



# Nicotine-Free News

## Alameda County Provider Network for Tobacco Dependence Treatment and Cessation

Alameda County Cessation  
Provider Training and  
Support Network  
Newsletter

Spring 2015  
Issue 42



### A Tobacco-Free Homeless Shelter - *St. Mary's Center In Oakland Is A Star Program And A Model To Follow* By Judy Gerard, ATOD Network Project Manager

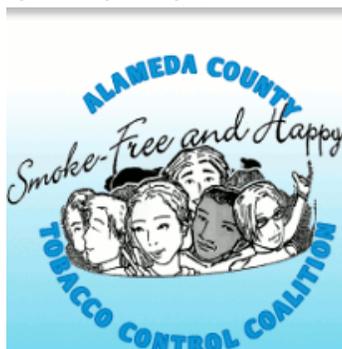
We all learn from others, and especially from our peers. This is particularly true when learning how to implement comprehensive, agency-wide tobacco policies, and treating clients for tobacco addiction. It's often difficult to accomplish these goals at an out-patient facility where clients come and go to receive various services, and where it may be harder to define outdoor boundaries. Add these conditions to the mix at a homeless shelter, and you have a significant challenge on your hands. This is what St. Mary's Center in Oakland faced over 10 years ago when they began to realize that their clients could really benefit from quitting smoking, and that staff would prefer not to walk through clouds of smoke when they came to work. So, St. Mary's Executive Director Carol Johnson, and other staff, began a discussion on what they could do to make changes, and then embarked on a process of changing norms.

Located on San Pablo Ave. in a downtrodden area of W. Oakland, St. Mary's provides winter shelter for homeless seniors, as well as case management and substance abuse treatment services year round. At that time 10+ years back, a significant number of clients smoked, and many had smoked for decades. Staff decided that establishing tobacco-free grounds would give a strong message to clients, and would probably be the easiest policy to implement. So they began that process, and implemented tobacco-free grounds in 2005. To address the boundary issue, they erected an attractive metal fence all around the front and sides of their street corner property, which enclosed the parking lot and front grounds. And put up signs that read: Tobacco-Free Zone – Thanks for Your Support. At the same time, they talked with clients about compliance and began enforcing this tobacco-free zone.

(Continued on Page 3)

### Alameda County Tobacco Control Coalition: Our Leading Local Group for Advocating Tobacco Control Policies in Alameda

By Rosalyn Moya, MPH



Find out what tobacco-free waves we are making in Alameda County by connecting with the Alameda County Tobacco Control Coalition (ACTCC). Get connected via their Facebook page, Twitter, website page, or meet other local providers, agencies, and community members by coming to the coalition meetings.

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**Upcoming Training Registration**  
Email [moyar@sutterhealth.org](mailto:moyar@sutterhealth.org)  
for details!

### NEW!!! ATOD Network Cessation Conference Call

This is an opportunity to ask questions related to treating your clients about tobacco. Ask specific questions or bring up specific cases. Dr. Cathy McDonald will host the call.

**When: Tuesday, June 2, 2015  
12:30-1pm**

Just call: (712) 775-7031  
and then  
Dial Meeting ID: 194-388-309 #



**NEW STUDY:****NICOTINE PATCH PLUS VARENICLINE (TRADE NAME CHANTIX)  
INCREASES QUIT RATES COMPARED TO JUST VARENICLINE ALONE!**

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



A new double blind random control study demonstrated that pretreatment with nicotine patch for one week followed by varenicline plus patch for 14 weeks resulted in significantly higher continuous abstinence rates of 55.4% at 12 weeks and 49% at 6 months, compared to varenicline alone 40.9% (at 12 weeks), and 32.6% (at 6 months) respectively. Point prevalence abstinence rates (being abstinent for the last 7 days) at 6 months were 65.1% vs 46.7%; again showing superiority of the combination.

Although varenicline received a black box warning because of reports of erratic and/or suicidal behavior scientific studies have failed to substantiate this connection even in a group of patients with schizophrenia and or schizoaffective disorder (Williams et al. 2013). Of course you still need to do appropriate screening of patients to ensure safety, but this study provides an alternative that may be especially helpful to some patients.

