Tobacco Information at a Click—acbhcs.org website—the ‘Go To’ Site for Providers
By Judy Gerard, ATOD Network Project Manager

There’s a wealth of tobacco-related information stored and ready for viewing and downloading at the Alameda County Behavioral Health Care Services (BHCS) website. Here you will find the Tobacco Treatment Resources tab located on the home page menu bar, offering 5 sections. These include the rationale for addressing and treating tobacco addiction, the BHCS Tobacco Policies and Consumer Treatment Protocols of 2011, how to reach the ATOD Network staff to schedule trainings, a reference and resource section, a ‘news flash’ section, and the NEW video tab. (Continued on Page 6)

Letting Go Of The Last Cigarette
By Cathy McDonald, MD, MPH, FAAP, ATOD NETWORK Project Director

For people trying to quit smoking, letting go of the last cigarette can be a big issue. That’s one reason why it’s often easier for a person to quit completely on a quit date than to taper down. Tapering down is often an important part of quitting, but when people use the taper down strategy, it can be quite helpful to have them plan to let go of the last 3-5 cigarettes on a quit day rather than tapering all the way down, one at a time, until there’s just that ‘last cigarette,’ which often becomes very difficult to give up. There are many people who end up having to deal with the last few cigarettes, or the last cigarette, so it can be helpful to consider what tools help with this. This issue was recently discussed on the ATTUD (Association for the Treatment of Tobacco Use and Dependence) listserv, and what follows is a synopsis of the suggestions made by list serve members. (Continued on Page 2)

Key Informant Interview Evaluation Results
By Rosalyn Moya, MPH

Last fiscal year, ATOD Network, implemented an evaluation to study the effects of the ATOD tobacco cessation trainings among agencies and health providers in Alameda County, which have attended one or more trainings from 9/10/2009-2/13/2014. The evaluation interviewed 15 providers through email or phone.

♦ 60% of participants provide behavioral health services, serve mental health clients, and/or clients who struggle with substance abuse.
♦ 73% of participants serve low-income, Calworks, poverty, homeless, and/or un-employed persons in their agency.
♦ 86% of participants work at agencies who provide outpatient care, while 7% provide inpatient and 7% provides other or non-clinical care.

Key questions asked participants:
1) How the trainings have impacted their agency and/or individual practices?
2) How their individual practices or agency policies have impacted clients?
3) What are some challenges participants have had in providing tobacco interventions to their clients?

(Continued on Page 4)
Letting Go Of The Last Cigarette

By Cathy McDonald, MD, MPH, FAAP, ATOD NETWORK Project Director (Continue from Page 1)

For the person who is having trouble giving up that first morning cigarette, one of the strategies is to have them put on a low dose patch at night so they have a significant level of nicotine still in their system in the morning to blunt their cravings. Alternatively, any of the short acting nicotine products can be used, patch, gum, lozenge, nasal spray or inhaler when the craving hits, or use in advance to prevent the craving. Try using a 4mg lozenge or gum, and have them cut it in half. If it is too strong, it will probably work better than starting with the 2 mg lozenge or gum. (This is something that should definitely be coordinated with the patient’s doctor because 4mg is recommended for those smoking more than 24 cigarettes a day. However some very experienced tobacco dependence treatment experts prefer this approach because they have observed that using the lower 2mg lozenge or gum is rarely effective). Mini lozenges seem to be more popular then regular lozenges. Keeping lozenge or gum at the bedside allows the client to reach for it even before getting out of bed.

Occasionally this comes up in a context where the client has completed a course of Chantix or Zyban/bupropion. The patient may think that the medication did not work because he/she is still smoking 1-2 cigarettes a day. In this instance, it is important to let the client know that he may well benefit from resuming/continuing the medication while trying to let go of these last cigarettes.

If you are using a carbon monoxide (CO) monitor, which is very helpful, you could check the patients CO level. If the patient is tobacco free except in the morning and you see them in the late afternoon and they have an elevated carbon monoxide level above 10 ppm, it is likely that they are actually smoking other cigarettes later in the day, and you should gently explore this. If the level is down below 10 ppm this can be used to give positive feedback to the client; letting them know that their level would probably be higher if the carbon monoxide testing was done in the morning. Be sure to tell them that when they let that last cigarette go, their CO levels will be below 10ppm all the time, which is the goal.

Since we are always dealing with the three components of the addiction triangle – physical, emotional and habit – it is important to remember to address the behavioral aspects of the power of the last cigarette.

