Institute for Health Promotion and Disease Prevention Research (IPR)
Preventive Medicine, Patient Education and Community Outreach Center
Norris Comprehensive Cancer Center, Keck School of Medicine of USC
University of Southern California (USC)
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National Latino Tobacco Control Network (NLTCN), Indiana Latino Institute (ILI)

TRAIN THE TRAINER
SMOKING CESSATION TOOL-KIT

Help Someone Quit Smoking Today

Lourdes Báezconde-Garbanati
Franco Reyna, Cecilia Portugal
Rosa Barahona
Jeannette Noltenius

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TABLE OF CONTENTS

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INTRODUCTION

As a health care provider you are aware of the health hazards of cigarette smoking and tobacco use. It remains the nation's single greatest cause of preventable death and disease, and it accounts for a large share of health care costs. In the United States, cigarette smoking is responsible for about one in five deaths annually, or about 438,000 deaths per year.[1] As a health care professional, you can play an important role in reducing the number of smoking related deaths by helping your clients stop smoking. Current literature shows that smoking advice from a health care provider may provide the initial incentive for a person to quit smoking.

The Multicultural Area Health Education Center (MAHEC) produced the first edition, entitled at the time *Proyecto Para Dejar de Fumar* curriculum under a subcontract with USC. MAHEC was a community-based organization that served the Greater Los Angeles area. Although today, MAHEC no longer exists, this curriculum is a legacy of their advocacy to the Hispanic/Latino community. It serves as a useful tool kit for health care professionals who service this community.

This current version has been significantly revised and is made possible in part by funding for TEAM LAB from the California Dept. of Public Health, California Tobacco Control Program, and the Centers for Disease Control and Prevention to the Indiana Latino Institute, Inc./National Latino Tobacco Control Network (NLTCN) awarded to "Unidos por la Salud" at USC. "Unidos" is a consortium member of the NLTCN. The goal of this material is to provide health care providers with the necessary tools to make system changes to better serve the cessation needs of their Latino clients.

The tool-kit aims to provide the knowledge to health educators, case managers and others so that they can make system changes in their organizations and provide the necessary assistance to their Latino clients.

Tool-Kit Objectives:

- To provide information about Latinos and Tobacco Use
- To explore the role of culture in smoking cessation
- To assist the health care provider in developing system changes that promote cessation among Latinos
- Provide resources for Cessation
- Advocate for public policies for smoke-free environments and cessation

This *Tool-Kit* provides the general framework for cessation-related system changes. The goal is to implement a culturally-relevant, and language appropriate smoking cessation program following the U.S. Public Health Services Guidelines, and those of the American Cancer Society (ACS).

The culturally specific cessation program has a total of 5 sessions. This includes one booster cessation session. The trainings, which accompany the tool-kit, take 6-8 hours to complete. They include: Training overview, Major Concepts; Components of a cessation program.

Appendices at the end of the manual include material to supplement cultural items, handouts for clients to assist them in quitting and to understand the process of cessation, and resources for tobacco control. The trainer/health care provider is encouraged to supplement the material with additional information and resources.

Through use of the tool-kit clinics, and health care organizations will view cessation as an ongoing, integral part of your agency or health care facility. It takes many smokers three or more attempts before they become smoke-free. Systemic changes are often needed to support cessation efforts. Therefore, it is important for the entire health care staff at your facility to become part of smoking cessation activities.

We encourage you to contact us with any questions, comments or for technical assistance at: University of Southern California, Institute for Prevention Research (USC/IPR), Unidos Offices: (626) 457-6606 or (626) 457-4189; or at the Tobacco Education and Materials Development Laboratory (TEAM Lab) at www.TeamLab.usc.edu, or by **Email**:baezcond@usc.edu. For further information, please contact Jean Leroux or John Aguilera Jr, Director, Indiana Latino Institute at the NLTCN at www.LatinoTobaccoControl.org

References: 1. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2007. 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; October 2007. [cited 2008 Mar 21]. Available from: http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/index.htm.

THE HISPANIC/LATINO COMMUNITY & TOBACCO USE AND TRENDS

- **Origin of the Term "Hispanic"**
- **Hispanic/Latinos in the U.S.**
- **Hispanic/Latinos and Tobacco Use**
- **Health Effects of Tobacco Use**
- **Smoking Cessation**

Origin of the Term "Hispanic"

Hispanic is a generic term, created by the U.S. Bureau of the Census to designate persons of Spanish origin or descent. The term Hispanic barely existed in the U.S. statistics prior to 1970; it is now used primarily to refer to persons who identified themselves as being of "Spanish origin," in response to a question in the 1970 Census. That question was refined in 1980 and again in 1990, so that Hispanics are now subdivided into the following subgroups:

- Mexican or Mexican American (or Chicano/ Chicana)
- Puerto Rican (or Boricua)
- Cuban or Cuban American
- Central and South American (a census designation only since 1985)
- Other Spanish/Hispanics (including Central and South Americans until 1985)

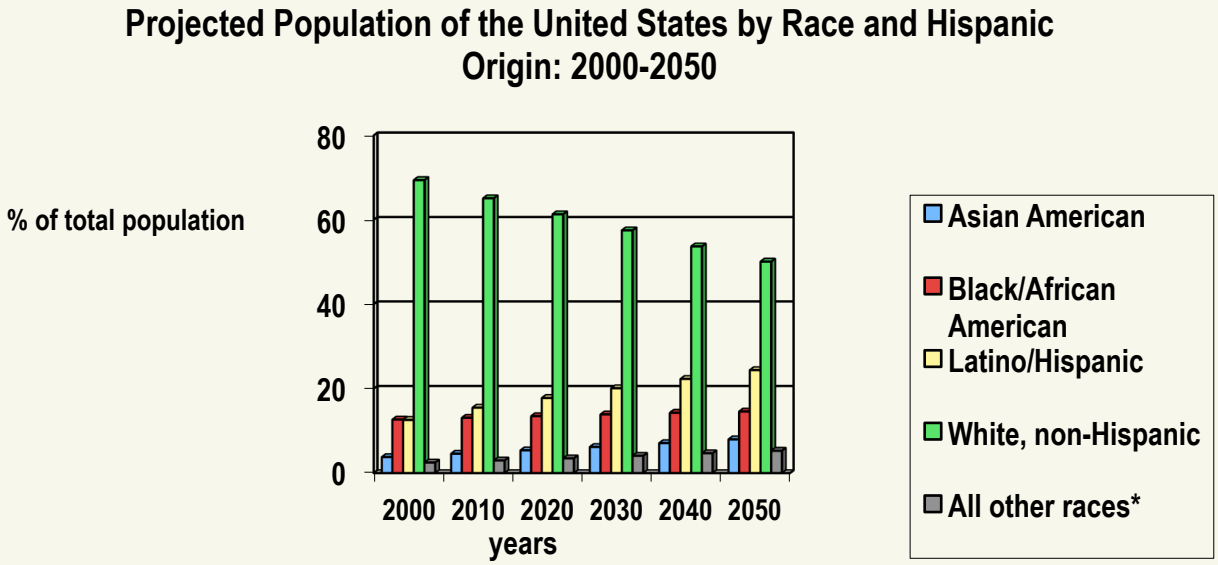
Another designation, not used by the U.S. Census Bureau, but preferred by some Hispanics, is "Latino," a name that stresses their roots in Latin America, rather than origin in the country of Spain. Brazilians f/ex may classify themselves as Latinos, but not as Hispanics. It is important to keep in mind that just like non-Hispanic whites, Hispanics are a heterogeneous group, despite the fact that they share a common language and selected aspects of the Hispanic culture. For Example:

- Some are recent arrivals to the United States; others have been in this country for many generations.
- Many speak only Spanish, some are bilingual in English and Spanish, and others are monolingual in either English or Spanish.
- While a majority of Hispanics are U.S. citizens, many are at various levels of legalization and citizenship.

Hispanic/Latinos in the United States

According to the U.S. Census Bureau, the Hispanic population in the U.S. surpassed 45 million and now represents 15 percent of the total U.S. population. Hispanics remain the largest minority group with blacks (single rate or multiracial) second at 40.7 million in 2007.[1] The following figure highlights population projections by Race and Hispanic origin.

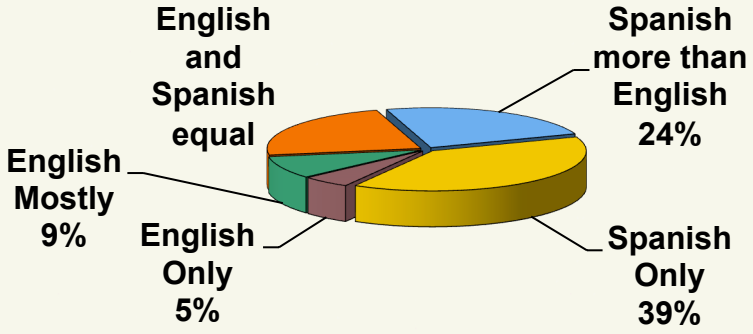
Figure 1



According to the CDC, California (13.2 million) had the largest Hispanic population of any state as of July 1, 2007, followed by Texas (8.6 million) and Florida (3.8 million). Texas had the largest numerical increase between 2006 and 2007 (308,000), followed by California (268,000) and Florida (131,000). In New Mexico, Hispanics comprised the highest proportion of the total population (44 percent), with California and Texas (36 percent each) next in line.[2]

Nationally, the majority (39%) of Hispanics prefer to speak Spanish. The following Figure highlights data showing percentages of language use and preference.