The study authors pretreated patients who were motivated to quit with 15 mg nicotine patch 16 hours a day (removing the patch at night) for a week before they began ramping up the Varenicline at the standard 150 mg po qd x 3 days followed by 150mg bid for 4 days. Then the patients were expected to quit. The combination of nicotine patch

and varenicline continued for a period of a total of 15 weeks of patch and 14 weeks of varenicline. During the last week they tapered the Varenicline (not standard practice) to 150mg bid x 3 days, followed by 150 mg qd for 4 days, then discontinued meds. The patients were seen at the beginning and at the target quit date 2 weeks into the study and at weeks 1,2,4, 8, 12, and had phone contacts at weeks 13, 16 and 24. Importantly 10 minutes of smoking cessation counseling consistent with the US Public Health Service Guidelines was provided at every visit for a total of at least 9 counseling sessions.

These patients had smoked for an average of 26 years and had an average of only 1.5 prior quit attempts. The authors observed more side effects in the placebo patch group than in the nicotine patch group. Surprisingly, there was no difference in reported withdrawal symptoms between the two groups. There was numerically more nausea, sleep disturbance, skin reactions, constipation and depression in the combination group. But this difference was only significant for skin reactions.

The authors discuss the other varenicline in combination studies and reported that a recent Cochrane analysis covering 267 studies showed that varenicline was more effective than nicotine patch or gum or other NRT alone in increasing the odds of quitting, but not more effective than combination NRT in doing so. Ebbert's study of varenicline combined with bupropion did increase point prevalence abstinence at 26 weeks compared to varenicline alone but the result was not statistically significant. Hajek's study of patch plus varenicline did not result in a significant benefit of the

combination but it only looked at 4 and 12 weeks and the sample was smaller.

Both groups in this study did quite well. The patients got a lot of counseling 9 x 10minute sessions over 24 weeks. Even in the varenicline group, patient results were impressive. It is hard to understand why this study produced such impressive differences between varenicline alone and in combination with nicotine. As we know varenicline partially blocks the receptors as well as partially stimulating it, so it is possible that the combination was better able to saturate the receptors. If this was the case it is surprising that the two groups reported no difference in craving. However, one thing seems clear. If you are working with a patient who is eligible to use this combination and wants to quit, you might want to share this information with his or her clinician, and or prescribe it yourself if you are a clinician, because it had impressive results.

In all your cases, I urge you to connect the patients you are working with to the free California Smokers' Helpline at 1-800-no –butts for counseling and to follow up aggressively yourself to promote optimal results. You are also welcome to call me at 510-653-5040, x315, or email: [cmcdonatr@aol.com](mailto:cmcdonatr@aol.com) .

Reference for Journal Article: Coenraad F.N. Koegelenberg et. Al. "Efficacy of Varenicline Combined With Nicotine Replacement Therapy vs Varenicline Alone for Smoking Cessation—A Randomized Clinical Trial" Journal of American Medical Association (2014) 312 (2):155-161



## **A Tobacco-Free Homeless Shelter - St. Mary's Center in Oakland A Star Program, A Model to Follow**

By Judy Gerard, ATOD Network Project Manager (Continue from Page 1)

Smoking on the grounds became less and less, and compliance became something that the clients themselves monitored. As this environment became sacrosanct, staff installed raised bed vegetable gardens, and landscaped the perimeter near the fence with flowering plants. They put in benches and tables for clients to enjoy the company of friends in an outdoor setting, without being exposed to secondhand smoke. St. Mary's outdoor courtyard became a tobacco-free safe-zone, and a place of beauty and peacefulness.

They received mini-grants over the years to work on tobacco policies, first from Alameda County Tobacco Control Program, and more recently several from Behavioral Health Care Services (BHCS). To support their efforts, ATOD Network staff provided on-site staff tobacco education and training, and staff attended skill-building clinical trainings held at BHCS. After the tobacco-free grounds became normalized and clients compliant, over the last 5+ years, St. Mary's intensified their efforts toward treating clients for tobacco dependence. Using their small grant funding, they implemented a tobacco cessation and awareness program they called: *"When the Smoke Clears."* This program included screening every client at intake for tobacco-use, advising them to quit smoking, conducting a cessation group, and providing nicotine replacement therapy (NRT) for overnight residents. Their Recovery 55 group for substance abuse treatment also started including nicotine as a drug of addiction, and clients began talking about their tobacco-use and efforts to quit smoking as a regular part of the discussion. Weekly motivational support groups, along with postings of the tobacco 'fact of the week,'

educated clients about the hazards of secondhand smoke, and the benefits of quitting. All these efforts helped move clients toward making quit attempts. Clients who had quit invited those trying to quit to a peer led support group.