It can be helpful to explore with the patient how he feels about letting go of that last cigarette. There is likely to be some grieving going on, as well as fear in starting the day without that morning cigarette. Try to get the patient to identify thoughts and feelings that he has before smoking that cigarette. Encourage him to journal about his thoughts.

Additionally, this individual is likely to still have tobacco and paraphernalia in the house. Emphasize that this stuff needs to be removed to make sure it’s not smoked or smelled longingly, which can trigger urges. Encourage disposal in a place where it cannot be retrieved. Sometimes it can be helpful to have a support person with the patient as he destroys the remaining cigarettes and disposes of the paraphernalia.

In his book, Quit and Stay Quit, Terry Rustin describes a process of planning a week in advance to let go of that last cigarette. He recommends planning your activities for the week and scheduling when you will have any cigarettes. In this plan you will highlight play and fun, as well as work, and be sure to include stressful situations you anticipate. Then you plan for the week after the last cigarette in detail, noting what support system you will use and when you might crave a cigarette most and how you will deal with that. He also recommends writing a good-bye letter to your cigarettes.

Here is a brief excerpt from a “Good Bye Tobacco – Hello Me” letter published in Rustin’s book: ......“I'm tired of being addicted to you, Tobacco, and having you dictate the shape my life will take. I don’t want to choose my friends on the basis of whether they smoke. I don’t want to have to avoid going places because I can't smoke there. I don't want to have to rush to the store at 10 pm to get my fix.”

A Systematic Team Tobacco Intervention in Medical Clinics Will Help More High Risk County Residents Quit Smoking

By Cathy McDonald, MD, MPH, FAAP, ATOD NETWORK Project Director

With the Affordable Care Act in full implementation, along with its mandate to address tobacco use, it’s imperative that clinics step up efforts to identify patients who smoke, that are ready to quit right now and make sure they get help. You may be surprised how many patients really are ready to quit smoking, and just need that extra nudge and help to get them going.

Several FQHC community clinics in Alameda County have already implemented a team approach, that’s showing some good results. The goal of this approach is to identify any patient that is ready to quit, at any visit, and offer immediate web referral to FREE counseling services through the California Smokers’ Helpline, and in many cases this can include free nicotine replacement medication. This referral is usually done by the medical assistant (MA), but this system takes a team approach, that includes training all team members on addressing tobacco and teaching them how they can work together to efficiently provide optimal services for patients. Our ATOD Network project can provide this training. Please contact us.

(Continued on Page 2)

Need help with your patients?
Dr. Cathy McDonald provides free technical assistance on tobacco dependence treatment and cessation techniques to physicians and other medical staff.
Call her at: 510-653-5040 X 315.
A SYSTEMATIC TEAM TOBACCO INTERVENTION IN MEDICAL CLINICS WILL HELP MORE HIGH RISK COUNTY RESIDENTS QUIT SMOKING  By Cathy McDonald, MD, MPH, FAAP, ATOD NETWORK Project Director (Continue from Page 2)

Here’s How It Works

When the medical assistant identifies that a patient smokes, she asks the patient to complete the left side of the low literacy mini cease form shown here. If the patient wants to quit and is interested in free ways of quitting, the MA can immediately do a very simple web referral to the California Smokers’ Helpline, OR if she’s strapped for time, she saves the info to be submitted by a designated staff member before the end of the day. The Helplines’ staff who are experts in motivational interviewing will follow-up with the patient, making 5 attempts to reach the patient in the next 24 hours. If the patient wants medication, nicotine patches can be provided by the Helpline, if acceptable per their protocol. In addition the helpline staff will coach the patient helping them to make the important behavioral changes that help people succeed in quitting. Helpline staff will keep working with willing patients who can’t quit on the quit date and those who relapse. They are a fabulous FREE resource. The advantage of this approach is that IT IS SIMPLE, and complicated patients who are interested in quitting will be more likely to be identified and get an intervention right away if staff is consistent in using this method. Simple patients who don’t yet recognize health consequences of smoking but want to quit will also be identified easily.

The mini cease form (shown on this page) can be scanned into the medical record, MA’s can make a note in Next Gen records under “tobacco cessation discussed” if the patient is referred to the Helpline.