Figure 2



The U.S. Hispanic population is a youthful population group. According to the U.S. Census Bureau, the median age of Hispanics in 2007 was 27.6 years, compared with the population as a whole at 36.6 years. Almost 34 percent of the Hispanic population was younger than 18 years of age, compared to 25 percent of the total population.[3]

Hispanics/Latinos and Tobacco Use

Adult Smoking Prevalence

It is estimated that 40.4 million Americans (14.0 percent) are of Latin American or other Spanish descent.[4] Smoking prevalence among U.S. Hispanics is estimated at 16.2 percent according to the Centers for Disease Control. The following figure highlights the smoking prevalence rates among various ethnic groups in the U.S

Figure 3

Hispanic Men and Tobacco Use

According to the CDC, it is estimated that 21.1 percent of Hispanic men are current cigarette smokers compared to 20.6 percent of Asian Americans, 24.0 percent of whites, 26.7 percent if African Americans, and 37.5 percent of American Indians/Alaska Natives.[5]

Hispanic Women and Tobacco Use

It is estimated that among Hispanic women, 11.1 percent are current smokers compared to 6.1 percent of Asian Americans, 20.0 percent of whites, 26.7 percent of African Americans and 37.5 percent of American Indians/Alaska Natives. [6]

Light and Intermittent Smoking

Not a lot of is known about light and intermittent smoking among Hispanic/Latinos. But recent research data has revealed that Hispanic/Latino smokers tend to be low-frequency daily smokers (less than 5 cigarettes per day) or non-daily smokers. This smoking trend is important because it impacts tobacco dependence and cessation among Spanish-speaking Hispanic/Latino smokers, a subgroup with high prevalence.[7]

Hispanic/Latino smokers were three times more likely to smoke intermittently and over four-and-a-half times more likely to smoke five ore few cigarettes per day as compared to non-Hispanic whites.[8] African American, Asian Pacific Islander, and Hispanic/Latino smokers were more likely to be intermittent and light daily smokers compared with non-Hispanic Whites, even after controlling for age, gender, and education level.[9]

A California study found that over 70% of Hispanic/Latino current smokers in California are low-frequency smokers: they either do not smoke daily or smoke only 5 or less cigarettes per day.[10] The authors concluded that interventions should capitalize on the social norms that appear to operate in Hispanic/Latino smokers and that message should be framed that emphasize how every cigarette can hurt and encourage complete cessation.

Lung Cancer, Gender and Group Differences

The health effects of tobacco use in the Hispanic community have major impact. According to the Center's for Disease Control (CDC), lung cancer is the leading cause of cancer deaths among Hispanics.[11] Data shows that there are gender differences as well with Hispanic men dying of lung cancer at 2.3 times the rate as Hispanic women (33.4 vs. 14.3 per 100,000, respectively).[12] In terms of death rates from lung cancer among Hispanic men, Cuban-Americans have the highest death rates followed by Puerto Ricans and then Mexican Americans.[13]

Hispanics and Chronic Diseases

Hispanics tend to suffer from chronic diseases, such as heart disease, stroke, asthma, and diabetes. Often Hispanic/Latinos suffer from concomitant conditions, where more than one disease is present (for example, high blood pressure and diabetes). Smoking aggravates chronic diseases, and can reduce both quality and quantity of life further in someone whose system is already compromised.

"Tobacco is the number one preventable cause of morbidity and mortality."

Source: U.S. Surgeon General's Report on Smoking and Health

Hispanic Youth and Tobacco Use

According to the Campaign for Tobacco-Free Kids, more than 3 million kids under the age of 18 are current tobacco users.[14] Research has shown that addicted adults began smoking at an early age in life. Ninety percent of all adult smokers begin while in their teens, or earlier, and two-thirds become regular, daily smokers before they reach the age of 19.[15] Twenty-two percent of Hispanics in grades 9 through 12 are estimated to be current smokers while 12.9 percent of African Americans and 25.9 percent of whites are estimated to be current smokers. Hispanics youth smoke in these grades smoke nearly the national average of twenty-three percent.[16] According to data from the CDC, students in middle school are also smoking at alarming rates. It is estimated that 9.9 percent of Hispanic middle school students are current smokers, versus 8.5 percent of white, 7.6 percent of African American, and 2.7 percent of Asian American middle school students. The estimate for all middle school students is 8.4 percent thus Hispanic middle school students smoke at higher rates than the national average for students in these grades.[17]

Tobacco-related Health Disparities

According to the 2000 surgeon general's report *Reducing Tobacco Use,* eliminating health disparities related to tobacco use is a major public health challenge.[18] Members of racial/ethnic minority groups, individuals of low socioeconomic status, and other groups remain at high risk for tobacco use and suffer disproportionately from tobacco-related illness and death.[19]

Studies have shown that factors that contribute to poor health outcomes among Hispanics include language and cultural barriers, lack of access to preventive care, and lack of health insurance. Thirty-two percent (32%) of U.S. Hispanics lacked health insurance in 2007.[20] According to the CDC's Office of Smoking and Health (OSH), smoking is responsible for 87% of lung cancer deaths in the United States, and is the leading cause of cancer deaths among Hispanics/Latinos and cigarette smoking among Hispanic/Latino high school seniors declined from 35.7% in 1977 to 20.6% in 1989; however, smoking prevalence has been increasing in the 1990s — from 21.7% in 1990 to 27.3% in 1999.[21]

HEALTH EFFECTS OF CIGARETTE SMOKING

Ten to fifteen years ago it used to be that most of the adult population smoked. You were thought to be out of it if you did not smoke. Cigarettes had made its way into our American cultural identity. In the mid 60's, about half of all American males smoked. Today for the period January 2008 through June 2008, 20.8% (95% confidence interval = 19.77–21.89%) of adults aged 18 years and over were smokers. This was higher than, but not significantly different from, the 2007 estimate of 19.7%. However, The annual prevalence of current smoking among U.S. adults declined from 24.7% in 1997 to 19.7% in 2007.[22] Note that the term "current smokers" was defined as those who smoked more than 100 cigarettes in their lifetime and now smoke every day or some days.

Most adults, who started smoking while in their youth, were too young to worry about health. Not many people knew how harmful cigarettes could be. The facts are now clearer than ever, smoking is the single most preventable cause of death in the United States today. Tobacco use is responsible for approximately 1 of every 5 deaths (438,000 people) each year.[23, 24]

Smokers glance at these figures and wonder if they quit now, is it too late? Has the damage been done? Not so, even after years of smoking, the human body can repair itself once the smoking stops. The earlier a smoker quits, the better their health.

Twenty or thirty years ago, people would light up anywhere they felt like it, except in church. Now things have changed. First, there are lots more places that are smoke free, and in 1998 bars and restaurants were added to the list. Second, even if you are free to smoke, you may find you are the only one doing it.

Many smokers are tired of hearing that they should quit. But, the pressure of all that disapproval can make one want to smoke even more. Quitting should be a personal decision, not anyone else's. But once a smoker is ready to quit there should be help available if he/she wants it.

Cigarette smoke contains thousands of different substances (in fact over 4,000), many of which are poisonous. Here are the big three:

- **Nicotine** causes the heart to beat much faster. Blood vessels constrict, blood pressure rises, pulse rate increases, and free fatty acids poor into the blood. These effects, combined with the stress caused by carbon monoxide in cigarette smoke make nicotine a powerful poison.

- **Carbon Monoxide** is the same gas that comes out of a car's exhaust. When blood is loaded with carbon monoxide, it can carry enough oxygen t the organs that need it, leading to heart attacks or strokes.

- **Tar** is what is left after a cigarette is burned. It gets through even the best filters and coats the lungs with soot which contains more than 4,000 chemicals, many of which are known to cancer (arsenic, benzene)

Secondhand Smoke (SHS)

It is a well-known fact that smoking not only affects the smokers themselves, but also those around them. In fact, second-hand smoke has become the third leading cause of preventable death, behind smoking and alcohol. Second-hand smoke and mainstream smoke are very similar, but second-hand smoke contains even higher concentrations of nicotine, carbon monoxide, benzene, ammonia and other carcinogens than mainstream smoke. Children who live with smokers get more colds and lung diseases, such as pneumonia. Companions of smokers suffer from more heart disease and cancer.

Data from the Americans for Non Smokers Rights, shows the progress made on achieving 100% smoke-free workplaces, but more is to be done to protect all workers. Four states with large Latinos populations still don't cover all work places.[25] Despite high rates of voluntary smoke-free home policies, in 1999 data showed that Hispanic/Latino males (58.8%) and Hispanic/Latino females (69.9%) were less likely than White males (63.5%) and White females (74.1%), and African American males (63.5%) and African American females (72.2%) to be covered by workplace smoking policies.[26] (**Figure 4)**

Figure 4

Statewide clean indoor air policies are protecting workers in many states cross the U.S., but the states of Texas, New Mexico, and Nevada do not cover all workers including casino workers. Furthermore, statewide clean indoor air ordinances do not necessarily protect Hispanic/Latinos who are over represented in professions where these ordinances do not apply such as: agriculture, landscaping, construction trades, outdoor parking garages, and in most states casinos.

Hispanic/Latinos (41.4%) are almost twice as likely as whites (23.4%) to work in the service industry or labor sector, where they are least likely to be protected from secondhand smoke.[27] Whites (33.2%) and African Americans (21.7%) are more likely than Hispanic/Latinos (14%) to work in managerial or professional occupations, which are the occupations most likely to have smoke-free policies.[28]

A study was commissioned by the Diversity Task Force of the American Gaming Association (AGA) to establish a baseline of workforce diversity in the industry. A total of 110 Casinos participated in this study.[29] According to Gaming Industry data, 80.4% of Hispanic workers are *service workers*.

