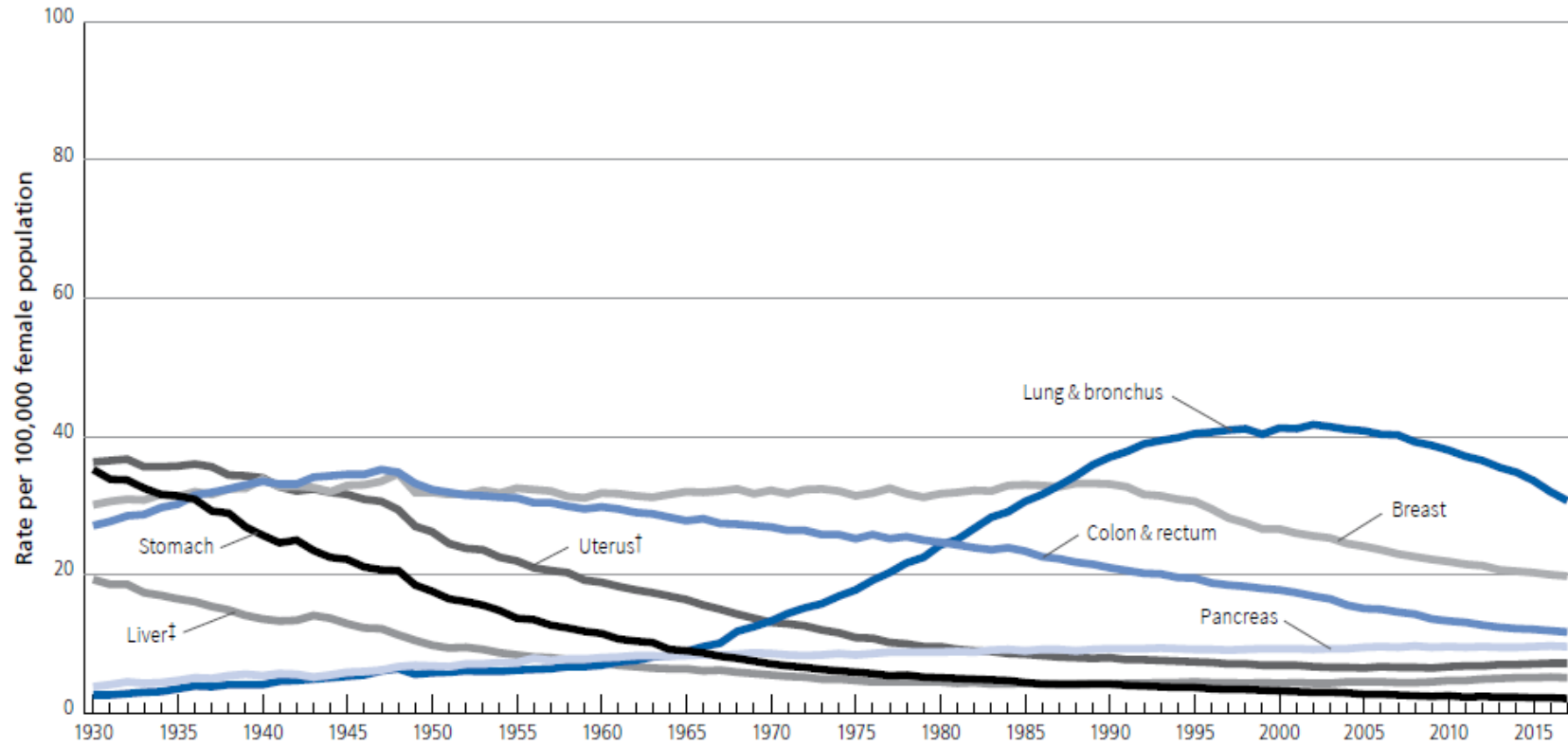
*Age adjusted to the 2000 US standard population. Rates exclude deaths in Puerto Rico and other US territories. Note: Due to changes in ICD coding, numerator information has changed over time for cancers of the liver, lung and bronchus, and colon and rectum.

Source: US Mortality Volumes 1930 to 1959, US Mortality Data 1960 to 2020, National Center for Health Statistics, Centers for Disease Control and Prevention.

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Figure 2. Trends in Age-adjusted Cancer Death Rates* by Site, Females, US, 1930-2017



*Per 100,000, age adjusted to the 2000 US standard population. Rates exclude deaths in Puerto Rico and other US territories. †Uterus refers to uterine cervix and uterine corpus combined. ‡The mortality rate for liver cancer is increasing.

Note: Due to changes in ICD coding, numerator information has changed over time. Rates for cancers of the liver, lung and bronchus, colon and rectum, and uterus are affected by these coding changes.

Source: US Mortality Volumes 1930 to 1959, US Mortality Data 1960 to 2017, National Center for Health Statistics, Centers for Disease Control and Prevention.

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US Adult Civilian non-institutionalized population 18 years and over. Prevalence of mental disorder in the 12 months prior to the survey and smoking rate by type of disorder.

Anxiety disorders				
Panic disorder	3.7	3.1 – 4.2	45.2	40.6 – 49.7
Agoraphobia	3.6	3.2 – 3.9	42.0	35.9 – 48.1
Social phobia	7.7	7.0 – 8.3	35.0	30.6 – 39.5
Generalised anxiety disorder	2.7	2.3 – 3.1	45.2	37.9 – 52.5
Obsessive-compulsive disorder	n.a.			
Post-traumatic stress disorder	4.4	3.7 – 5.1	40.0	32.8 – 47.3
Any anxiety disorder *	15.3	14.3 – 15.9	37.8	34.5 – 41.0
Affective disorders				
Depressive episode	3.4	3.0 – 3.7	41.3	34.3 – 48.3
Dysthymia	2.4	2.1 – 2.8	45.8	38.5 – 53.0
Bipolar affective disorder	2.5	2.2 – 2.9	50.4	42.8 – 58.0
Any affective disorder *	6.9	6.3 – 7.6	45.1	41.1 – 49.2
Substance use disorders				
Alcohol harmful use	2.9	2.4 – 3.5	62.3	55.8 – 68.9
Alcohol dependence	1.4	1.0 – 1.8	70.9	59.6 – 82.3
Drug use disorder	1.3	1.0 – 1.6	67.1	54.3 – 80.0
Any substance use disorder *	3.8	3.1 – 4.6	63.6	56.6 – 70.6
Any mental disorder *	19.7	18.9 – 20.6	40.1	37.6 – 42.7
No mental disorder	80.3	79.4 – 81.1	59.9	57.3 – 62.5
Total persons aged 18 years and over	100.0		25.0	23.9 – 26.2

19.7%

40.1%

Lawrence D, Hafekost J, Hull P, Mitrou F, Zubrick SR. Smoking, mental illness and socioeconomic disadvantage: analysis of the Australian National Survey of Mental Health and Wellbeing. BMC Public Health. 2013 May 11;13:462. doi: 10.1186/1471-2458-13-462. PMID: 23663362; PMCID: PMC3660247.