If the patient is not interested in quitting this is easily identified and the providers and other staff can provide simple motivational interventions like exploring decisional balance: what the patient likes about smoking and what the downside is focusing motivational interventions related to their responses. The clinician can prepare a “my plan” guide that includes counseling done, referral to the helpline and medication given. Under “Instructions” at he end of the form the provider can enter which of the above components were done.

To make a web referral the MA or other staff can simply go on the web to: www.nobutts.org/referral. If your clinic/site isn’t registered, you’ll need to do that. Once your site is registered, you will be able to immediately select the umbrella agency and the specific site if more than one site, fill in the patient’s name, birthdate and telephone number and select the appropriate language. Then you must check a box near the bottom, to confirm the patient’s consent to have staff share their phone number with the Helpline, click on Submit. This process takes 1-2 minutes. The CHCN clinics in the county that this can be a tremendous benefit for patients who have numerous medical problems caused by smoking, and who may want to quit. It’s a simple way to prevent tobacco cessation assistance from slipping through the cracks. Don’t let the complexity of the medical interventions get in the way of getting the willing patient immediate help to quit smoking. Often these patients who smoke, and have multiple medical conditions, are quite motivated to quit smoking, if you ask and follow up. This approach can also increase your facility’s scores on tobacco intervention.

The doctor, nurse, counselor or medical assistant may talk to you about protecting others from the harms of smoking. They may use this sheet to best meet your needs.

Qutting smoking is one of the best things that you can do for your health and the health of your family.

How interested are you in quitting smoking cigarettes?

A lot  Some  A little  Not at all

Do you want to learn free ways to help you quit?

Yes  No  Not sure

Are you interested in medicine to help you quit?

Yes  No  Not sure

Make a no smoking rule for everywhere in your home and car.

Original form 8.5x11
Key Informant Interview Evaluation Results

By Rosalyn Moya, MPH (Continue from Page 1)

Key Questions #1 asks how the trainings have impacted their agency and/or individual practices. The evaluation found that 87% of participants address tobacco-use, through cessation or policy, in their agency. A participant explained, “the agency has set up a no smoking at the workplace, no smell of smoke, no talking about tobacco around the clients, no evidence of tobacco use at the workplace.” Another participant said, “We have recently begun a new protocol regarding smoking cessation. We are now on the registry for California’s Smokers Helpline and are beginning to fax referrals over.”

Key Questions #2 asks how their individual practices or agency policies have impacted clients. 80% of providers report successfully helping clients to quit, reduce and/or modify tobacco-use. Modify tobacco-use includes reducing the number of cigarettes, and not smoking at home or around their children.

Providers report other benefits including, clients helping other clients quit (27%), as well as helping their client with Nicotine Replacement Therapies (53%), moving clients through the stages of change (40%), as well as increasing client knowledge of their tobacco-use (67%). A participant revealed, “One of our clients who attends a Day Tx program with heavy smokers was able to quit and get the staff there to start a tobacco cessation group where he is a mentor.”

Additionally, the evaluation found that 40% of participants reported helping their clients improve other parts of their lives, such as stress or anxiety management, exercise, nicotine-free breast milk, overall health, diet, social life, and finances.

One of the participants explained, “clients have discussed reduced cigarette consumption and explored other means of dealing with stress and anxiety. Many have mentioned resorting to focused breathing exercises or athletic activity in place of smoking.”

Key Questions #3 asks what are some challenges participants have had in providing tobacco interventions to their clients? Participants’ most common challenges included the need for alternative or additional support for their clients (60%), and finding that their client is not ready to quit (53%).

One of the Participants described, “the challenge is maintaining their motivation. They report increased level of motivation when they are receiving counseling, but when they return home, their motivation decreased as they continue to practice their daily routines of schedule smoke breaks or forget what was practiced in sessions.”

Other Challenges include: difficulty in serving MH clients (27%), Challenges with NRT’s (27%), Staff/Agency challenges (33%), and clients struggling to quit due to social environment (27%). Participant Quote: “Participants who have a history of substance use and are reluctant to add NRT’s to their regimen, fearing they will get addicted to another substance.” Participant quote: “Linking clients to NRT. Sometimes it was difficult to connect with their medical providers to communicate around dosages and insurance companies were also difficult to navigate in terms of requiring TARs and limiting the duration of time clients could receive NRT medications.”

One of the participants explained, “I also feel challenged by how to address the intense mental health struggles that people face when it comes to the addiction of cigarettes. The psychological and emotional addiction process feels very powerful and baffling, and I always wish I had more tools for supporting people. Especially in the area of emotions, tools and interventions that they can take home and try out. Something beyond the ‘just try reading instead’ Sometimes that just doesn’t get at the heart of what people are battling inside.”