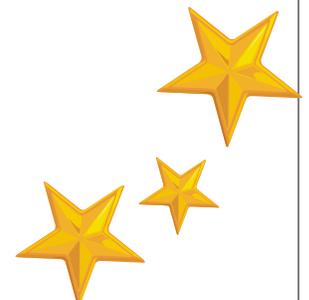
From early December until May 1, clients are sheltered overnight at the facility. They must be in the facility by 4pm and cannot smoke until the doors are opened at 8am, and they're free to leave. To decrease withdrawal symptoms and cravings, those who request it can receive nicotine gum and lozenges, along with instruction how to use these products. Individual tobacco cessation motivational counseling is also integrated into case management, and clients can receive acupuncture treatments to enhance their quit smoking efforts. In May, the clients who have participated in quit smoking groups and counseling are invited to go on a 'tobacco-free' excursion to places like the San Francisco Aquarium.

Hundreds of clients have received some type of tobacco cessation intervention over these last few years. A number have quit smoking and some regularly attend the peer support and Recovery 55 groups, where tobacco is now addressed in the same context as substance use. Clients actively engage in supporting each other to quit smoking, and openly discuss their quit attempts as they move toward successfully quitting. Those who have quit share their success stories and how their lives have changed since quitting. They talk about how quitting smoking improved their substance use and mental health recovery, and how improved finances allowed them to save money to put toward securing housing in buildings that are more frequently non-smoking units.

And how pleased they are that now they are able to purchase things they want and need – heretofore unaffordable because their money was used for cigarettes. Case managers also work with clients to get NRT for those with Medi-Cal, and help clients set up counseling sessions with the CA Smokers' Helpline. ATOD Network staff supported St. Mary's throughout this process, and we are extremely proud of their accomplishments.

St. Mary's is now an exemplary tobacco cessation service provider and a model tobacco-free program. Last Fall, during an event hosted by St. Mary's, case manager Reese Craighead shared their experiences about becoming a tobacco-free homeless shelter to a few other shelters and programs interested in working on tobacco-free grounds and programs. In 2012 Alameda County Tobacco Coalition presented St. Mary's with a Recognition Award for their outstanding work and model program. St. Mary's Center proved that making a commitment to become tobacco-free, and then sticking to the process the whole way through, resulted in life-saving, life changing outcomes that gave many of their elderly, vulnerable clients a new lease on life. Nicely done.

For more information on how St. Mary's navigated this process you are invited to contact Executive Director, Carol Johnson at 510-923-9600 x 223. Email: [cjohnson@stmaryscenter.org](mailto:cjohnson@stmaryscenter.org).





## E-CIGARETTES - FACTS AND INFORMATION FOR CLINICIANS IN ALL SETTINGS

### *Register Below*



**Lead Trainer:** Cathy McDonald, MD, MPH - ATOD Project Director  
**Guest Presenter:** Phillip Gardiner, PhD, Researcher and Data Analyst, CA Tobacco Related Disease Research Program

**Description:** Learn what you need to know to be able to competently answer questions and inform your patients and clients about e-cigarette use. Drs. Cathy McDonald and Phil Gardiner will present the latest research data and information, including what is already known about potential dangers of e-cigarette use. Participants will receive useful handout packets.

**Who Should Attend:** Clinical practitioners from all settings: Staff from substance abuse, mental health and primary care, pediatric and perinatal providers, teen and TAY program staff, health educators, case managers and social workers, cessation facilitators and any other healthcare provider staff.