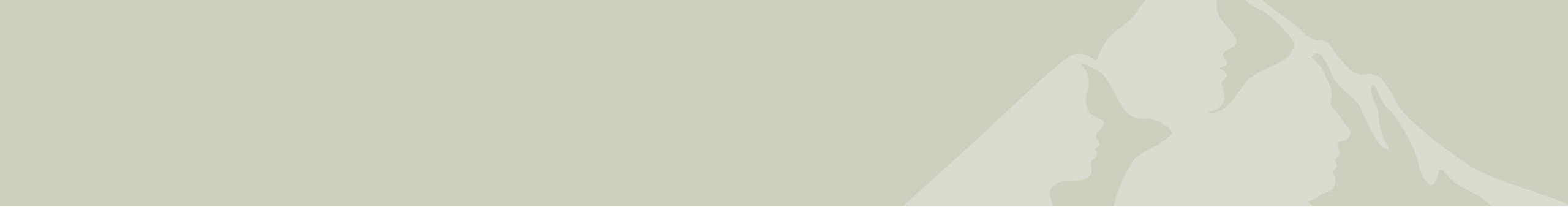
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Substance use disorders

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Drug use disorder	1.3	1.0 – 1.6	67.1	54.3 – 80.0
Any substance use disorder *	3.8	3.1 – 4.6	63.6	56.6 – 70.6

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Smoking reduces life expectancy an average of about 10 years by way of lung cancer, heart disease other illnesses, according to the CDC.



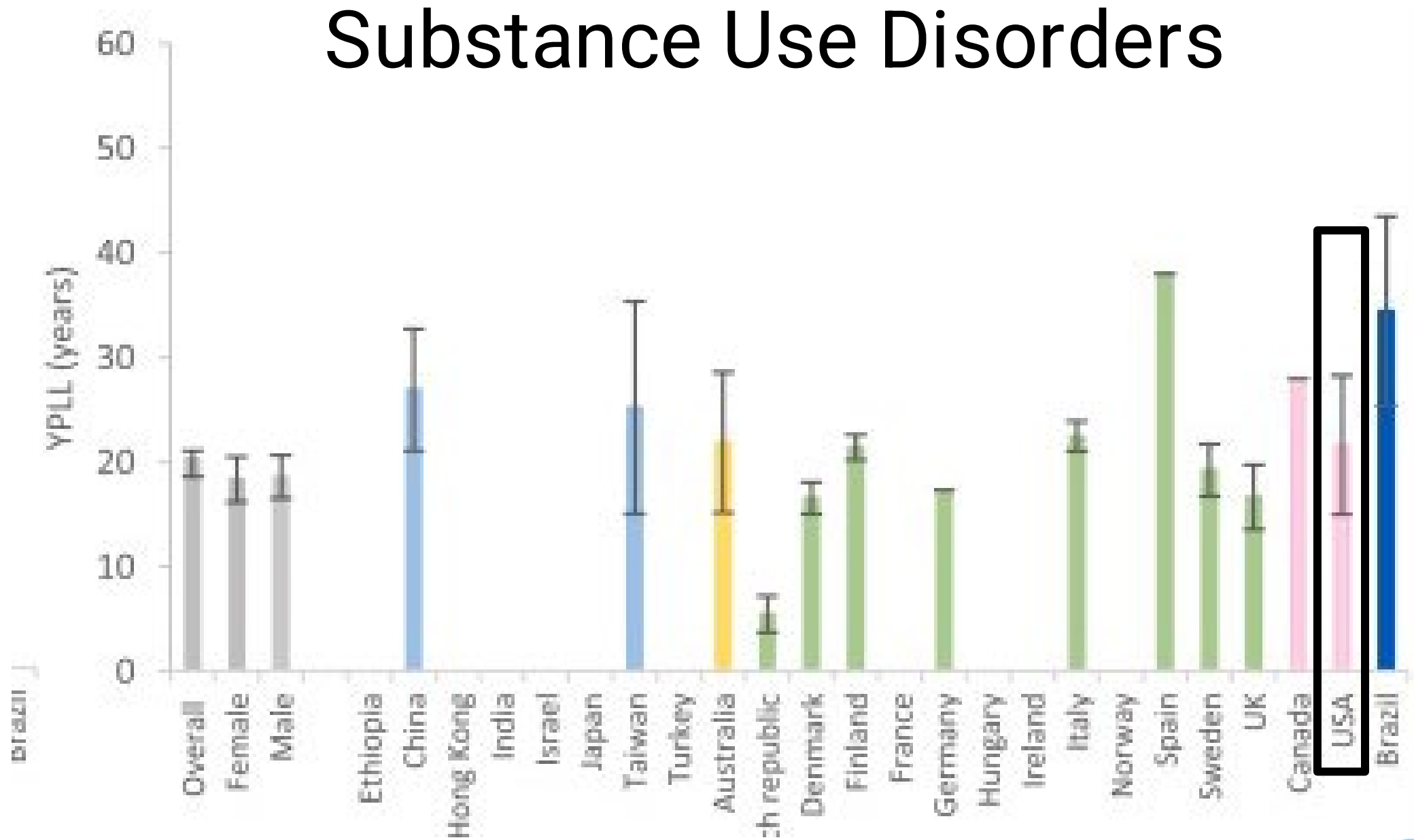
Years of Potential Life Lost

“...people with any mental disorders experienced reduced life expectancy relative to the general population, with 14.7 years of potential life lost.”



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Substance Use Disorders



We Have Dropped the Ball



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Characteristics of an Addictive Drug

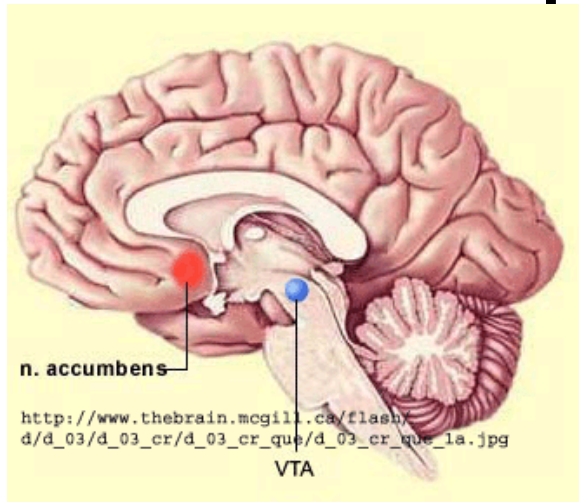
- The concentration of the drug achieved
- The rapidity with which that concentration is achieved
- The magnitude of the drugs effects
 - (How widespread the effects of the drug are on the organism)



Nicotine's Effect on the Brain

Mesolimbic Dopaminergic System

The “Pleasure-Reward System”