Another participant added, “The most challenging is with those who live at a Board and Care facilities. According to our consumers, the Board and Care staff encourage ‘smoke breaks’ when all consumers living at the facility are encouraged to smoke and socialize. There are about 3-4 ‘smoke breaks’ everyday...Most of our SMI consumers reported feeling pressured to continue smoking to “keep the peace and keep friends.”

ATOD Network will address some of these challenges by incorporating discussions on these topics during our trainings. In addition, we also provide Technical Assistance. In the meantime, a few quick tips from Dr. McDonald on page 5.
As an adjunct to Rosalyn’s reporting article, I’d like to address a few of the concerns expressed by the interview respondents.

Ways to move clients from contemplation to preparation:

♦ Decisional balance: Ask client – Part 1: What is good about smoking? What is the down side? Part 2: Ask client to imagine being smoke free: What would be the downside and what would be good about that? Explore the client’s answers, using open ended questions and reflections. Put the emphasis on the positive, or change talk comments clients make.

♦ Scaling: Ask client – How important is it to him to quit 1-10? How confident is he that he can quit 1-10? IF he is not ready to quit encourage him to do pack track and return in a week for further discussion.

♦ Review these videos. There are several great videos that demonstrate these skills at:  
  - https://www.youtube.com/watch?v=MixAphYLZy0
  - https://www.youtube.com/watch?v=31UwtqdT-zw

Other questions that can open things up for a contemplating client are:

♦ Ask client – If you decided to quit how would you go about it?
♦ If you continue to smoke cigarettes how will things look in 1-5 years?
♦ What would it be like for you to quit for a day if we gave you all the tools to feel comfortable?
♦ Remember that you can let patients know that the California Smokers’ Helpline at 1-800-NO-BUTTS is an awesome support. And it is FREE!

With mental health clients, you can use similar strategies. A big barrier for mental health clients living in board and care is that there can be a lot of smoke around them. Enlist help from the other professionals working with the client: case manager, therapist, psychiatrist and board and care provider to provide more smoke free support. An example would be moving the smoking from the porch to a corner of the grounds. For someone who feels guilty that she has not quit in the past let her know that she has been doing the best she can and if she keeps trying – getting evidence-based treatment of medication and counseling – she will continue to make progress.

Ways to keep motivation high after clients have left your office and are at home.

♦ Have clients post their reasons for quitting all over the house, apartment, car and mirror – to help them remember why they wanted to quit. When people are dependent on a substance they often have a lot of amnesia and forget why they wanted to quit in the first place.
♦ Help the person to complete the 5 Keys to Quitting (go the Tobacco Tab at acbhcs.org for a copy). Specifically have them identify ways to stay connected with their plan when at home, such as: getting scheduled support from a friend who has quit and phone numbers of supporters to call if craving, and/or things to do to help reduce stress.
♦ For individuals who have stopped using other substances, and who may be afraid to use NRT because of fear of addiction, be sure and let them know that less than 2 % if smokers get addicted to NRT because it is used differently than cigarettes and it affects the nicotine receptors differently.
♦ Alternatively they could use non-nicotine medication – either Zyban or Chantix, which needs a prescription.
♦ Nicotine Anonymous is a very good resource if they are in recovery from alcohol and drugs. Schedules can be found at www.nicotine-anonymous.org.

Most importantly – Keep working with your clients, and practicing your skills. And you will continue to get better at helping clients move through the stages of change and eventually quit!

**CESSION PROVIDER ROUNDTABLE DISCUSSION**

The Roundtable Discussion will include:

- Special Topic: How to web-Refer clients to the CA Smoker’s Helpline and How to tweak your agency tobacco policies to support optimal environments for your clients to quit smoking.
- Meet and Learn from your Peers
- Time to talk about issues that are important to YOU
- Information and Resource Sharing
- Get CEU credits for RNs, MFTs, LCSWs, CAADAC.