Puerto Rico is the only jurisdiction with a comprehensive tobacco control law that protects all workers, including casino workers. In 2006, Law 66 amended Law 40 creating a Smoke-Free Puerto Rico, protecting the lives of over 3.8 million Hispanic/Latino US citizens. Over 50% of the Puerto Ricans born in the island live in the New York City metropolitan area.[30]

According to National survey data, approximately 66% of U.S. households have banned smoking in the home and 77% of California homes have banned smoking.[31]

Hispanic/Latinos also have high rates of smoking bans in the home and some researchers suggest that cultural attributes and values may play a role in this norm. For example, the cultural values of *simpatia* (the importance of polite personal relationships) and *familismo* (the central role of the family and precedence of family well-being over individual preferences) have a role in the enforcement of home smoking bans.[32]

Paradoxically, Hispanic/Latinos are more likely to live in smoke-free homes than other ethnic groups but are most exposed to secondhand smoke in the workplace.[33]

A study of California residents of Mexican descent showed that the level of acculturation played a significant role in home smoking bans. The higher the level of acculturation, the greater likelihood for a smoking ban in the home.[34] Furthermore, a study in California showed that Hispanic/Latinos are one of the ethnic groups with the greatest protection from secondhand smoke in the home.[35]

Having smoke free policies at home does not assure that Hispanic/Latinos are not affected by secondhand smoke. Between 1995 and 2005, the number of Hispanic renter-occupied households increased by nearly 1.2 million or 25 percent. Forty-eight of the 50 states registered gains in Hispanic renter-occupied homes.[36]

A statewide Latino Renters Poll was conducted in California in 2006 with 400 Hispanic/Latino adult renters. The data showed that 89% of Latino renters say that secondhand smoke is very harmful and 63% of Hispanic/Latino renters said they experienced secondhand smoke drifting into their apartment. Furthermore, 60% of the Hispanic/Latino renters said they would like to live in a building with separate smoking and non-smoking sections and 82% of those polled said there is a need for laws to protect non-smokers from second-hand smoke. Lastly, the California statewide poll showed that the top three issues rated most important for Hispanic/Latinos was 1) protecting the health of children, 2) giving non-smokers the right to breathe clean air, and 3) preventing odors and messes.[37]

Despite low smoking rates and often not allowing smoking at home, in 1999 Hispanic/Latino males (58.8%) and Latina/Hispanic females (69.9%) were less likely than white males (63.5%) and white females (74.1%), and African American males (63.5%) and African American females (72.2%) to be covered by workplace smoking policies.[38]

Hispanic/Latinos and Cessation

Today more and more places are smoke-free. These smoke-free places include in some states the work environment/employment sites, bars, restaurants, amusement parks, beaches, outdoor venues, airplanes and airports. Even smoke-free cars were added to the list first in Puerto Rico and then in California, if there are children under the age of 18 in the car.

According to the Center's for Disease Control, Hispanic/Latinos tend to be light smokers but are also least likely to receive smoking cessation advice from healthcare providers or given the option to use nicotine replacement therapy (NRT). Because Hispanic/Latinos tend to be light smokers, the process of addiction may be different for them and these same individuals may not see them self as being addicted.

An estimated 61.5% of Hispanic/Latino adults who are current smokers want to quit, as do 70.3% of white, 70.7% of African American, and 68.8% of Asian American current adult smokers. Nationally, an estimated 69.5% of current adult smokers want to quit smoking.[39] The lack of research relevant to making clear recommendations on cessation for various priority populations, including Hispanic/Latinos, makes it challenging to design cessation interventions for these populations. What we do know is that research has shown that Hispanic/Latinos have a high responsiveness to cessation messages highlighting parental responsibility.[40] One useful study looked at low-level smoking, demographics, acculturation, tobacco dependence, and cessation rates among less acculturated Spanish-speaking Hispanic/Latinos smokers.[41] This study found that low-level smokers were less dependent on tobacco and showed less craving relative to light and moderate/heavy smoking groups and that they had smoked for fewer years compared to moderate/heavy smokers. Furthermore, the low level smokers were more likely to wait longer to smoke their first cigarette of the day. Most importantly is that this data highlights the importance of how cessation efforts and issues of tobacco dependence need to be examined separately, at least among Spanish-speaking Hispanic/Latino smokers.[42]

GETTING STARTED IN CESSATION:
Creating System Changes

A. Developing Office Procedures

All staff should participate and be part of the tobacco cessation program. Each facility presents a unique situation, which must be taken into consideration to successfully implement a program. This will ensure that the program can be seamlessly integrated into site procedure and routines. Here are a few guidelines to assist you in implementing a cessation program in your organization.

1. Select an office smoking cessation coordinator to be responsible for seeing that the office program is carried out.

2. Create a smoke-free workplace/office/Parking lot/entrance (if not smoke-free already):

- Post no-smoking signs in all office areas.
- Eliminate all tobacco related paraphernalia.

3. Identify all clients who smoke using the **U.S. Public Health Guidelines** (attached at the end of this document).

- Ask all clients, "Do you smoke?" or "Are you still smoking?" at each visit.
- Prominently place a "Smoker" identifier on the charts of all smoking clients.
- Attach a permanent progress card to the client's chart.

4. Review self-help materials (provided by the physician or the coordinator) and nicotine gum use (if a prescription has been given) with each smoking client.

5. Assist the physician in making follow-ups.

- With each client who has agreed to a quit date, schedule a follow-up visit 1-2 weeks after the quit date.
- Have the client write a letter to him or herself that will be mailed to him/her in about 1 week after the initial visit. Another option is to call or write the client within 7 days after the initial visit to reinforce the decision to quit.
- Schedule a second follow-up visit approximately 1-2 months after the first follow-up visit.
- Decide if it is best for the client to be reffere to 1-800-QUITNOW, and send a fax referral to the state QUITLINE.

Adapted from: *How to Help Your Clients Stop Smoking: A National Cancer Institute Manual for Health Care Providers*. By Thomas J. Glynn, Ph.D. and Marc W. Maley, M.D., M.P.H. U.S. department of Health and Human Services, National Institutes of Health.

B. Overview

Smoking Cessation Program

To effectively implement a cessation program for Hispanics, it is highly recommended that all services be available in a bilingual, bicultural manner. All staff and facilitators should be representative of the community serviced by the cessation program. They should also be sensitive to the transcultural values and attitudes of Latino and other minority communities.

The utilization of your facility's developed network of health care and human service providers should serve you well as recruitment points and referral sources, for those who need smoking cessation assistance. In addition, you should actively seek out clients by conducting direct outreach. In fact, you can coordinate and participate in community events that are culturally relevant to the Latino Community, for example: "El Gran Apagón". It is this direct participation that demonstrates your efforts to access and to be accessible to the Latino community.

C. Cessation Program Components

The foundation of any good cessation program is to acknowledge that the smoker is the best judge of which smoking cessation method is the most appropriate for him/her. It is this client directed philosophy, as well as the understanding of family inclusion in the smokers quit attempt, that will allow your cessation program to receive wide acceptance. The following are the major components for your organization to consider in the implementation of system changes for Latinos to stop smoking.

1. Community Participation

Seek participation from other established clinics, hospitals and community-based organizations that service the Latino community in your area. Personnel from these agencies are oriented to your services and trained to make referrals. All individuals from other agencies, who smoke, should be encouraged to enroll in your cessation services.

2. Recruitment and Outreach

As mentioned earlier, you should also participate in the events that target the Latino community. This tactic is two fold: 1) it allows access to the community in greater numbers as family units, and 2) it allows for visibility and direct outreach in the community. Experience in these cultural events has demonstrated that the outreach must be well coordinated and planned to maximize the discussions and activities of all individuals at the event. For example, materials and visual aids must cover the gamut of prevention and cessation. All staff participating in the event should be well versed in all aspects of tobacco.

In order to have effective "pláticas" (discussions) with the entire family, for example: with children, prevention should be the focus: with a non-smoker, second-hand smoke should be discussed; and with the smoker, the effects of smoking themselves and to others are issues, which should be discussed. In addition, it is of utmost importance that your presence and services are known within the community.

3. Referral/Follow-Up

You or your project staff should then contact clients referred or recruited by you via telephone, Internet or letter. At the time of follow-up, each client should be assessed for language preference (Spanish or English). Next, while taking into consideration the clients needs and circumstances, the client along with a staff member should explore which is the best cessation strategy for them. The person should have a choice of one of three methods of cessation: smoking cessation classes or "pláticas" given in Spanish or English; a self-help program format; or one-on-one counseling. All education aides for these interventions should be carefully selected for relevancy to your audience (See Reference List of Tobacco Programs). The aides should also be kept on file. Some of these materials should include "The most often asked questions about smoking," "Why Quit," "Quit Tips," and "The effects of secondhand smoke".

4. Cessation Counseling Modalities

Counseling should focus on attitude, behavioral change and stress management. Facilitators can use the culturally adapted version of the American Cancer Society's "Fresh Start" and "Fresh Start Plus" program in the next section (also available in Spanish), for information and skills necessary to assist clients in quitting. These skills include: identifying the relationship the clients have with the cigarette, quit tips, skill building for disruptive events and a long range quit plan. Also important, is training your facilitators in the dynamics of the Latino culture that may be barriers to quitting, as well as strengths in quitting. These barriers should be discussed as innovative ways to emphasize the positive aspects of the culture. The importance of the family, respect and choice should be emphasized as important cultural traits. In addition, the ability of the facilitators to connect with your clients on day-to-day issues, allows for trust between the facilitator and client. All counseling activities should focus on instilling confidence in the clients ability to quit, and reassuring the individual that they are not alone in their quit attempt. All clients should be encouraged by facilitators and staff they may call at anytime, should they have questions or desire additional support.

When a client decides to quit through self-help, their address should be confirmed (for follow-up and mailings), an evaluation form should be completed upon first contact. Initial counseling should then be provided and a follow-up appointment should be scheduled. If the individual chooses one on one counseling the appropriate arrangements should be made with the client for a meeting place, date and time. If a class "plática" is scheduled, then the client is given information as when to attend.

D. Cessation Methods

At the point of "triage" clients should be assigned, according to their choice of one of the following four types of interventions:

1. Smoking Cessation Group Sessions

Group classes or "pláticas" should focus on issues such as "familiarismo" (family) inclusion into the process, "respeto" (respect) privacy, "confianza" (trust). It should be stressed that these classes are not referred to as lectures but are called "pláticas" or talks.

These pláticas should be structured in an informal two-way exchange between the facilitator/staff and the group. This relaxed setting encourages and supports open dialogue among the participants and the facilitator about quit attempts, while at the same time enabling the facilitator to reiterate behavioral modifications and coping skills. Cultural issues should be addressed and the pláticas should be adapted to the educational levels of the participants.