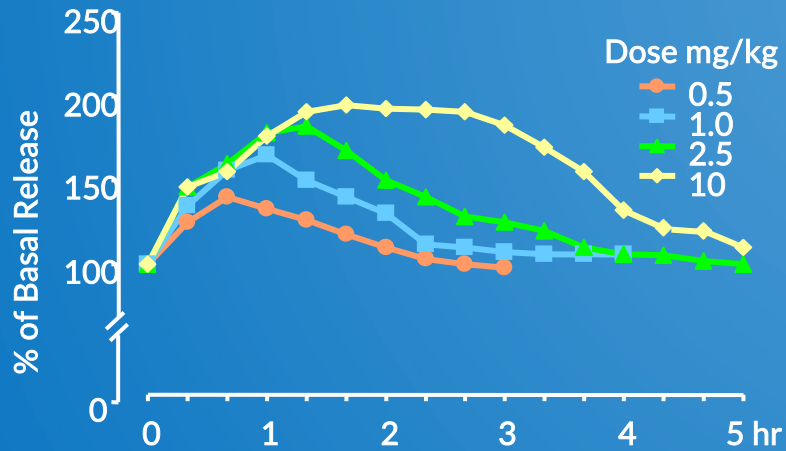


Nucleus Accumbens

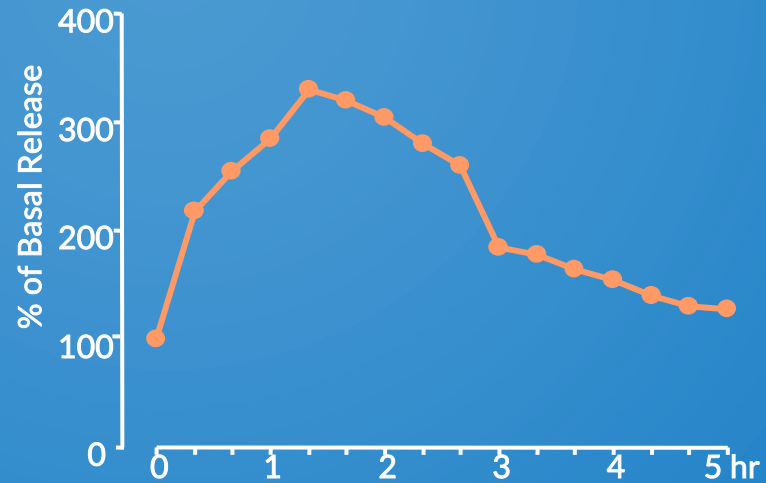


EFFECTS OF DRUGS ON DOPAMINE LEVELS

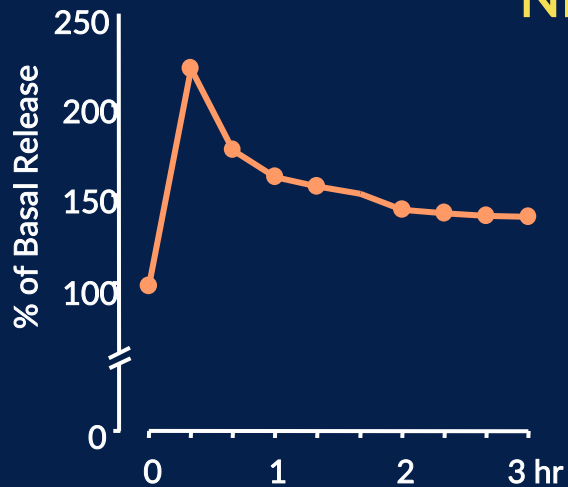
MORPHINE



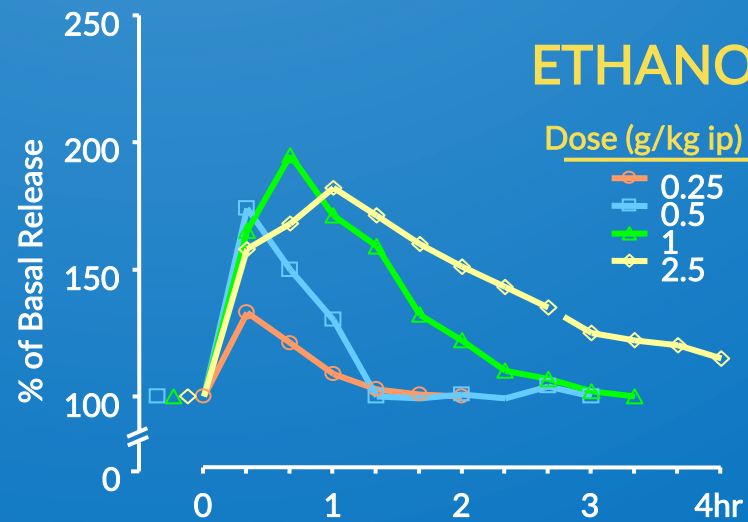
COCAINE



NICOTINE



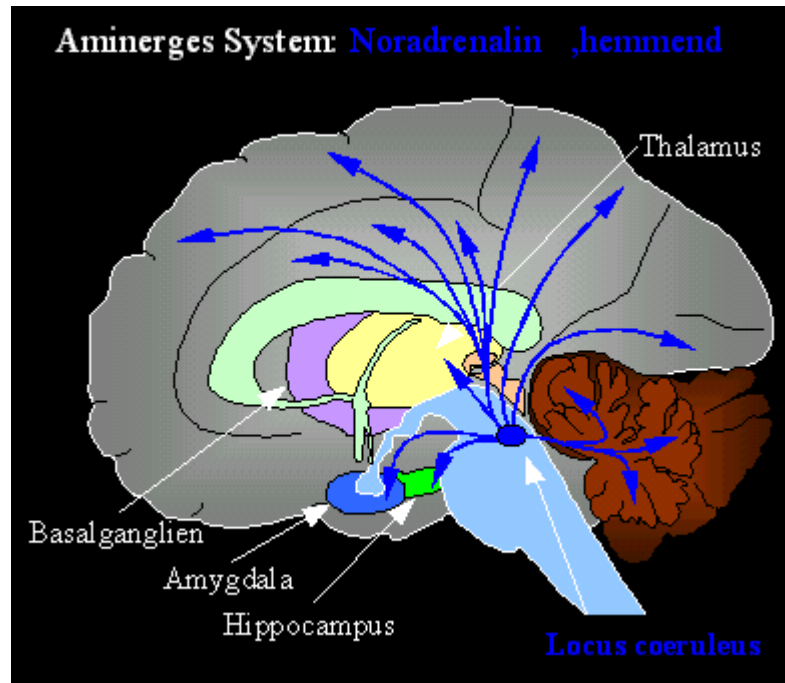
ETHANOL



Slide courtesy of Petros Levounis, MD
Adapted from: Di Chiara and Imperato, *Proceedings of the National Academy of Sciences USA*, 1988; courtesy of Nora D Volkow, MD

Nicotine's Effects on the Brain

The Reticular Activating System (RAS)