This is a special workshop of the Alameda County Behavioral Health Care Services. Space is limited. Please RSVP by Dec 4, 2014

Call Judy Gerard, Cessation Task Force Facilitator at 510-653-5040 ext 349 or email Judy at atodnetjudy@aol.com.
Under the tab titled Tobacco Treatment References and Resources, you will find a wide variety of informative educational handouts, national tobacco treatment guidelines, research articles, and ‘how to’ toolkits. Scrolling down you’ll find the documents organized into sections. Two sections are devoted to client/patient handouts, if you’re looking for an informative handout to give a patient on the benefits of quitting, or flyers that explain links between tobacco use and heart disease, COPD, diabetes, asthma etc., just ‘click and print.’ If you need a handout to give clients regarding detailed information on how to use all 7 of the FDA approved tobacco treatment medications, including the 5 nicotine replacement products, plus Zyban and Chantix – this is where you’ll find them. Many of these handouts are also available in Spanish as you scroll to the bottom.

There are a couple of sections for clinicians and health providers – quick reference guides to what’s covered by Medi-Cal and Alameda Alliance, how to prescribe tobacco treatment medications, what works, and tips from experts. At the top, there’s a section titled Articles, Presentations, Guidelines and Toolkits. Here you will find an extensive list of best practices guidelines - articles, toolkits and curricula, as well as guides from SAMHSA and the US Public Health Service Clinical Practice Guidelines, 2008 – all available to help expand your knowledge of how to treat tobacco in clinical settings. This is where you’ll find recent and a few archived issues of our bi-annual newsletter, which as readers, you already know offer up to date information on tobacco-related treatment, policy and advocacy.

If you are working on implementing tobacco-free grounds and programs, and looking for guidance, under the second menu tab you will find the BHCS Tobacco Policies and Consumer Treatment Protocols of 2011, along with the Tobacco Free Toolkit for Community Health Facilities. This 50-page toolkit was developed collaboratively by the Federal Dept. of Health and Human Services, and the Los Angeles County Dept. of Public Health. It addresses and answers a lot of questions agencies have when they embark on implementing tobacco-free policies. And it provides sample documents, notification letters, and policies agencies can personalize for their own use.

There’s also a News Flash. This tab is where a variable mix of ‘hot off the press’ new documents are posted as a way to emphasize and showcase new information and updates. Among the list, here you’ll find the news that Medi-Cal fee for service now covers nicotine gum and lozenge with just a prescription instead of the Treatment Authorization Request (TAR) that was required before. There’s also information about e-cigarettes, including a Fact Sheet you can print out and give to clients, or post in your waiting rooms.

And finally, NEW to the site is the Video Tab. This was added as a quick access links to web-based tobacco education and treatment videos that you can show clients in one-on-one sessions or small group settings. Most of the videos are very brief. 30 seconds to 2 minutes, and cover a broad range of tobacco and health care scenarios, and feature multi-ethnic real people who tell their stories, especially links to the CDC’s national program called Tips From Former Smokers.

We encourage you to use this wonderful resource often as your quick reference ‘go to’ place to find the information you need to help your clients quit smoking. Click on acbhcs.org and check it out for yourself.
**Tobacco Education Handouts Available Online!!!!**

(*also available in SPANISH*)

Handouts Available at: [http://www.acbhcs.org/tobacco/resources.htm](http://www.acbhcs.org/tobacco/resources.htm)

Or from [www.acbhcs.org](http://www.acbhcs.org), click on “Tobacco Treatment Resources” tab and scroll down to “tobacco treatment/references and resources” scroll down the page under the same headings and list on this page. Click on the PDF picture and save.

The website is constantly updated; please check online for the full list.

### Using Pharmacotherapy Medications – Client/Patient Handouts

<table>
<thead>
<tr>
<th>Handout Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tips from the Experts ***</td>
<td>Flyer- Advise based on the latest research evidence and the clinical expertise on tobacco treatment</td>
</tr>
<tr>
<td>Nicotine Gum ***</td>
<td>Each handout includes information on:</td>
</tr>
<tr>
<td>Nicotine Patch ***</td>
<td>What it is</td>
</tr>
<tr>
<td>Nicotine Lozenge ***</td>
<td>Step-by-step directions on how to use it properly</td>
</tr>
<tr>
<td>Zyban-Bupropion ***</td>
<td>Do’s and Don’ts</td>
</tr>
<tr>
<td>Chantix Varenicline ***</td>
<td>Warnings</td>
</tr>
<tr>
<td>Inhaler</td>
<td>Contact support information</td>
</tr>
<tr>
<td>Nicotine Nasal Spray</td>
<td></td>
</tr>
</tbody>
</table>