The program should consist of four classes, which focus on attitude, behavioral change and stress management. Classes should be conducted in Spanish or English as needed. The first group meeting should include discussion of precontemplation, reviewing reasons for uniting, mobilizing client motivation, identifying situations that stimulate smoking, and determining the amount of cigarettes and nicotine consumed. The second session seeks to increase awareness of participant's reasons for smoking, describes withdrawal symptoms and presents the adapted "Fresh Start" strategies and information on how to quit smoking. Issues such as physical improvement, weight gain/management, low calorie snacks, alcohol, interpersonal support and substitute behaviors should be addressed. In the fourth and final session, the focus is on maintenance of staying quit. There is also reaffirmation of quitting. If possible a certificate of completion should be awarded. Participants are encouraged to utilize their support systems or call the office for the extra boost of encouragement. A follow-up session is conducted six weeks after the last session where coping skills are refined, as well as the sharing of success and concerns with group.

2. One-on-One and Family Counseling

One session, approximately one hour each, with one follow-up session: The plática is personalized and tailored to the individual needs of the client. The counselor reinforces the client's ability and confidence in quitting. Cultural strengths and quit methods are discussed. The positive benefits of quitting are emphasized. The client is also encouraged to call the office at any time for support and information. Counseling can be done on site, at the satellite offices or via telephone. Periodic contact via telephone should be maintained through the quit attempt.

3. Self-Help

Is aimed at those clients who indicate at "triage" and assessment that they want to quit smoking, but do not choose to attend group meetings or attend a one-on-one or family counseling session. The facilitator/counselor calls the client approximately two weeks after information is sent/given to the client to check if the client has any questions and to offer support services. A follow-up phone call should be scheduled for six weeks. Self-help pamphlets are sent to the client in a language of their preference.

4. Refer to the State Quitline 1-800-QUITNOW

If your organization or Community Health Center does not have the resources to carry out and support community based cessation, and/or the resources to provide NRTs and other cessation supports, you can refer the client to the state quitline 1-800-QUITNOW, and they will provide the needed services. Assure that you have the "Fax Referral" form ready to fax to quitline.

In brief, every attempt should be made to accommodate the client in their quit attempt, and provide a method of cessation that suits their needs.

CESSATION STEP BY STEP

A. The Process of Smoking and Smoking Cessation

To maximize one's effectiveness and efficiency in helping clients quit smoking, it is important to understand why people smoke as well as the entire process of smoking cessation. Initiation of cigarette smoking and smoking cessation are complex behaviors that are influenced by external an internal social factors. Major external forces include social factors (e.g., smoking by family members and peers) and economic factors (e.g., the coast of cigarette). Internal factors that may influence and individual's smoking behavior include psychological (e.g., nicotine addiction) characteristics. These external and internal factors also interact to affect the smoker's attitudes and beliefs about smoking and smoking cessation.

Initiation of smoking begins with experimentation in late childhood and adolescence. The incidence of starting smoking rises rapidly from age of 11 years, peaks at the age of 17 to 19 years and falls rapidly after the age 23 years, with virtually no smokers starting after 35 years of age. Cigarette smoking by peers and family members are two of the most important determinants of the smoking initiation. The rapid onset of powerful psychological and physiologic effects of cigarette smoke contributes to the maintenance of regular smoking and the great difficulty many smokers have with quitting.

Smoking cessation is a dynamic process, with changing levels of motivation to quit, intention to quit, and confidence in quitting (see Figure 1). Investigations of smokers at various stages of change in the process of smoking cessation have contributed to our understanding of differences between successful and unsuccessful quitters. Predictors of outcome of smoking cessation efforts with the most clinical relevance for health care providers include (1) motivation to quit, (2) intention to quit, (3) confidence in quitting, and (4) degree of nicotine addiction. Knowledge of these factors in individual clients enables the physician to target interventions for the smoker and to predict the likelihood of success.

A smoker's motivation to quit and intention to quit define his or her stage of change in smoking cessation. (1) do you intend to quit smoking in the next 6 months? (2) Do you intend to quit smoking in the next 6 months? (3) Did you try to quit smoking in the past year? Smokers who answer "no" to the first question are considered pre-contemplators (about 35% of smokers). Smokers who intend to quit in the next 6 months but not in the next month are contemplators (about 50% of all smokers). Smokers who have tried to quit smoking in the past year intend to quit in the next month are in the stage of preparation for action.

For smokers who have quit, the stage of change is defined by the duration of cessation: if the duration of cessation is less than 6 months, the client is in the action stage, while cessation for greater than 6 months is referred to as the maintenance stage. These stages of change are important to consider, as high proportion of smokers in the action stage will resume smoking. Because relapse is common among smokers and may greatly affect their confidence about quitting, the provider's knowledge about a smoker's past experience with quitting is a necessary starting point for assisting smokers with future quit attempts. On average, smokers attempt to quit three or four times before they maintain abstinence. Because cigarette smoking and smoking cessation are complex processes that involve social, psychological, and physiologic influences, any interventions to help smokers quit that address only one of these areas (e.g., nicotine addiction) is unlikely to be successful. The approaches to helping smokers quit described in the next section combine the determination of the smoker's motivation and intention to quit (i.e., stage of change) with a systematic assessment of factors that may influence the smoker's stage of change including his or her understanding of the health effects of smoking, (2) past experience with quitting, (3) current concerns about quitting, (4) resources available to assist in quitting, and (5) specific plans for quitting. Careful questioning followed by discussion of these topics provides both physician and client with the information needed to formulate realistic goals and plans for smoking cessation.

B. How To Help Your Clients Stop Smoking

As in all aspect of health care, a structured approach to a client' problem is necessary to maximize effectiveness. The approach described here is adapted from available programs designed to improve health care providers' skills in smoking cessation counseling. A program offered by the National Cancer Institute entitled "How to Help Your Clients Stop Smoking" includes four components, described as the "four A's": (1) ask about clients' smoking statue a each visit; (2) advice them in a clear, direct manner to quit smoking; (3) assist the interested smoker in quitting by setting a quit date, providing self-help materials, and prescribing nicotine replacement therapy when appropriate; and (4) arrange follow-up visits.

Before any advice, assistance, or follow-up is arranged, the smoker's stage of change needs to be assessed as described previously. Frequently this can be determined from the he smoker's comments during the interview. For example, the client profiled above is a pre-contemplator based on his statement the he "is not interested in quitting." The goal and thus the provider's approach to this smoker will be different than for smokers at other stages of change.

Although the ultimate goal is to help all smokers become nonsmokers, this is usually not realistic after only one visit; however, for many smokers it may become a realistic goal as the number of follow-up visits for smoking cessation increases. Thus, the foremost priority is to assist the smoker's progress through various stages of change, as the client learns the process of altering his or her smoking behavior and moves toward becoming a nonsmoker. Therefore, moving a pre-contemplator into the contemplator stage qualifies as a successful interaction. If possible a physician and/or physician assistant should meet for 10 minutes with the client since Latino clients tend to pay special attention to the advise of a medical practitioner.

C. The Pre-contemplator Stage

For smokers not interested in quitting, many of who may become irritated or defensive when given advice to quit, the first challenge is to put yourself and the client at ease about openly discussing his or her cigarette use. Do not allow a client's irritation or anger to dissuade you from attempting to move that client from a pre-contemplative stage to a contemplative stage.

Your ability to engage the client in further smoking related dissuasion will depend upon your communication skills. To start, you need to (1) listen intently to understand your client's perceptions, feelings, and attitudes, and (2) show your understanding by using emphatic statements that reflect your interest, respect, and compassion (e.g., "you have obviously been told to quit smoking many times, and it really bothers you"). Next you need to support the client's autonomy (e.g., "I understand that smoking is your decision and it is no one else's business, but as your health care provider..."), and then follow with a question to obtain permission to discuss the smoking issue further (e.g., as your health care provider, I am concerned about your health and would like to ask you some additional questions about your smoking. Is that okay?"). Attention to empathy, autonomy, and permission during the interview will frequently enable you to discuss the client's smoking in considerable detail. Since protecting their children and families is a key motivator for Hispanics, ask if he/she has a family member who would like them to quit and/or for whom their health is important and understand that motivational factor.

Having obtained the client's permission to discuss smoking further, determine the client's (1) understanding about the health effects of smoking, (2) past experience with quitting, (3) reasons for continuing smoking, and (4) reasons that would make him or her consider quitting. Although more than 80% of smokers are aware that smoking has adverse health effects, many underestimate the hazards. Therefore, you should assess the perceptions of current smokers about the health risks of smoking and provide accurate and understandable information if needed, about those risks. Furthermore, you should attempt to personalize the information of the health consequences of smoking emphasizing the benefits of cessation and avoiding "scare tactics," since they may interfere with efforts at cessation. Opportunities to personalize the message may arise when discussing symptoms, physical findings, laboratory values, and the presence of disease that may have been caused or worsened by smoking.

Learning about a smoker's past experience with quitting may provide valuable insights that will prove useful in formulating further advice and assistance. Smokers who are not interested in quitting either never tried to quit in the past or relapsed after a previous quit attempt and because of this prior experience, have decided not to try to quit again. For both types of pre-contemplators, it is important to have an understanding of their reasons for smoking (e.g., relaxation). A brief questionnaire published by the National Cancer Institute entitled "Why Do You Smoke?" assists smokers in determining their reasons for smoking. Similarly, pre-contemplators who relapsed probably leaned a great deal from this experience about obstacle to quitting (e.g., withdrawal symptoms, weight gain) and resources (e.g., family members, group programs, nicotine replacement) that may help during future quit attempts.

Although many pre-contemplators have numerous reasons for continuing to smoke, few have ever though about what it would take to make them quit. Asking pre-contemplator to provide reasons that would make them consider quitting may help move them to the contemplator stage. These reasons may start them to the contemplator stage. These reasons may start them thinking about the balance between the risks and benefits of continued smoking.

To close discussion, summarize what you have learned about their smoking history and offer (1) your concern about their smoking and (2) your willingness to provide assistance. Based on your interview, you may decide to provide them with appropriate literature that helps them understand why they smoke or that answers questions about the risks of smoking and the benefits of quitting. Although your ability to provide ongoing assistance to the pre-contemplator may be limited, it is essential that the client's smoking be addressed at all subsequent visits.