Locus Ceruleus

Generalized Cortical
Activation/Arousal

Alertness

Concentration

Memory

Problem Solving

Nicotine is a Drug of Addiction

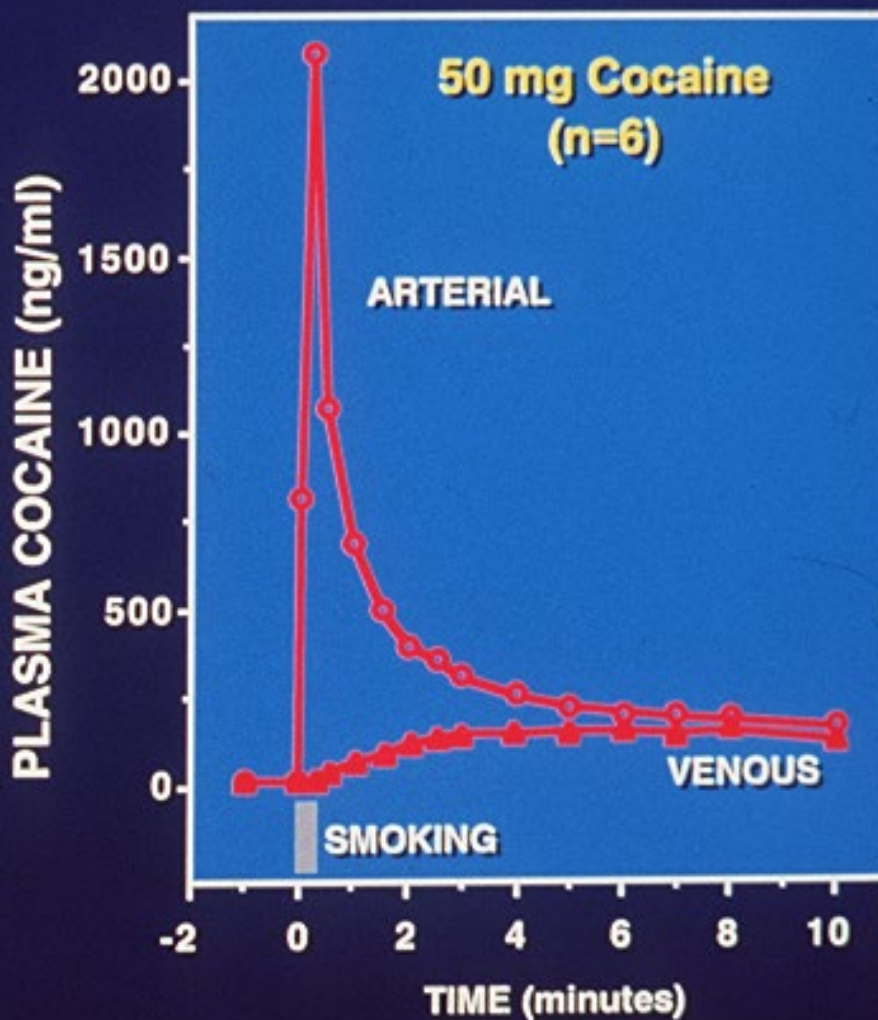
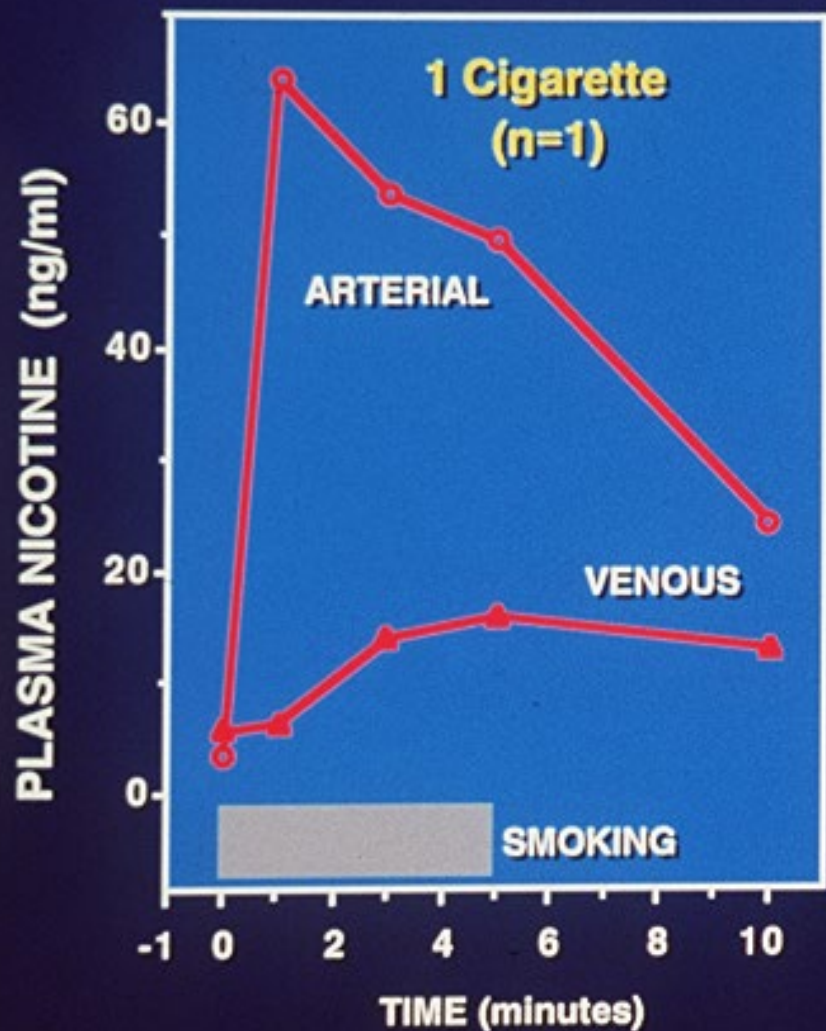
After inhaling, nicotine reaches the brain in

7-10 seconds

- “Euphoria” without being “Stoned”
- Immediate **REINFORCEMENT** of drug-taking behavior
- Moment to moment titration of dose to achieve the desired effects



Plasma Concentration after Smoking



Nicotine is a Drug of Addiction

- Nicotine accumulates in the blood as cigarettes are smoked throughout the day => TOLERANCE
- Half-life (T 1/2) is 2-3 hours
 - Nicotine levels drop overnight => EUPHORIA and STIMULATION with first cigarettes to maintain the addiction