### Tobacco Education / Resource Information – Client/Patient Handouts

<table>
<thead>
<tr>
<th>Handout Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Benefits of Quitting Tobacco ***</td>
<td>Flyer- Lists benefits of quitting tobacco as time passes– 20mins to 10 yrs from last cigarette</td>
</tr>
<tr>
<td>Diabetes and Smoking ***</td>
<td>Flyer – Facts about Smoking and Diabetes</td>
</tr>
<tr>
<td>Smoking and Heart Attack ***</td>
<td>Flyer – effects of smoking on heart attacks and benefits of quitting to reduce risk</td>
</tr>
<tr>
<td>Tips for People Who Smoke and Are Having Surgery</td>
<td>Flyer – how smoking leads to complications during surgery and anesthesia. Provides steps for a more successful surgery</td>
</tr>
<tr>
<td>Tobacco Intervention for Early COPD Saves Lives</td>
<td>Flyer – Explains COPD smoking, as well as how quitting can help lung function</td>
</tr>
<tr>
<td>Asthma – Why Protect those Who Have Asthma from Cigarette Smoke ***</td>
<td>Flyer – Facts and information on how smoking affects people (children and teens) with asthma, benefits of quitting smoking, and ways to protect those with asthma from SHS</td>
</tr>
<tr>
<td>Asthma and Smoking ***</td>
<td>Flyer – Facts about Asthma and smoking, how smoking affects people with Asthma</td>
</tr>
<tr>
<td>CDC Warning – Coronary Heart Disease</td>
<td>Simple flyer - CDC warning that secondhand smoke increases heart attacks</td>
</tr>
<tr>
<td>Tobacco Fact Sheet</td>
<td>Flyer – Facts about tobacco</td>
</tr>
<tr>
<td>Tobacco Fact Sheet for Teens</td>
<td>Flyer – Facts about tobacco</td>
</tr>
<tr>
<td>Flu Shot flyer ***</td>
<td>Flyer – Explains how smoking increases risk for flu</td>
</tr>
<tr>
<td>Living Free Brochure– tips on avoiding relapse</td>
<td>Brochure – Triggers, managing negative thoughts, getting support, make a plan</td>
</tr>
<tr>
<td>AC Tobacco Cessation Resource List</td>
<td>Brochure – Alameda County Tobacco Cessation Resource List from ALA</td>
</tr>
<tr>
<td>Nicotine Anonymous</td>
<td>Handout – Article describing NA, and lists phone &amp; local NA cessation support</td>
</tr>
<tr>
<td>5 Keys for Quitting ***</td>
<td>Handout to help create a quit plan – created by the US Dept. of HHS</td>
</tr>
<tr>
<td>Benefits of quitting tobacco for People in Recovery</td>
<td>Flyer – Lists Benefits of Quitting Tobacco for People in Recovery from Alcohol and Drugs. Lists Facts about Tobacco and Substance Abuse.</td>
</tr>
<tr>
<td>Carbon Monoxide</td>
<td>Handout for providers who use Carbon Monoxide monitors on their patients/clients. Explains Carbon Monoxide Test Score and Facts about Carbon Monoxide</td>
</tr>
</tbody>
</table>
Here’s your Fall 2014 Issue of the NICOTINE NICOTINE NICOTINE FREE NEWS!

UPCOMING TOBACCO TRAINING

Dec. 9, 2014 - Tobacco Cessation Roundtable
♦ Held at the Behavioral Health Care Services headquarters at 2000 Embarcadero, Oakland, CA
♦ 9:00 am to 12:00 pm

Email: moyar@sutterhealth.org for training flyers

**ON-SITE STAFF TRAININGS AVAILABLE**
Alameda County AOD, Mental Health, and Primary Care Providers can schedule an on-site staff tobacco training at your agency by calling Judy Gerard at (510) 653-5040 X 349.

For the latest information on tobacco treatment and resources, go to www.acbhcs.org click on the Tobacco Tab.

Free Cessation Services

- California Smoker’s Helpline
  For one-on-one cessation counseling call 1-800-NO-BUTTS

- Free cessation classes:
  - East & West Oakland Health Center - Joyce Riley, 510-835-9610
  - Berkeley Tobacco Prevention Program - Quit Smoking Classes. For more information and/or class schedule, call 510-981-5330 or email quitnow@ci.berkeley.ca.us.

- Check other free cessation classes listed in the Alameda County Cessation Resource Directory. Available at: www.tobaccofreealamedacounty.org or www.ACBHCS.org website under “Tobacco Treatment/References/and Resources”