D. The Contemplator Stage

For smokers who intend to quit, but have no plans for quitting and may be ambivalent about quitting, an approach similar to that described for the pre-contemplator may be the best initial step. However, the focus of your discussion should be on determining their reasons for hesitancy or ambivalence about quitting. Often, their reasons for not planning to quit are related to little self-motivation to quit, concerns they have about quitting, or problems they experienced during previous quit attempts. If the smoker's only reason for thinking about quitting is because someone else wants them to quit, they are unlikely to be successful until they want to quit for themselves.

Numerous barriers to quitting have been described and include fear of "falling," disabling withdrawal symptoms, or concerns about weight gain. Fear of "failing" is a common obstacle and needs to be addressed by (1) informing the smoker of the common occurrence of relapse among attempting to quit and (2) suggesting that relapse is not a failure but rather part of the process of learning to become a nonsmoker. During the first several weeks after cessation, withdrawal symptoms may be particularly acute. Pharmacological interventions (e.g., nicotine patch or chewing gum) may be employed during this time to help relieve these symptoms and permit the smoker to concentrate on the task of behavior stage. Weight gain of 2.5 or 4.5 kg (5-10 LB) is common after cessation and tends to be of particular concern to women. Limiting caloric intake and increasing exercise during smoking cessation are necessary to control weight gain. Only after you elicit and address the smokers' concerns about quitting will they move on to the stage of preparing to quit.

Although specific advice and assistance for the contemplator will primarily focus on the issues identifies during the interview, a few generic guidelines may also prove useful. Statements supporting their desire to quit smoking provide and added impetus. Similarly, you can offer literature to help them choose the best way to quit (e.g., "Why Do You Smoke?") ourselves-help literature (e.g., "Clearing the Air") for specific advice about quitting. Finally, follow-up plans are necessary.

E. Preparation for Action

Although the methods outlined for contemplators also apply to smokers preparing to quit, the focus should be on helping them identify specific plans for dealing with anticipated obstacles to quitting. In general, obstacles can be classified as (1) behavioral factors (e.g., social/psychological situations or cues) that trigger smoking and (2) physiologic withdrawal symptoms. You may wish to focus their thinking by asking questions about how they plan to deal with certain "high risk" situations and by providing self-help literature ("Clearing the Air"). Common "high risk" situations include (1) the time immediately after meals, (2) drinking coffee or alcoholic beverages, and (3) being around friends and co-workers who smoke.

Withdrawal is characterized by a wide array of physical symptoms that they develop as the nicotine level declines after cigarette smoking stops. The most common symptoms include anxiety, inadequate sleep, irritability, impatience, difficulty concentrating, restlessness, and craving tobacco. These symptoms are usually most intense during the first several weeks after cessation. In addition to history of withdrawal symptoms during prior quit attempts, characteristics that suggest a high degree of nicotine dependence including smoking 21 or more cigarettes per day and smoking the first cigarette of the day within 30 minutes of awakening. However, the presence of withdrawal symptoms and evidence of high nicotine dependence should not be the sole guidelines for prescribing nicotine replacement since smokers without these factors may also benefit from nicotine replacement. Furthermore, use of nicotine replacement without attention to the behavioral aspects of quitting (e.g., social and psychological cues of smoking) is not likely to be successful.

After developing specific plans for quitting, including a quit date, be sure the smoker receives self-help literature and makes plans for follow-up. Contact should be made with the client on the quit date, either by telephone or mail, to reinforce your concern. In addition, the client should be seen within the first several weeks after quitting to review any problems with slips and relapse.

F. Action/Maintenance

The major tasks during the action and maintenance stages are to continually review the client's smoking status and to reinforce continued cessation. The first 6 months after cessation, is the period with the highest relapse. Therefore, reviewing reasons for slipping and relapse and discussing new coping strategies should occur during the follow-up visits of all smokers in the action and maintenance stages of cessation.

In the next few pages we offer a series of sessions based on a curriculum from the American Cancer Society that may be useful for your Latino clients to quit smoking. This is not the only program that exists. In the resources section we provide you with a list of other possible programs you or your clients may prefer (such as internet based programs or NCI's "Guía Para Dejar de Fumar"). Nevertheless we outline a program here for you in order to get you off to a good start in implementing a cessation program in your organization. There are multiple sessions, each with its own objectives and specifics regarding what you should cover.

Objectives

Participants will be able to:

1. Identify their reasons for smoking and quitting
2. Identify their smoking patterns and smoking triggers
3. Recognize three approaches to quit smoking
4. Describe the physical effects of tobacco use
5. Recognize physical withdrawal symptoms
6. List three quit strategies
7. Utilize the Four D's
8. Utilize tips for snacking to help replace tobacco with a healthy alternative
9. Recognize the importance of abstaining from alcoholic beverages
10. Identify support networks

Content

1. Three Aspects of Smoking
2. Approaches to Quitting
3. Effects of Smoking
4. Withdrawal Symptoms
5. The Four D's
6. Quit Strategies
7. Weight Management
8. Alcohol & Smoking
9. Evaluation

Outline

A. Three Aspects of Smoking

1. Addictive
   - Chemical Dependence
2. Habit
   - Association developed over time
     a. Coffee
     b. After a meal
3. Psychological
   - Relationship with cigarette
     a. Relieve stress/tension
     b. Boredom
     c. ***Discuss individual patterns of smoking, triggers to smoke***

SESSION ONE

A. Facilitator Introduction
B. Information Regarding Sessions
C. Participant Introduction
D. Three Aspects of Smoking
E. Approaches to Quitting
F. Physiological Effects of Smoking
G. Successful Quit Attempts
H. Review and Discussion
I. About Next Session

B. Approaches to Quitting

1. Cold Turkey
   - Abrupt
     a. Quit date
2. Tapering
   - Decrease number of cigarettes smoked per day
3. Postponing
   - Delay smoke time each day

Ask? if person has tried in the past and which method was used

C. Physiological effects of Smoking

1. Carcinogenic substances
2. Effects on cilia

Prior to implementing the smoking cessation classes, please determine what brochure or material you will hand out. Some suggested materials include:

- I Quit! Booklet. Can be purchased from the Tobacco Education Clearinghouse of California, http://www.tobaccofreecatalog.org/
- How to Help a Smoker Quit, Booklet. Can be purchased from the Tobacco Education Clearinghouse of California, http://www.tobaccofreecatalog.org/

D. Common Withdrawal Symptoms

1. Cravings - an intense, recurring hunger
   - Ignore it: divert attention; do something
   - Worst is during first 4-5 days
2. Tension - Anger
   - Frustration at quitting process
   - Feelings of deprivation
     a. I want *vs*. I have to
   - Tingling Sensation - increased circulation to extremities
     a. Oxygen now able to circulate b/c not cut off
   - Lightheaded, dizzy - Oxygen supply
     a. Decreased CO
   - Cough - Cilia becoming functional
     a. Cleaning out respiratory track
3. Learn to recognize symptoms so as to avoid anxiety if person has them

4. Emphasize they are time bound 1.5 - 2 weeks
   - If severe or persistent, see a Health Care Provider
   - Emphasize presence of withdrawal symptoms are a sign of recovery and healing

E. Four D's as a Quit Tip

1. Delay
2. Do something else
3. Drink water
4. Deep breathing

F. Strategies for Quitting

1. Help your client choose a quit date and method
2. Ask clients to remove all cigarettes from reach, placing them in the trunk of the car
3. Ask they discard smoking paraphernalia, i.e., ashtrays, lighter, matches
4. Recommend, they do not ask for cigarettes from anyone. If you want them bad enough, go buy them.
5. Recommend clients begin an exercise program that is suitable to their needs
   - Ask clients to consult with a physician before beginning an exercise program

G. Successful Quit Attempts

1. Acknowledge successes along the way – no matter how small

H. Review and Discussion

1. Assignment

I. About Next Session

1. Introduce the next session

Objectives

Participants will be able to:

1. Recognize physical withdrawal symptoms
2. Utilize deep breathing technique
3. List three quit strategies
4. Identify the Four D's
5. Utilize the Four D's to deal with cessation symptoms
6. Develop a 48 to 72 hour quitting strategy
7. Utilize positive statements about themselves in quit strategy

Content

1. Registration
2. Review
3. Introductions
4. Withdrawal Symptoms
5. Quit Strategy's
6. Relaxation Technique
7. Constructive Thinking
8. Evaluations for New Comers

Outline

A. Review

1. Aspects of Smoking
2. Quit Methods
3. Physiologic effects

B. Introductions

1. Facilitator
   - Congratulate everyone for coming back - commitment
2. New Participants
   a. Name, length, amount, reason
3. Previous
   a. What's new/different than last week
   b. ***Encourage participants to share recent experiences***

SESSION TWO

A. Review Session One
B. Introductions
C. Common Withdrawal Symptoms
D. Deep Breathing Technique
E. The Four D's Quit Tips
F. Constructive Thinking
G. Preparation Strategies for Quitting
H. Review and Discussion

C. Common Withdrawal Symptoms

1. Describing how to recognize symptoms to avoid anxiety if they have them
2. Emphasize they are time bound 1.5 – 2 weeks
   - If severe or persistent, recommend they see a doctor
3. Symptoms
   - Cravings - an intense recurring hunger
     a. Ignore it; divert attention; do something
     b. Worst is during first 4-5 days
   - Tension - Anger
     a. Frustration at quitting process
     b. Feelings of deprivation
     c. ***Remember I want to vs. I have to***
   - Tingling Sensation - Increase circulation to extremities, oxygen now able to circulate b/c not cut off.
   - Lightheaded, dizzy - Oxygen Supply, decreased CO.
   - Cough - Cilia becoming functional, cleaning out Respiratory Tract.
   - ***Emphasize presence of withdrawal symptom is a sign of recovery and healing***

D. Deep Breathing Technique

1. Propose to Relax
   - More time exhaling than inhaling
2. Allow abdomen to expand as inhale
   - Importance of ability to incorporate at anytime for any reason