Most Smokers want to quit

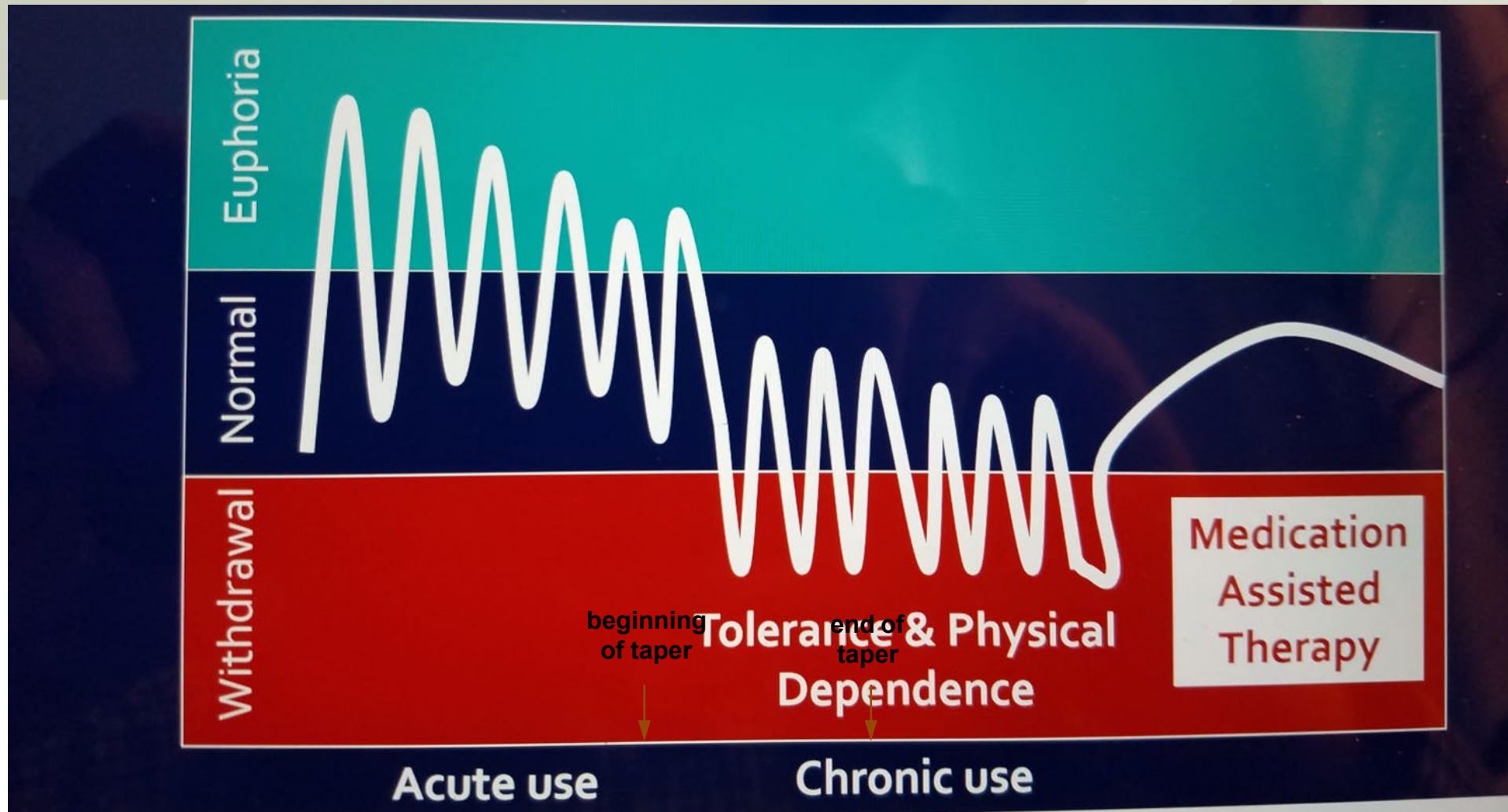
- Half of smokers try to quit each year
- Only about 6% succeed*
- Often takes multiple attempts ^

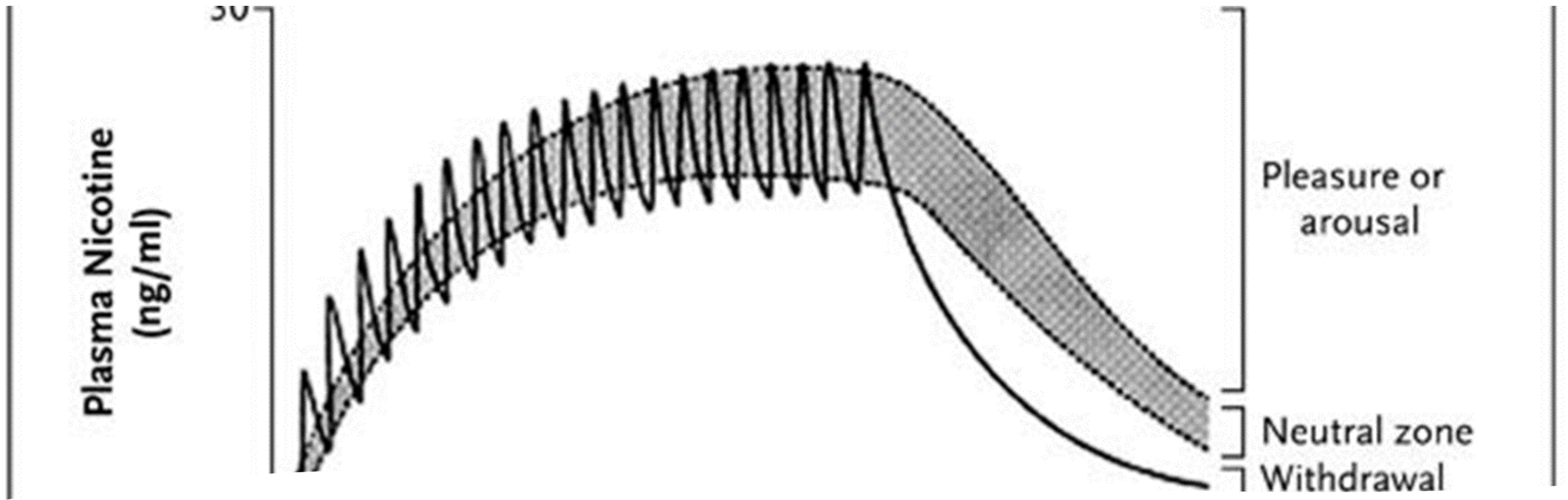
Nicotine Addiction: “A Brain Disease”

- Physical Dependence
 - Increased numbers of Nicotine receptors
 - Increased intracellular gene expression with protein and neurotransmitter synthesis => “MEMORY”
- Psychological Dependence
 - Cues trigger neurotransmitter release
 - The Five Senses
 - Emotions (positive and negative)
 - Results in “Euphoric Recall” (CRAVING)



Opioid Agonist Therapy





The Tobacco Addiction Cycle

Preventing the withdrawals

Withdrawal Symptoms

- Insomnia
- Restlessness
- Anxiety, Irritability, Frustration, Anger
- Difficulty concentrating
- Sad, Depressed mood
- Increased appetite



Withdrawal Symptoms

- Headache
- Mouth ulcers
- Nausea
- Constipation
- Diarrhea



We can all use
some assistance
sometimes.

MAT (Medication
Assistance for Tobacco
Use Disorder)

MTUD (Medication for
Tobacco Use Disorder)

I'M ON THE
PACIFIER PATCH.



Smoking and Pharmacokinetics

Induction of the human cytochromes P450



Guidelines for pharmacotherapy

- Seven first line FDA approved pharmacotherapies
 - Bupropion SR
 - Chantix (Varenicline)
 - Nicotine Gum
 - Nicotine Inhaler
 - Nicotine Nasal Spray
 - Nicotine Patch
 - Nicotine Lozengers