**Training Objectives: Training participants will:**

- Learn how e-cigarettes work and how they deliver nicotine to users
- Learn 3 facts about potential dangers of e-cigarette use
- Learn evidence-based strategies providers can use to help clients quit smoking regular cigarettes

**Thurs., April 23, 2015**  
**9 a.m. – 12 noon**

**FREE training. FREE Parking**  
**Behavioral Health Care Services**  
**2000 Embarcadero, 4<sup>th</sup> Floor**  
**Oakland, CA 94606**  
In the Gail Steele Room

For more information, please email  
Judy Gerard at [atodnetjudy@aol.com](mailto:atodnetjudy@aol.com)  
To register: email [moyar@sutterhealth.org](mailto:moyar@sutterhealth.org)

This training is sponsored by Alameda County Behavioral Health Care Services (BHCS) in contract with the Alameda County Provider Network for Tobacco Dependence Treatment and Cessation, located at Thunder Road in Oakland, CA. (Thunder Road is an affiliate of Alta Bates Summit Medical Center and Sutter Health).

**CEU Credits:** This course meets the qualifications for 2.5 hours of continuing education credit for MFTs, LPCCs and/or LCSWs as required by the California Board of Behavioral Sciences, Provider Approval Number PCE 307, the California Board of Registered Nurses, BRN Provider Number 12040, and the California Foundation for Advancement of Addiction Professionals (CFAAP), Provider Number 4C-04-604-0616. Certificates of Attendance issued for counselors registered with a State Certifying organization. All participants receive a Certificate of Completion.

**\*\*\*\* Training is primarily for BHCS funded and Alameda County health care providers. As space permits, staff from non-BHCS-funded programs may register.**

### **REGISTRATION FORM:**

Please fax or email registration to: Rosalyn Moya at 510-653-6475 or [moyar@sutterhealth.org](mailto:moyar@sutterhealth.org).

**IMPORTANT: Registration deadline is April 21, 2015. Please bring your own snacks and beverages.**

NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DISCIPLINE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_



## Electronic Cigarette Fact Sheet



Answers to Some Frequently Asked Questions

**What are they?** - E-cigarettes look like a traditional cigarette. They're a battery-operated device used to heat a liquid-filled cartridge that usually contains nicotine. This creates a vapor that delivers nicotine, along with flavored additives and other chemicals, into the lungs and up to the brain and other parts of the body.

**Are they Dangerous?** - The short answer is, they could be and probably are. They are NOT currently FDA regulated, quality controlled or approved, and have not been adequately tested for safe use. The FDA found that the nicotine levels in some of the cartridges varied greatly. Preliminary testing found detectable levels of known carcinogens (cancer causing chemicals such as nitrosamines and chemicals used in anti-freeze) in the vapor of some e-cigarettes. The amount of nicotine contained in e-cigarette liquid to refill cartridges, if swallowed by a child or an adult, would cause death. E-cigarettes need a lot more testing.

TobaccoFreeCA

**IT'S NOT JUST  
"HARMLESS WATER VAPOR"**

**E-cigarette aerosol contains  
at least 10 chemicals on  
California's Prop 65 list of  
chemicals known to cause  
cancer, birth defects or other  
reproductive harm.**

- TOLUENE
- ACETALDEHYDE
- BENZENE
- CADMIUM
- FORMALDEHYDE
- ISOPRENE
- LEAD
- NICKEL
- NICOTINE
- N-NITROSODIMETHYLAMINE

GONHEWITZ, M.L., ET AL., LEVELS OF SELECTED CARCINOGENS AND TOXICANTS IN VAPOUR FROM ELECTRONIC CIGARETTES. TOB CONTROL 2014; 23(2): P. 115-9.  
WILLIAMS, S.L. II, METAL AND TOXIC PARTICLES INCLUDING NANOPARTICLES ARE PRESENT IN ELECTRONIC CIGARETTE CARTRIDGE FLUID AND AEROSOL.  
PLoS ONE 2013; 8(3): P. E57877.  
CALIFORNIA OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT. SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT OF 1986. CURRENT PROPOSITION 65 LIST.  
©2014 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

**Are they Legal?** - Legal status has not yet been determined. The FDA has been challenged regarding their jurisdiction over e-cigarettes. Canada and Australia have banned e-cigarettes, and it's illegal to sell them to minors in CA.

**Who's Selling them?** - Originally they were made and distributed by Chinese manufacturers into the US and world markets. The products varied in quality, price and nicotine content. However in the last 18 months, all 3 major US tobacco companies, and at least one cigar company, have bought e-cigarette companies or are manufacturing their own. These companies are currently modifying the designs to be 'slick and cool,' and are working on quality control. As people quit smoking tobacco, tobacco companies see these products as the next wave of profit, and to keep people addicted to nicotine by normalizing smoking again.