E. Four D's Quit Tips

1. Delay
2. Do
3. Drink Water
4. Deep Breath

F. Constructive Thinking

1. Perceptions and relationship to feelings
   - Make positive statements
     a. Healing process
     b. Control feelings

G. Preparation Strategies for Quitting: Recommendations for your clients

1. Decide on quitting date and method
2. Remove all cigarettes
   - Do not hide them makes it easier to avoid temptation
3. Discard equipment i.e., ashtrays, lighter, matches
4. Do not ask for cigarettes from anyone
   - If you want them bad enough then go buy them
5. Begin exercising that's suitable to your needs
6. Drink more fluids, particularly water
7. Avoid alcoholic beverages and coffee
8. Deep Breath
9. Think positive

Distribute Quit Tips

H. Review and Discussion

1. Assignments
   a. Utilize the Four D's
   b. Drink more water
   c. Develop your game plan to quit
   d. Think Positive
   e. Add up the cost of cigarettes per month, year

Objectives

Participants will be able to:

1. Describe their experiences during the quit period
2. Identify at least three reward strategies
3. Identify useful tips for snacking to help them replace tobacco with healthy snacking behaviors
4. State three strategies to deal with weight management
5. Recognize the importance of abstaining from alcoholic beverages
6. Differentiate a slip from a relapse in smoking

Content

1. Registration
2. Review
3. Rewards
4. Weight Management
5. Alcohol & Smoking
6. Slipping and Relapse
7. Video (Optional)

Outline

A. Discussion/Review

1. Congratulate on coming back
2. Share quit experience
3. Constructive, positive thinking experiences

B. Rewards from Quitting

1. Monetary savings
   Discuss the Monetary Savings from quitting smoking

Prior to implementing the smoking cessation classes, please determine what brochure or material you will handout. Some suggested materials include:

SESSION THREE

A. Discussion and Review
B. Rewards from Quitting
C. Weight Gain
D. Eating Smart
E. Alcohol Resistance
F. A Slip vs. A Relapse
G. Video
H. Review and Discussion

1. Got Money to Burn. (Also available in Spanish) Can be purchased from the Tobacco Education Clearinghouse of California, http://www.tobaccofreecatalog.org/
2. Incentives for self for commitment
   - Initial monetary
   - Long term benefits
     a. Refer to no-monetary benefits
        Emphasize not to borrow on future savings

C. Weight Gain

1. Should not be the force or excuse for relapse
   - Priority is quitting not weight unless medical reasons
     a. Benefit of quitting vs. Weight gain
2. Reasons for weight gain
   - Change in metabolism - small percentage; normal with age
   - Increased sense of taste and smell
   - Oral gratification
   - Reward for not smoking

D. Eating Smart

1. Plan ahead
2. Select non-food rewards
3. Healthy foods
   - Decrease fat intake
   - Increase fruits, vegetable, high fibers
   - Increase exercise
   - Increase fluids, especially water
     (Relearning process)

Prior to implementing the smoking cessation classes, please determine what brochure or material you will handout. Some suggested materials include:

- Quitting Smoking Without Gaining Weight. Can be purchased from the Tobacco Education Clearinghouse of California, http://www.tobaccofreecatalog.org/

E. Alcohol

1. Resistance to temptation
2. Habit - bond
3. Change what you drink and the way you drink
4. Recommend abstain initially until accustomed to being an ex-smoker

F. A Slip vs. A Relapse

1. What is slipping?
2. What can be learned from a slip?
3. How do you avoid slipping?
   - Avoid one and will avoid the others
   - Remind that it's not a catastrophe; need to make a choice to either quit or smoke

G. Video (optional)

1. The Subject Is Smoking / Finding the Power (VHS). Can be purchased from the Tobacco Education Clearinghouse of California, http://www.tobaccofreecatalog.org/

H. Review/Discussion

1. Assignments

Objectives

Participants will be able to:

1. Identify their initial networks of support
2. Recall long-term benefits of quitting
3. Utilize group process strategies in log term quit efforts
4. Develop a long-range plan to stay quit

Content

1. Registration
2. Benefits of Quitting
3. Video
4. Post Test
5. Follow-up Reminder
6. Certificates

Outline

A. Network of Support

1. Surround self with supportive people

B. Long Term Benefits of Quitting

1. Increased self-esteem
2. Health
   - Heart disease
   - Emphysema
   - Bronchitis
   - Cancer

   Assuming no major damage has already occurred
3. Monetary

C. Long Range Quit Plan

1. Discuss some of the brochures and handouts previously distributed; share strategies for staying quit.
2. Plan Ahead
3. Crisis Situations

SESSION FOUR

A. Network of Support
B. Long Term Benefits of Quitting
C. Long Range Quit Plan
D. Review and Discussion
E. Post Test
F. Reminder for Follow-up
G. Certificate of Completion

D. Review/Discussion

E. Post Test

1. Distribute Post Test

F. Reminder for Follow-up

1. Stress importance of attending
2. Will call to remind everyone with date and time

G. Certificate of Completion

- Certificates of completion can be obtained as a free download from http://www.tobaccofreecatalog.org (California only). The title of the certificate is Gift Certificate (available in Spanish) (J549)
- An alternative idea is to purchase certificate paper and customize it for your cessation class.

Objectives

Participants will be able to:

1. Identify reasons for smoking and quitting
2. Identify their smoking patterns and smoking triggers
3. Discuss ambivalence about smoking
4. Identify the Four D's
5. Utilize positive statements about themselves in quitting
6. Describe experience in quit attempts
7. Differentiate a slip from a relapse
8. Identify networks of support
9. Long term effects of smoking
10. Identify quit date

Content

1. Registration
2. Pre-test
3. Facilitator Introduction
4. Participant Introduction
5. Three aspects of Smoking
6. Ambivalence
7. The Successful Quitter
8. Quit Tips
9. Constructive Thinking
10. Benefits of Quitting
11. Slipping and Relapse

Outline

A. Facilitator Introduction

1. Name
2. Agency Information
3. Single Session - Evaluation Form

B. Participant Introductions

1. Name
2. Years Smoking
3. Amount Smoking
4. Reasons to Quit

C. Three Aspects of Smoking

1. Addictive - Nicotine
2. Habit - association
3. Psychological - Relationship with cigarette

D. Successful Quit Attempt

1. I want *vs*. I have to
   - Ambivalence - Ongoing Process
2. Commitment and practice

SESSION FIVE

A. Facilitator Introduction
B. Participant Introduction
C. Three Aspects of Smoking
D. Successful Quit Attempt
E. Four D's Quit Tips
F. Positive Thinking
G. Slip vs. Relapse
H. Long Term Benefits of Quitting

E. Four D's as a Quit Tip

1. Delay
2. Do something else
3. Drink Water
4. Deep Breathing

F. Positive Thinking

1. Perception & relationship to feelings
   - Make Positive Statements
     a. Healing Process, Control Feelings

G. Slip vs. Relapse

1. What is Slipping?
2. What can be learned from a slip?
3. How do you avoid slipping?
   - Avoid one and will avoid all others

Remind participants that it's not a catastrophe; they need to make a choice; to quit or to continue smoking.

H. Long Term Benefits of Quitting

1. Increased self-esteem
2. Health
   - Heart Disease, Emphysema, Bronchitis, Cancer
3. Monetary

NOTE: Emphasize These Points Throughout

- Crisis Situation
- Discuss Previous Quit Attempts
- How Many Times Individuals Have Quit Before
- Why Did the Individual Relapse
- Has the Person Tried to Quit Since The Slip?

ONE-ON-ONE COUNSELING STRATEGIES

Objectives

Participants will be able to:

1. Identify their reasons for smoking and quitting
2. Identify their smoking patterns and smoking triggers
3. Recognize three approaches to quit smoking
4. Describe the physical effects of tobacco use
5. Recognize physical withdrawal symptoms
6. List three quit strategies
7. Utilize the Four D's
8. Utilize tips for snacking to help replace tobacco with a healthy alternative
9. Recognize the importance of abstaining from alcoholic beverages
10. Identify support networks

Content

1. Three Aspects of Smoking
2. Approaches to Quitting
3. Effects of Smoking
4. Withdrawal Symptoms
5. The Four D's
6. Quit Strategies
7. Weight Management
8. Alcohol & Smoking
9. Evaluation

Outline:

A. Three Aspects of Smoking

1. Addictive
   - Chemical Dependence
2. Habit
   - Association developed over time
     a. Coffee
     b. After a meal
3. Psychological
   - Relationship with cigarette
     a. Relieve stress/tension
     b. Boredom

Discuss individual patterns of smoking, triggers to smoke

B. Approaches to Quitting

1. Cold Turkey
   - Abrupt
     a. Quit date
2. Tapering
   - Decrease number of cigarettes smoked per day
3. Postponing
   - Delay smoke time each day

Ask? if person has tried in the past and which method was used

C. Physiological effects of Smoking

1. Carcinogenic substances
2. Effects on cilia

Smoking Cessation Modules

One on One Counseling

A. Three Aspects of Smoking
B. Approaches to Quitting
C. Psychological Effects of Smoking
D. Common Withdrawal Symptoms
E. The Four D's as Quit Tips
F. Strategies for Quitting

Prior to implementing the smoking cessation classes, please determine whether you have the staff necessary to carry out this program. If you don't please don't hesitate to refer smokers to the state Quitlines, by calling 1-800-QUITNOW. Before you implement your program, decide what brochure or material you will handout. Some suggested materials include:

1. I Quit! Booklet. Can be purchased from the Tobacco Education Clearinghouse of California, http://www.tobaccofreecatalog.org/
2. How to Help a Smoker Quit, Booklet. Can be purchased from the Tobacco Education Clearinghouse of California, http://www.tobaccofreecatalog.org/