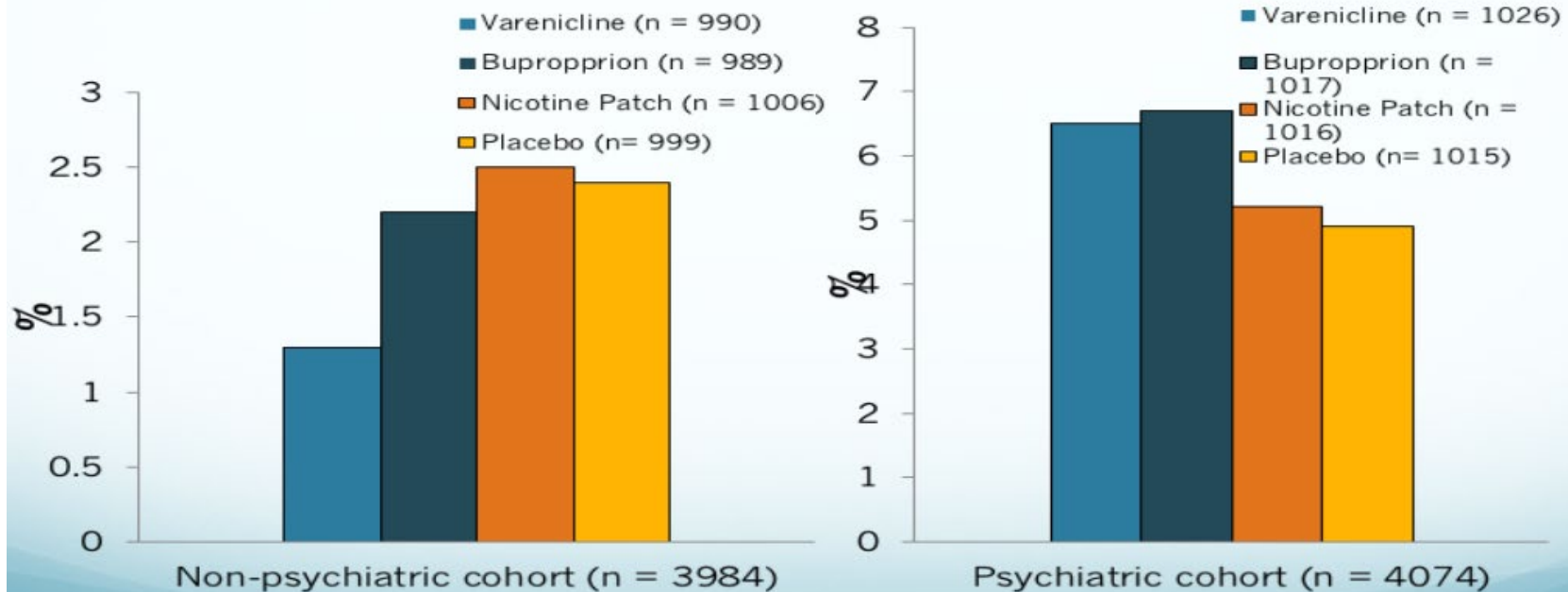
Possible Side Effects for all Nicotine Replacement products

- Dizziness
- Nausea
- Headaches



EAGLES Study

Summary of primary neuropsychiatric composite safety endpoint and its components



Source: [Anthenelli, et al. \(2016\)](#). Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): A double-blind, randomised, placebo-controlled clinical trial. *Lancet*



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Cochrane Review – Rx and e-cig for smoking cessation in adults

Medications	Most Likely to Help (general)
Varenicline (Chantix)	Highest
Cytisine (Tabex) – Not available in USA	Highest
E-Cigarettes	Highest
Two forms of NRT	Highest



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Cochrane Review – Rx and e-cig for smoking cessation in adults

Medications	Most Likely to Help (general)
NRT – Patches Alone	Can Help
NRT – Gum/Lozenge Alone	Can Help
Bupropion	Can Help



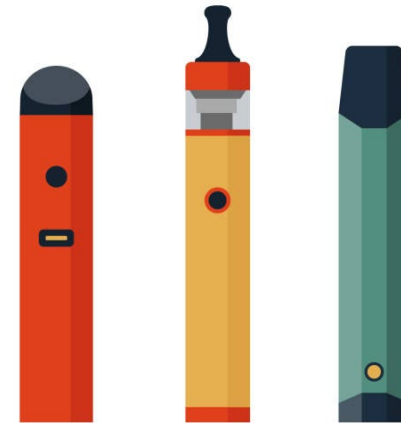


E-cigarettes



E-cigarettes and Quitting

- Potential benefit for adult smokers who are not pregnant
- Not FDA-approved as a quit aid
- Not the same as NRT
- No regulation = no way to properly dose
- Long-term health effects unknown



Nicotine Pouches

Same Points as E-cigarettes:

- Not FDA-approved as a quit aid
- Not the same as NRT
- No regulation = no way to properly dose
- Long-term health effects unknown



Impact of quitting smoking and smoking cessation treatment on substance use outcomes: An updated and narrative review

HIGHLIGHTS

- Quitting smoking/smoking cessation has a positive effect on substance use outcomes.
- Improvement in a range of alcohol and drug use outcomes was reported.
- Smoke-free policy nor cessation intervention worsened SUD treatment outcomes.
- Smoking cessation aid should be offered to any individual who reports substance use.
- Not offering smoking cessation in SUD treatment is tantamount to increased harm



Ways Behavioral Health Facilities Can Support Quitting

- 1) Create a tobacco-free environment
- 2) Screen for all forms of commercial tobacco product use, including e-cigarettes and nicotine pouches
- 3) Provide tobacco treatment and medications – Don't wait
- 4) Refer to cessation services



Integrate the 5As or 2As & R

THE BRIEF TOBACCO INTERVENTION: THE 5As

ASK

"Do you currently smoke or use other forms of tobacco?"

ADVISE

"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit."

ASSESS

"Are you interested in quitting tobacco?"

ASSIST

IF READY TO QUIT: Provide brief counseling and medication (if appropriate). Refer patients to other support resources that can complement your care like QuitNowMontana.com or **1-800-QUIT-NOW (784-8669)**. For more information on providing brief counseling, call the Montana Tobacco Use Prevention Program at (406) 444-7408.

IF NOT READY TO QUIT: Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.

ARRANGE

Follow up regularly with patients who are trying to quit.



THE BRIEF TOBACCO INTERVENTION: THE 2As & R

ASK

"Do you currently smoke or use other forms of tobacco?"

ADVISE

"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?"

REFER

IF READY TO QUIT: Provide direct referrals to free resources that will assist the patient in quitting. Prescribe FDA-approved cessation medications as appropriate.

"This is a resource I recommend. It will provide you with support, help you create a plan to quit, and talk to you about how to overcome urges you might have to smoke after you quit."

IF NOT READY TO QUIT: Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.