**Will they Help a Person to Quit Smoking?** - The manufacturers and the tobacco industry would like you to believe this is true, but so far there is inadequate scientific research evidence to recommend e-cigarettes as a way to quit smoking. Some small studies have shown that some people have quit smoking tobacco by using e-cigarettes, but most continue to use the e-cigarettes because they are still addicted to nicotine. E-cigarettes may satisfy the 'hand mouth' action, a habit enjoyed while smoking cigarettes, and they may have fewer harmful chemicals than smoking tobacco, but this does not mean they are a safe effective way to quit smoking. And the user is still dependent on nicotine to help them cope with life. If you want to quit nicotine addiction, e-cigarettes probably won't help. There are 7 safe, FDA approved, quality controlled medications including 5 nicotine replacement products and 2 non-nicotine medications that have been scientifically proven to help smokers quit smoking tobacco. It is recommended that these products be used for quitting smoking and safely weaning nicotine addiction.



(Continued on back page)



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**What about Secondhand Vapor Exposure?** - One thing that appeals to e-cigarette users, is they feel they can 'light up' in places where tobacco cigarettes have been banned – in workplaces, public buildings, stores, movie theaters etc. Again, there hasn't been enough FDA testing of these vapors to insure safety for secondhand vapor exposure. National anti-tobacco advocates, the American Heart Assoc. American Cancer Society, and the American Lung Assoc. all support legislation that would prohibit e-cigarette use in places where tobacco smoking is prohibited. New Jersey has passed this legislation. CA has yet to pass a state law on this, but some cities and counties in California have done so, to protect our clean air and continue to de-normalize smoking.

**What about E-Cigarettes and TEENS?** - E-cigarettes probably have the greatest appeal to the youth and young adult market because they are viewed as 'cool,' are often flavored, and some have tips that glow. And teens can find them appealing when socializing. The National Youth Tobacco Survey showed a doubling of use by middle and high-school students from 2011-2012 – 20% of the middle school students, who had never smoked a regular cigarette, HAD used an e-cigarette. These young teens are at risk for becoming addicted to nicotine. Many public health officials are concerned that e-cigarettes will increase nicotine addiction in youth, and when e-cigarettes aren't available, they will resort to smoking tobacco cigarettes.

**What WORKS if a Person wants to Quit Smoking?** - The most effective way to quit smoking is to get some good coaching and support, and use FDA approved nicotine replacement products (patches, gum and lozenges), or prescription medications: Zyban or Chantix. The California Smokers' Helpline has helped 600,000 Californians to quit. Anyone can get *FREE* help by calling 1-800-NO-BUTTS. You can also go to <http://smokefree.gov/smokefreetxt> to get free support and encouragement in the form of text messages to help with a quit attempt. Be sure to talk to your doctor about medication to help you quit, or purchase over the counter nicotine patch, gum or lozenge at the drug store. The important thing in quitting is to keep trying - one 24 hour period after another.

Information contained in this document was consolidated and edited from the American Legacy Foundation Electronic Cigarette Fact Sheet, (2009) For more information - <http://www.legacyforhealth.org/> and

Alameda County Behavioral Health Care Services Informational Document on Electronic Cigarettes (2013). For the complete document - <http://www.acbhcs.org/>.

Info graphics: Campaign for Tobacco-Free Kids and Tobacco-Free California

Prepared by the ATOD Network tobacco dependence clinical training program located at Thunder Road, Oakland, CA. Oct. 2013





## Alameda County Tobacco Control Coalition: Our Leading Local Group for Advocating Tobacco Control Policies in Alameda

By Rosalyn Moya, MPH (Continue from Page 1)

Get connected via their Facebook page, website page, or meet other local providers, agencies, and community members by coming to the coalition meetings.



Like the Facebook page by searching, "Alameda County Tobacco Control Coalition" and click Like.



Follow ACTCC on Twitter:



@ACTCC1

Go to their website: <http://www.tobaccofreealamedacounty.org/> which is managed by the American Lung Association.

The Alameda County Tobacco Control Coalition (ACTCC) is a great source for tobacco-related news, support and resources on tobacco prevention and policy.