D. Common Withdrawal Symptoms

1. Cravings - an intense, recurring hunger
   - Ignore it: divert attention; do something
   - Worst is during first 4-5 days
2. Tension - Anger
   - Frustration at quitting process
   - Feelings of deprivation
     a. I want *vs*. I have to
   - Tingling Sensation - increased circulation to extremities
     a. Oxygen now able to circulate b/c not cut off
   - Lightheaded, dizzy - Oxygen supply
     a. Decreased CO
   - Cough - Cilia becoming functional
     a. Cleaning out respiratory track
3. Learn to recognize symptoms so as to avoid anxiety if person has them
4. Emphasize they are time bound 1.5 - 2 weeks
   - If severe or persistent, see a Health Care Provider

Emphasize presence of withdrawal symptoms are a sign of recovery and healing

E. Four D's as a Quit Tip

1. Delay
2. Do something else
3. Drink water
4. Deep breathing

F. Strategies for Quitting

1. Help client choose a quit date and method
2. Advise client to remove all cigarettes
3. Ask client to discard smoking paraphernalia, i.e., ashtrays, lighter, matches
4. Tell client not to ask for cigarettes from anyone. Tell them: "If you want them bad enough, then go buy them."
5. Ask client to begin an exercise program that is suitable to their needs
   - Consult a physician if necessary before beginning an exercise program

U.S. PUBLIC HEALTH SERVICE GUIDELINES

Follow These Simple Steps

ASK Smoking habits, stage of change. Perceptions about health consequences, past experiences, why smoke, why quit, concerns, resources, plans

ADVISE To quit, personal benefits of quitting, other advice appropriate to information

ASSESS Determine willingness to make a quit attempt

ASSIST Provide literature appropriate to information learned in ASK

ARRANGE Negotiate plans for follow-up

ASK

- Ask clients in your clinic what is their smoking status. Investigate where they fall in terms of stages of change. Learn what are some of the perceptions they have about cigarette use and what triggers them to smoke.

ADVISE

- *BE CLEAR:* "As your clinician, I think it is important for you to quit and I/my staff and I can help."
- *BE STRONG:* "Quitting smoking is the most important thing you can do to protect your health now and in the future."
- *BE PERSONAL:* Talk about tobacco's impact on current illness, others in household.

ASSESS

- Anticipate challenges to abstinence (remove all cigarettes; discourage even a puff!).
- Discuss past quit attempts and what helped/hurt in those attempts.

ASSIST

- Help the patient set a quit date.
- Encourage them to tell family, friends, co-workers for support.
- Prescribe nicotine replacement therapies or pharmaco-therapies as appropriate. Identify behavioral treatments.

ARRANGE

- Schedule a follow up visit within the first week of the quit date
- Refer patient to more intense behavioral treatment
- Congratulate on continued abstinence for patients making a quit attempt

(Refer to the Provider Tool Kit for Delivering Cessation Services, Page 9-10, 19, 21, 23.)

COMMUNITY SUPPORT

Help your clients obtain community support. You as a provider can also use support from other clinics or health care agencies in your area in order to establish a viable cessation program in your organization.

What to do about Smokers Not Yet Ready to Quit?

- Give the patient "permission" to fail
- Remind patient of environmental risk to others
- Identify benefits of quitting and address typical barriers to quitting
- Personalize reasons to quit whenever possible.
- Schedule a follow-up call or visit within 30 days.

(Provider Tool Kit for Delivering Cessation Services, Page 25-26). US Public Health Services Guidelines for Cessation.

RESOURCES

Methods and Materials

We have suggested here a method to use with your clients/patients who wish to quit smoking today. It is based on a program of the American Cancer Society. But it is not the only one that exists that you as a health provider can use. You may still benefit from the advise for trainers in this manual, and use a different method to help your clients quit smoking which is more in tune with the individual characteristics of your clients/patients. Or you may make referrals to a quitline, yet want to still follow up with your clients on a regular basis. The important thing is that before you implement a cessation class, you decide what materials you want to use and distribute and what specific intervention you are selecting. Suggestions for materials and interventions appear below:

Useful Material:

1. ***Rompa Con El Vicio*** can be obtained at the Tobacco Education Clearinghouse of California, http://www.tobaccofreecatalog.org/ This material is in Spanish. Other materials in English are available in the same site.
2. ***¡No Vale La Pena!,*** Brochure, can be obtained from the Tobacco Education Clearinghouse of California, http://www.tobaccofreecatalog.org/. This material is in Spanish. Other materials in English are available in the same site.

Useful Interventions:

1. ***No lo Deje Para Mañana, Deje de Fumar Hoy - La Guía Para Dejar de Fumar*** *–This Spanish language material is based on scientific evidence. It was produced* at the University of California, San Francisco (UCSF). UCSF also produced with a team of collaborators a similar guide for pregnant women. The Guía was updated in 2005 to include thorough descriptions of nicotine replacement therapies. It is a colorful and culturally developed material, with pictures of Hispanics and in tune with Latino values.
   https://www.stopsmoking.ucsf.edu/tc4/es/resources/guia.aspx

2. ***Tome Control de Su Vida,*** *This is an Internet based* program in Spanish produced at the U*niversity of California, San Francisco*
   https://www.stopsmoking.ucsf.edu/tc4/es/intro/home.aspx
   https://www.stopsmoking.ucsf.edu/tc4/es/intro/munoz.aspx

This program was designed by Dr. Ricardo Munoz and a team of researchers at the University of California, San Francisco. The program has been designed for smokers who have made a decision to quit and want help using the Internet. The program lasts aproximately 8 weeks and has been scientifically tested for its effectiveness. In addition to the 8 weeks, the team will contact the smoker in the 1,3,6,and 12 month after having begun the quit smoking course. The counselor asks the participant to respond to a brief survey on the internet, focusing on the gains obtained by the person when they stopped smoking and the use of the internet site. The purpose is to assist participants who want to quit smoking and to improve the components of the program and interactive modalities with the client.

3. **Become an Ex / *Conviertete en Un Ex*** (www.convierteteenunEX.org (BecomeAnEX.org) is a program for quitting smoking available in both Spanish and English on the Internet.

This is a program of the American Legacy Foundation, in collaboration with Mayo Clinic Nicotine Dependence Center made public by the National Alliance for Tobacco Cessation –NATC. Become an Ex in English, or its Spanish version "Conviertete en un Ex" is a program that functions using the Internet and a website (BECOMEANEX.ORG or in Spanish ConvierteteEnUnEX.org). The program helps the smoker develop a personalized plan to quit and relearn how to live a healthier life without cigarettes. EX brings together on the internet a group of people who quit smoking. They helped in the creation of the plan. The plan will help the smoker relearn how to live without cigarettes. The plan is based on the latest scientific evidence, and was created by people who were successful in quitting.

The plan has 3 steps. In the first step the smoker re-learns a habit, learning what makes him/her want to smoke. In step two the smoker relearns addiction –re-learns the power of nicotine and how to fight it. In the third step the person re-learns Support – learning how to ask for whatever help they need from family and friends.

Once a person stops smoking, they re-learn not to relapse, and to recognize the possible signs of a relapse, and how to deal with stress.

You can obtain materials by calling **1-800-QUIT-NOW**.

4. **Cessation Programs for Latino *Gay/Lesbian/Bisexual/Transgender Individuals*.**

Currently the National Latino Tobacco Control Network (NLTC) in combination with Dr. Elba del Toro at the Universidad de Puerto Rico and Juan Carlos Vega (activist and tobacco expert) are developing a manual for Latino LGBT who wish to quit. You may contact Mr. Vega through the Network (www.LatinoTobaccoControl.org). This manual will be based on the English version of the Gay and Lesbian Medical Association. The English version can be obtained at:

http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=925&grandparentID=534&parentID=924&nodeID=1

This program has been developed with help of the National Tobacco Control LGBT Network.

For cessation resources for this population contact www.LGBTTobacco.org.

Other Spanish-based Programs

De Todas las Razones para Dejar de Fumar la Mas Importante es tus Hijos
(Of all the reasons to stop smoking the most important are your children)

Distributed by: Departmento de Salud de la Florida
Contact Information: 1-850-245-4366
Website: www.doh.state.fl.us

Deje de Fumar por un Dia
(Stop smoking for one day)

Distributed by: Journeyworks Publishing
Contact Information: 1-800-775-1998
Website: www.journeyworks.com

Hazlo por tu Familia
(Do it for your family)

Distributed by: Indiana Latino Institute, Inc. and www.WhiteLies.tv
Contact Information: 1-317-472-1055
Website: www.indianalatino.com

Información Importante para Fumadores
(Important information for smokers)

Distributed by: U.S. Department of Health and Human Services
Contact Information: 1-202-619-0257
Website: www.hhs.gov

This is not an exhaustive list. Programs are presented for illustration purposes and to provide examples of possible materials/programs to use for cessation.

Other Resources

- Medline Plus: http://www.nlm.nih.gov/medlineplus/spanish/quittingsmoking.html
- Institutos Nacionales de la Salud: http://salud.nih.gov/
- American Lung Association: Freedom From Smoking
- Commonwealth of Pennsylvania: www.Estoydecidido.com
- American Cancer Society: http://www.cancer.org/Espanol/index
- Oregon Cessation line - Línea para dejar el tabaco de Oregón (Oregon Quit Line), *1-877-2NO-FUME (1-877-266-3863), www.quitnow.net/oregon*
- Instituto Nacional De Cancer: http://www.cancer.gov/espanol
- Florida Quit Line: 1-877-U-CAN NOW (1-877-822-6669), http://www.doh.state.fl.us/Tobacco/quitline.html
- Washington State Quitline: 1-877-2 NO FUME (Spanish line);
- California Smokers Helpline – 1-800-No Butts (English) 1-800-4-No-Fume (Spanish Line) also available in several Asian languages

National Quit Line Information/North American Quitline Consortium

If you want to get help and more information about helping your clients quit smoking, please visit the website of the North American Quitline Consortium (NAQC). The NAQC is an international, non-profit membership organization based in Oakland, California. NAQC seeks to promote evidence based quitline services across diverse communities in North America. Quitlines are telephone-based tobacco cessation services that help tobacco users quit. Free, public quitlines exist in all 50 states, The District of Columbia, U.S. territories and all ten Canadian provinces. To get more information and help to quit smoking, visit the national quit line website at http://naquitline.org

Examples of some specific Quitlines appear below. These are services providers can use with their clients. *You can obtain cessation services and/or information by calling:*

1-800-Quit-Now

Other places to obtain telephone assistance are:

National Cancer Institute – 1-800-4-Cancer
California Smokers Helpline – 1-800-No-Butts (English),
-1-800-45-No Fume (Spanish).