Recommended resources include:

Free quit help by phone: **1-800-QUIT-NOW (784-8669)**

For free advice, tips, tools, and support: QuitNowMontana.com

Source: Centers for Disease Control and Prevention
7-2018

Billing Codes

- 99406 – Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, less than 10 minutes.
- 99407 – Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.
 - 17-Psychologist
 - 27-Physician
 - 32-Chemical Dependency Clinic
 - 42-social worker
 - 44-mid-level
 - 58-licensed professional counselor
 - 63-public health clinics
 - 65-psychiatrist



Resources



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Montana's Free Cessation Program



**QUITNOW
MONTANA**
QuitNowMontana.com
SMOKING | VAPING | CHEW

MY LIFE MY QUIT
mylifemyquit.com
1-855-891-9089

AMERICAN INDIAN
Commercial Tobacco Quit Line
1-855-5AI-QUIT
MTAmericanIndianQuitLine.com

QUIT NOW MONTANA
QUIT LINE
1-800-QUIT-NOW



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Quit Now Montana Eligibility

- A Montana Resident
- No age restriction to participate in coaching
- 18 years of age or older to receive cessation medication
- Provider consent is required for anyone who is pregnant or breastfeeding, or if they have been told by a healthcare provider not to use nicotine replacement therapy



Quit Now Montana Benefits

- A FREE personalized quit plan
 - 5 FREE pro-active cessation coaching sessions
 - FREE 8 weeks of nicotine replacement therapy (patches, gum & lozenge) for callers 18 and older engaged in the program
- OR
- FREE cessation medication for callers with doctor prescription
 - Varenicline and Bupropion
 - Online CHAT options and TEXT*

*Texting for Under 25



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Specialized Programs

- **Quit Now Montana Pregnancy Program:** incentives (up to \$220) and additional calls post-partum
- **American Indian Commercial Tobacco Quit Line**
- **My Life, My Quit**
- **Behavioral Health Protocol**



Quit Tobacco & Improve Your Mental Health

**“I’m Finally
Getting There.”**



MYTHS & FACTS If you have a mental health disorder and smoke, you can die 8-25 years earlier than the general population. Smoking can interfere with recovery and make psychiatric medications less effective. Quitting reduces your risk of relapse, saves money and improves your health!

Control Cravings — with FREE Patches, Gum or Lozenges!

1-800-QUIT-NOW

MONTANA TOBACCO

**QUIT
LINE**
1-800-QUIT-NOW



Behavioral Health Program

- Over half of Quit Line participants reporting a BH condition
- People with BH conditions experience extra stressors and have a more difficult time successfully quitting
- 7 scheduled telephone coaching sessions, focused on developing and practicing coping skills to manage stress while quitting
- Specially trained tobacco treatment coaches who understand behavioral health conditions



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American Indian Commercial Tobacco Program

- Dedicated toll-free number 1-855-5AI-QUIT (1-855-524-7848)
- Staffed with culturally sensitive American Indian coaches
- 5 additional coaching sessions (10 calls total)
- Combined protocol to deliver culturally tailored program for pregnant American Indians along with the cash incentives and post-partum support (14 calls total)
- 94% would recommend the AICTP to another American Indian person trying to quit



MTAmericanIndianQuitLine.com

My Life, My Quit

- Helps youth quit ALL forms of tobacco products
- 100% confidential
- Can live text with a coach – Text “Start My Quit” to 36072
- Completely FREE of charge
- Learn how to cope with stress in healthy ways



VAPING SUCKS YOU IN QUICK.

WE CAN HELP YOU BREAK FREE.



Get a free Quit Plan



Confidential Coaching



And 24/7 text support to help you get over nicotine

Quit Coaches


- Coaches must have a bachelor's or master's degree in social work, psychology and other health-related areas or the equivalent clinical experience.
- Coaches complete the Tobacco Treatment Specialist (TTS) training certified by the Council on Tobacco Treatment Training Programs
 - More than 120 hours of training
- Clinical Director and Medical Director regularly update content and assist Coaches




Refer by Web or Fax

QuitNowMontana.com

PROVIDER RESOURCES

 **Access Tools, Resources & CME/CNE**

 **Cessation Intervention – How To & Videos**

Referral Pathways:

Fax Form | Web Form | eReferral | Referral Toolkit

QUIT LINE **AMERICAN INDIAN** **MY LIFE MY QUIT** **Montana Tobacco Quit Line Fax Form**
1-800-QUIT-NOW 1-800-372-0037 **Fax to: 1-800-261-6259**

PROVIDER INFORMATION (PRINT CLEARLY)
Feedback will only be sent to HIPAA covered entities to either the fax number or email listed below.

Provider First Name _____ Provider Last Name _____
Contact (if applicable): First Name _____ Last Name _____
Name of Health System/Hospital/Health Center/Community Organization: _____
Department or Clinic Name (if applicable): _____
Address _____ City _____ State _____ Zip _____
Phone (_____) _____ Email for HIPAA-covered entity: _____

Fax for HIPAA covered entity: Yes No
Type of HIPAA covered entity: Health care Provider Health Plan Health care Clearing House Not Covered Entity
As a HIPAA covered entity you are authorized to receive personal health information for the individual being referred.
As a Not Covered Entity, personal health information will not be shared back for the individual being referred.
Provider consent is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breast feeding.
Is the patient: Pregnant Breastfeeding
(If Provider) I authorize the Quitline to send the patient over-the-counter nicotine replacement therapy.
Please sign here if patient may use NRT _____ Date _____
Provider signature _____

PATIENT INFORMATION (*Required) (PRINT CLEARLY)

*Patient Name (First) _____ (Last) _____
Patient Zip _____ *Date of Birth: ____/____/____
*Phone (_____) _____ Home Cell Work OK to leave message at number provided? Yes No
*Do you require accommodation while participating in the program such as TTY, Translator or Relay Service? Yes, if Yes, please specify _____ No THE VOICEMAIL MAY BE A RECORDING FROM AN AUTOCALLER.
*Language? English Spanish Other _____ Consent of text: Yes No
I consent to receiving text messages with motivational messages and other program events, such as appointment reminders, medication shipments, and quit anniversaries.

I, the patient (or authorized representative), give permission to release my information to the Montana Tobacco Quit Line. The purpose of this release is to request an initial phone call to discuss my interest and participation in the tobacco cessation program and allow communication with the provider identified on this form. I may revoke this authorization at any time in writing, but if I do, it will have no effect on actions taken prior to receiving the revocation.

*Patient Signature _____ Date _____
If filling out form on behalf of the patient:
Authorized Representative name: (First) _____ (Last) _____
Signature _____ Date _____
*Participant or Authorized Representative signature required in order to place phone call to the patient.

PLEASE FAX COMPLETED FORM TO: 1-800-261-6259
Confidentiality Notice: This form contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, discuss, copy or distribute.