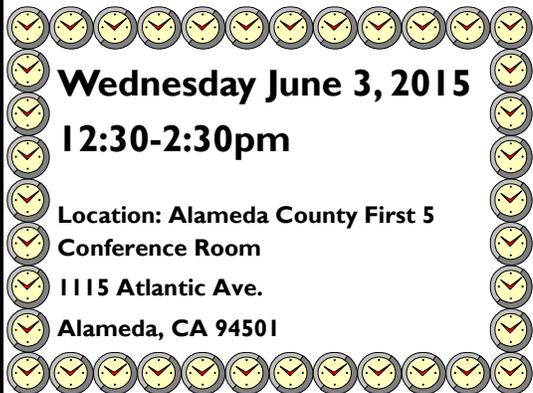
- It posts trainings for providers, hosted by local and prestigious organizations, such as: UCSF, the American Lung Association, and other local agencies, as well as ATOD Network.
- Find out about our local youth, who are working on tobacco prevention in Alameda County.
- See upcoming events, such as free local cessation clinics for your clients or patients.
- Local campaigns on smoke-free issues, such as smoke-free housing, e-cigarettes, smoke-free bars, etc.
- Support retailers in our local community who are making positive changes in their stores by reducing or discontinuing their tobacco advertising.
- Learn opportunities to meet legislators in our county.
- Get an updated list of smoke-free laws for Alameda County and Alameda cities.

Come to the meetings. The Alameda County Tobacco Control Coalition meets quarterly and feature guests to come speak on various tobacco-related topics. The coalition also awards local leaders to recognize their outstanding work in the community.



### NEXT COALITION MEETING:

## ALAMEDA COUNTY TOBACCO CONTROL COALITION



**Wednesday June 3, 2015**

**12:30-2:30pm**

**Location: Alameda County First 5**

**Conference Room**

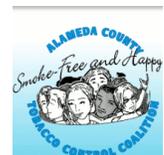
**1115 Atlantic Ave.**

**Alameda, CA 94501**

#### Coalition Presents:

The 2015 Annual Awards Ceremony & Luncheon

This event will be catered



Email Alexandra Nelson at American Lung Association  
if you are interested in attending or for more information:

[Alexandra.Nelson@lung.org](mailto:Alexandra.Nelson@lung.org)

Here's your Spring 2015 Issue of the:  
**NICOTINE-FREE NEWS**


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 Alameda County Cessation Provider Training and Support Network Newsletter.



**Alameda County Provider Network for Tobacco Dependence Treatment and Cessation**  
 Thunder Road Adolescent Treatment Center  
 390 - 40th Street  
 Oakland, California 94609.  
 (510) 653-5040 phone  
 (510) 653-6475 fax

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**Project Director:**  
 Cathy McDonald, MD, MPH  
**Project Manager:**  
 Judy Gerard  
**Project Coordinator:**  
 Rosalyn Moya



**ATOD NETWORK UPCOMING TOBACCO TRAININGS**

**April 23, 2015 - E-Cigarettes—Facts and Information for Clinicians in all Settings**

- ◆ 9:00 am to 12:00 pm
- ◆ Held at the Behavioral Health Care Services headquarters at 2000 Embarcadero, Oakland, CA

**June 2, 2015 - ATOD Network Cessation Conference Call**

- ◆ 12:30 to 1:00 pm
- ◆ Just call: (712) 775-7031
- ◆ and then dial Mtg.ID: 194-388-309 #

**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 OR email atodnetjudy@aol.com.**

For the latest information on tobacco treatment and resources, go to [www.acbhcs.org](http://www.acbhcs.org) click on the Tobacco Tab.

**Free Cessation Services**

**The California Smoker's Helpline**  
 For one-on-one cessation counseling call  
**1-800-NO-BUTTS**  
**Check out their new and improved website:**  
**[www.nobutts.org](http://www.nobutts.org)**

- ◆ Free patches and incentives for qualified callers
- ◆ Free texting program for tobacco users
- ◆ Online initiatives including the new and improved Helpline website, online catalog, and web-based referral service
- ◆ Future projects including smartphone application, online chat for tobacco users, and e-referral for health care providers with electronic health records

  
**CALIFORNIA SMOKERS' HELPLINE**  
**1-800-NO-BUTTS**

**The Nicotine-Free News is available by email.**  
**Contact [moyar@sutterhealth.org](mailto:moyar@sutterhealth.org)**