For additional Spanish language cessation information go to:
The California Smokers Helpline:
http://www.californiasmokershelpline.org/Spanishhomepage_000.shtml
National Latino Tobacco Control Network (NLTCN): (www.LatinoTobaccoControl.org)

To obtain low cost materials, go to www.TobaccoFreeCatalog.org. This is a free catalogue that contains materials for purchase at minimal cost. One of the good things about the catalogue is that you can personalize the materials you order with the name of the agency or institution or health center who is delivering cessation services to their clients/patients.

CESSATION AIDS

Nicotine Replacement Therapies and Other Pharmacological Aids

Below appears a list of the various types of products that exist that could help your clients quit smoking. These products are generally more effective when used in combination with behavioral or psychological therapies. Some of the products below require a prescription from a physician. Explanations appear below.

NICOTINE TRANSDERMAL PATCHES

http://health.yahoo.net/goldcontent/nicotine-1?brand=Nicotine+Patch

NICOTINE GUM

http://www.medicinenet.com/nicotine_gum/article.htm

NICOTINE NASAL SPRAY

http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000347

NICOTINE INHALER

http://www.quitnet.com/Library/ToolKits/NRT/inhaler.jtml

BUPROPION (ZYBAN)
Pharmacological aid

http://www.nlm.nih.gov/medlineplus/druginfo/meds/a695033.html

Nicotine Transdermal Patches

A *nicotine transdermal* patch is a piece of material that is attached to the skin, and releases nicotine into the body through the skin. It is used as an aid for quitting smoking. It is considered a nicotine replacement therapy (NRT). http://en.wikipedia.org/wiki/Nicotine_patch
Be sure you ask the client the number of cigarettes he/she smokes a day to assure that they are not starting with the highest dosage if they are low and intermittent smokers.

Nicotine Gum

Nicotine gum is a type of chewing gum used to deliver nicotine into a person's body. It is used as an aid to quit smoking. It is considered a nicotine replacement therapy (NRT).
http://en.wikipedia.org/wiki/Nicotine_gum

Nicotine Nasal Spray

A nicotine nasal spray is a spray used nasally, that shoots a small dose of nicotine into the nasal cavities. The body absorbs the nicotine through the lining of the nose. The nicotine nasal spray, like other nicotine replacement therapies, helps stop nicotine cravings and relieves symptoms of someone trying to quit smoking. A prescription is needed to purchase nicotine nasal spray. en.wikipedia.org/wiki/Nicotine_nasal_spray

Nicotine Inhaler

The nicotine inhaler is a pictured above. There are different types in the market including one that resembles a cigarette. You inhale a mist of the substance through your mouth by sucking in, while simultaneously releasing the mist with a push of the inhaler. The nicotine is released into your lungs. It requires a prescription. http://www.quitsmokingsupport.com/inhaler.htm

Bupropion (Zyban)

Bupropion is NOT a nicotine replacement therapy. It is an antidepressant that has been found to be useful as a smoking cessation aid. It requires a prescription.
http://en.wikipedia.org/wiki/Bupropion

For more information on Pharmacological aids or nicotine replacement therapies, go to the National Institutes of Health, National Cancer Institute or to the Centers for Disease Control and Prevention websites. Extensive Spanish language explanations on the various items specified above can be obtained in the Guía para Dejar de Fumar of the National Cancer Institute. This guide was revised in 2005 with an extensive seccion on nicotine replacement therapies and pharmacological aids, developed by Dr. Eliseo Perez Stable and colleagues from the University of California, San Francisco, pages 20-35 of the Guía.
http://www.scribd.com/doc/26481477/Guia-para-dejar-de-fumar or
http://www.slideshare.net/guest88739c/no-fumar-c.

The authors recommend learning about pharmacological aids as they can asist in the treatment to quit smoking. They can replace the nicotine the client/patient desires without the dangers of chemical sustances that are cotained in cigarettes.

PUBLIC POLICIES

Recommendations for Providers

In addition to helping your clients quite, as providers you can become involved in changing the environment your clients live in through policy. Already many laws exist that protect from dangers of secondhand smoke. However, many Hispanics are still unprotected and suffer from tobacco related disparities. You can make a difference in the lives of your clients by being involved in advocacy and policy.

What You Can Do To Support Social Norm Changes in Your Community

- Support increases in state and federal taxes on tobacco products.
- Utilize tax income from these tax hikes to increase tobacco prevention, cessation and control efforts in Latino communities.
- Eliminate the sale of cigarettes in all Tax Free stores, the DOD's PXs and in border communities in order to reduce access to cheap cigarettes.
- Support strict regulation of all tobacco products by the FDA including cigars, cigarillos, menthol cigarettes, and all new tobacco products.
- Eliminate vending machines from all settings.

What You Can Do To Protect the Families of Smokers from Second-hand Smoke

- Support comprehensive state and local Clean Indoor Air legislation and ordinances that include casinos, bars, restaurants and all indoor work places.
- Support local and state policies to achieve that all workplaces become smoke-free including construction sites, agricultural sites, landscaping sites, mining and other outdoor-based activities.
- Support local and/or state ordinances that create smoke-free parks, beaches, bus stops, cars, vehicles used for work purposes, fairgrounds, amusement parks, entertainment venues, stadiums, ballparks, rodeos, prisons, juvenile detention centers, immigration centers, homeless shelters, and all places where people congregate.
- Support smoke-free multiunit housing construction and regulation of apartments built with state or federal funds.
- Support smoke-free multi-unit apartment dwellings and rental properties.
- Promote model advocacy campaigns such as "Regale Salud" to help community organizations or community groups address secondhand smoke issues in multi-unit housing. The Regale Salud Toolkit is available at www.tecc.org.
- Support policies to assure that all substance abuse treatment settings are smoke-free and incorporate smoking cessation as integral to their substance abuse addiction protocols.

How to Support Prevention Policies in the Latino Community

- Create, identify, disseminate and fund the implementation of prevention programs and materials geared toward serving Latino families as units, in various settings: schools, day care centers, after-care programs, colleges and universities, vocational schools, and all educational settings and institutions.

- Assure that there are effective tobacco prevention curricula integrated into the school curriculums, so as to assure that this topic will not be cut, and institutionalize prevention especially in middle schools.
- Fund leadership training and capacity building for tobacco prevention and control at the local level so that communities can effectively engage in supporting tobacco policies such as higher and smoke-free air ordinances.
- Incorporate tobacco addiction and cessation curriculum in all medical, dental, nursing and all allied health professions schools, making it a requirement for certification and quality.
- Fund culturally and linguistically appropriate multimedia campaigns, materials and messages to inform about industry tactics and the dangers associated with tobacco use, including "harm reduction" options offered by the tobacco industry and secondhand smoke.
- Fund "Promotora" programs (community health workers) to take the tobacco prevention, cessation and control, messages and programs to the Latino community and advocate for change.

How You Can Support Cessation Related Policies

- Support the incorporation of cultural and linguistically appropriate services in all QUITLINE services.
- Support inclusion of counseling and comprehensive cessation services in all private and public health insurance plans.
- Provide free and/or reduced NRT and/or medications to all of those who wish to use them to quit smoking.
- Review the Public Health Guidelines in light of the high rate of Hispanic/Latinos who are low and intermittent smokers.
- Fund locally based cessation services at community-based organizations, community health clinics and Hispanic/Latino and minority and/or all providers who serve Latino communities.
- Fund multi-media campaigns in Spanish and English, including TV ads to promote cessation and the value of quitting.
- Include tobacco education and cessation interventions as part of the "quality control" measures for all health care professionals and health care services.
- Include tobacco questions in the Electronic Medical Records and/or Health Records of all patients.
- Include in all cessation surveys and Quitlines
  DMS if people smoke mentholated cigarettes, "low and intermittent" smoking and questions on "dual usage" of cigarettes and other products, including the use of cigarettes and nicotine replacement therapy.

Source: Tobacco consumption in the Latino population, Volume 1, Spring, 2010 of the National Latino Tobacco Control Network. ILI. Printed here with permission from NLTCN.

To obtain free electronic copies of this document and/or its translated Spanish version, provide comments, and/or obtain additional information about the National Latino Tobacco Control Network (NLTCN), please visit our website at http://www.latinotobaccocontrol.org/ or contact us at Indiana Latino Institute, Inc. - 445 N. Pennsylvania Street, Suite 800 - Indianapolis, IN 46204 | Tel: 317.472.1055 | Fax: 317.472.1056 | Toll free: 1-888-794-4291 | E-mail: jleroux@indianalatino.com

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Dr. Lourdes Baezconde-Garbanati (baezcond@usc.edu) is an Associate Professor in Preventive Medicine and Sociology at the University of Southern California. She is the Director of both TEAM Lab and Unidos por la Salud. Rosa Barahona is also at USC and is the Project Manager for the NLTCN in CA. Both are at the Institute for Health Promotion and Disease Prevention Research, Norris Comprehensive Cancer Center, Keck School of Medicne, University of Southern California. Cecilia Portugal is a former Associate Director of TEAM Lab and NLTC Unidos, and is currently at Kaiser Permanente, Southern California; Franco Reyna, is former Project Manager at the Multicultural Area Health Education Center and is now at the American Diabetes Association, Los Angeles, CA; and John Aguilera Jr is the Director of the National Latino Tobacco Control Network (NLTCN).

National Latino Tobacco Control Network (NLTCN)
Indiana Latino Institute, Inc., John Aguilera Jr., Director
445 N. Pennsylvania Street, Suite 800 - Indianapolis, IN 46204
Tel: 317.472.1055 | Fax: 317.472.1056 | Toll free: 1-888-794-4291
http://www.latinotobaccocontrol.org/
Contact Jean Leroux at e-mail: jleroux@indianalatino.com

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