Participant Experience

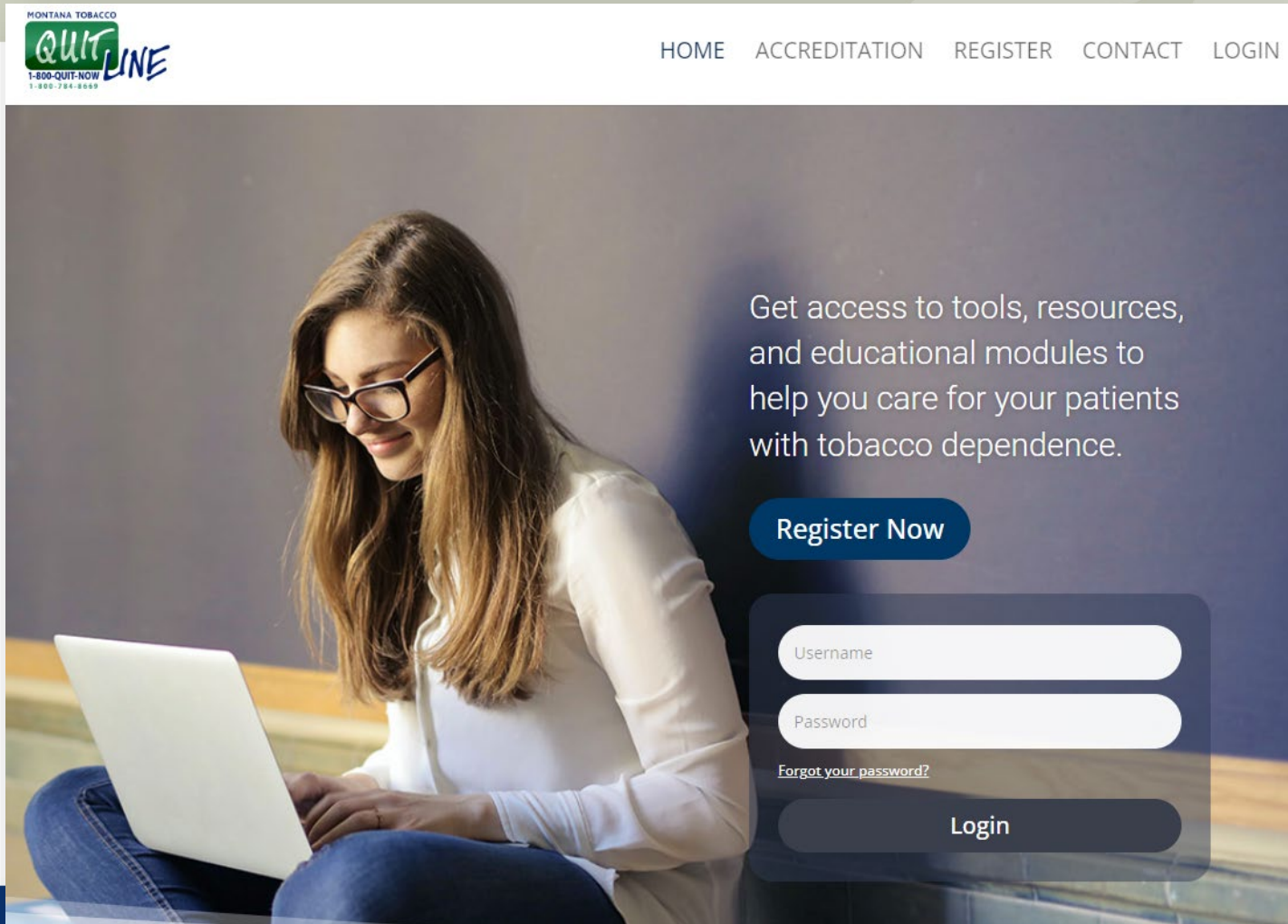


Bidirectional Referrals

- Get feedback on participant status:
 - Unreachable
 - Enrolled
 - NRT/Medication Orders
 - Program Completion
- Use the feedback to inform follow-up visits



<https://quitlogixeducation.org/montana/>



MONTANA TOBACCO
QUITLINE
1-800-QUIT-NOW
1-800-784-8669

HOME ACCREDITATION REGISTER CONTACT LOGIN

Get access to tools, resources, and educational modules to help you care for your patients with tobacco dependence.

[Register Now](#)

Username

Password

[Forgot your password?](#)

[Login](#)



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Resources Available to Order for Free

Visit tobaccofree.mt.gov and click on the “Online Store” button!



FREE
for All Montanans

The Quit Line Works

SMOKING • CHEW • VAPING



MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW

1-800-QUIT-NOW
(1-800-784-8669)
QuitNowMontana.com

MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW




1-800-QUIT-NOW

Tobacco quit rates **DOUBLE** when
*a person is given brief cessation advice from their healthcare provider.**




Know the Difference

Traditional Tobacco
Our 1st Medicine.



Commercial Tobacco
Our #1 Killer.



MONTANA DPHHS

Medicaid can help you quit tobacco.

Most medications are covered with a prescription. Talk to your **doctor** today.



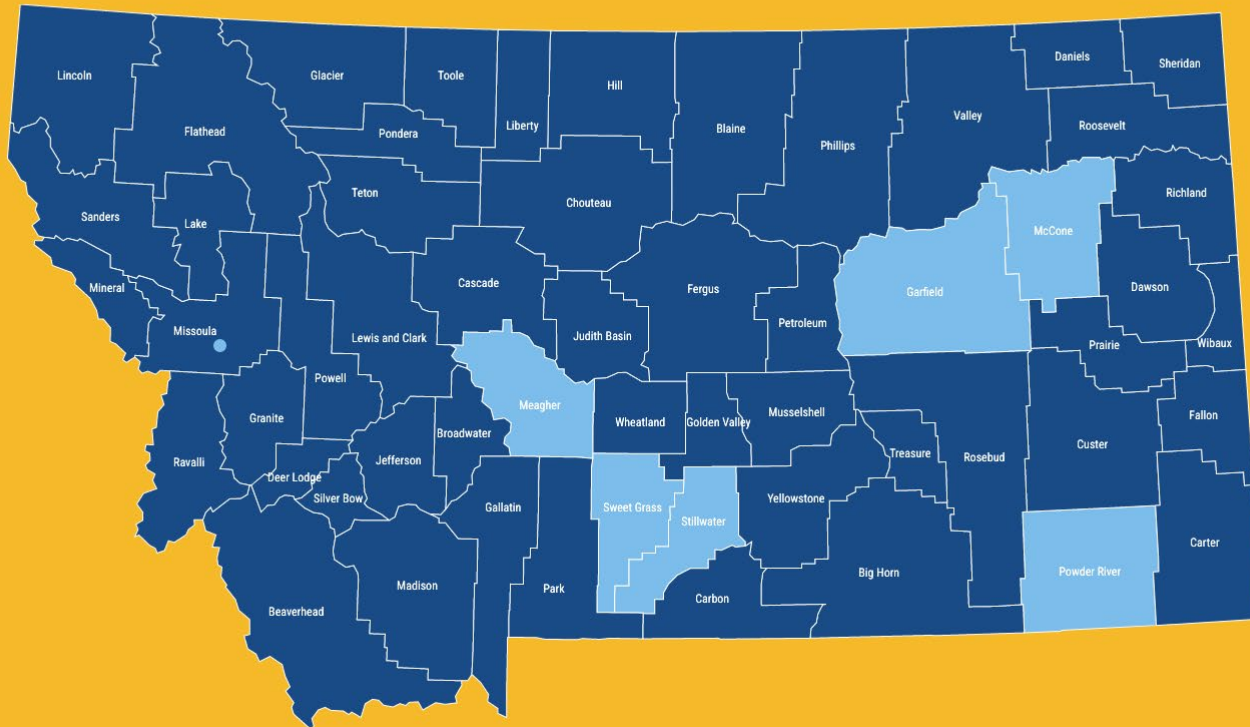
1-800-QUIT-NOW
QuitNowMontana.com

MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW

MONTANA DPHHS
Public Health IN THE 406

Local Tobacco Education Specialists

Counties with a local Tobacco Education Specialist



Contact
infotobaccofree@mt.gov
to be connected with
your local Tobacco
Education Specialist



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Contact Information

Nicole Aune, MPH

Section Supervisor

Montana Tobacco Use
Prevention Program

(406) 444-7373

naune@mt.gov

Visit tobaccofree.mt.gov

Call 406-444-7408

Email infotobaccofree@mt.gov



