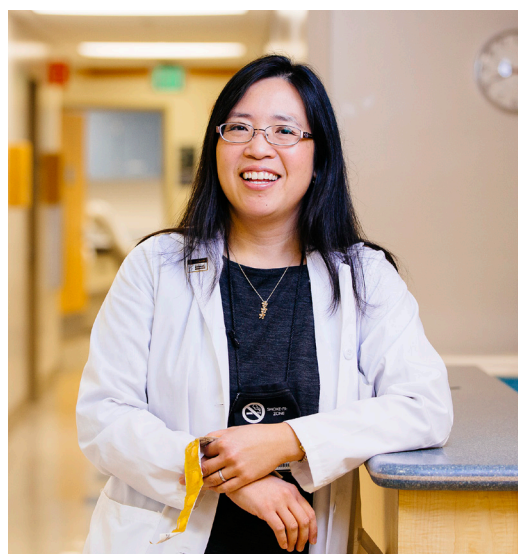


Objective 7: Promote Tobacco Cessation

Most people who use tobacco want to quit but have difficulty doing so.¹ This is especially true for people with mental health and substance use disorders, who use tobacco at much higher rates than the general population and have a harder time quitting.² There are also differences by race and ethnicity in quitting behavior and successful quitting.³ Every encounter with a health care or social service provider is an opportunity to identify a person needing help to quit tobacco.⁴ Providers should adopt systematic approaches to identify these individuals, advise them to quit, and offer evidence-based treatments. A provider's advice increases the likelihood that they will make a quit attempt,⁵ and treatment increases the likelihood that the quit attempt will succeed.⁴ Several medications have been approved by the Food and Drug Administration (FDA) for this purpose, and various forms of counseling have also been proven effective.⁴

These evidence-based treatments should be included in comprehensive cessation benefits offered by all health plans in California.⁴ Insurance coverage for treatment that is comprehensive, barrier-free, and widely promoted increases



Dr. Elisa Tong, who directs CA Quits (a project that helps health systems integrate tobacco treatment) and the Tobacco Cessation Policy Research Center at UC Davis.

Source: UC Davis Health

the use of these services, leads to higher rates of successful quitting, and is cost-effective.¹ Health plans can also promote cessation more broadly through proactive communication campaigns with their members via mail, email, text, or phone calls.⁶ Such efforts reinforce mass media campaigns promoting cessation on the federal, state, and local levels. Everyone in the population who smokes or uses other tobacco products should receive frequent reminders to quit and have barrier-free access to treatment.¹ Treatment utilization should be monitored to ensure appropriate reach, given that two thirds of adult smokers want to quit.¹

Reminders to quit may also come from family, friends, and associates who encounter tobacco restrictions and tobacco prevention messaging in their community. Including cessation messaging in communications about policy changes not only helps communities adjust to stronger tobacco laws but also reinforces the reminders to quit.⁷ To reduce the prevalence of tobacco use, it is critical both to take every opportunity to motivate quit attempts, and to help make those quit attempts successful.

Key Themes

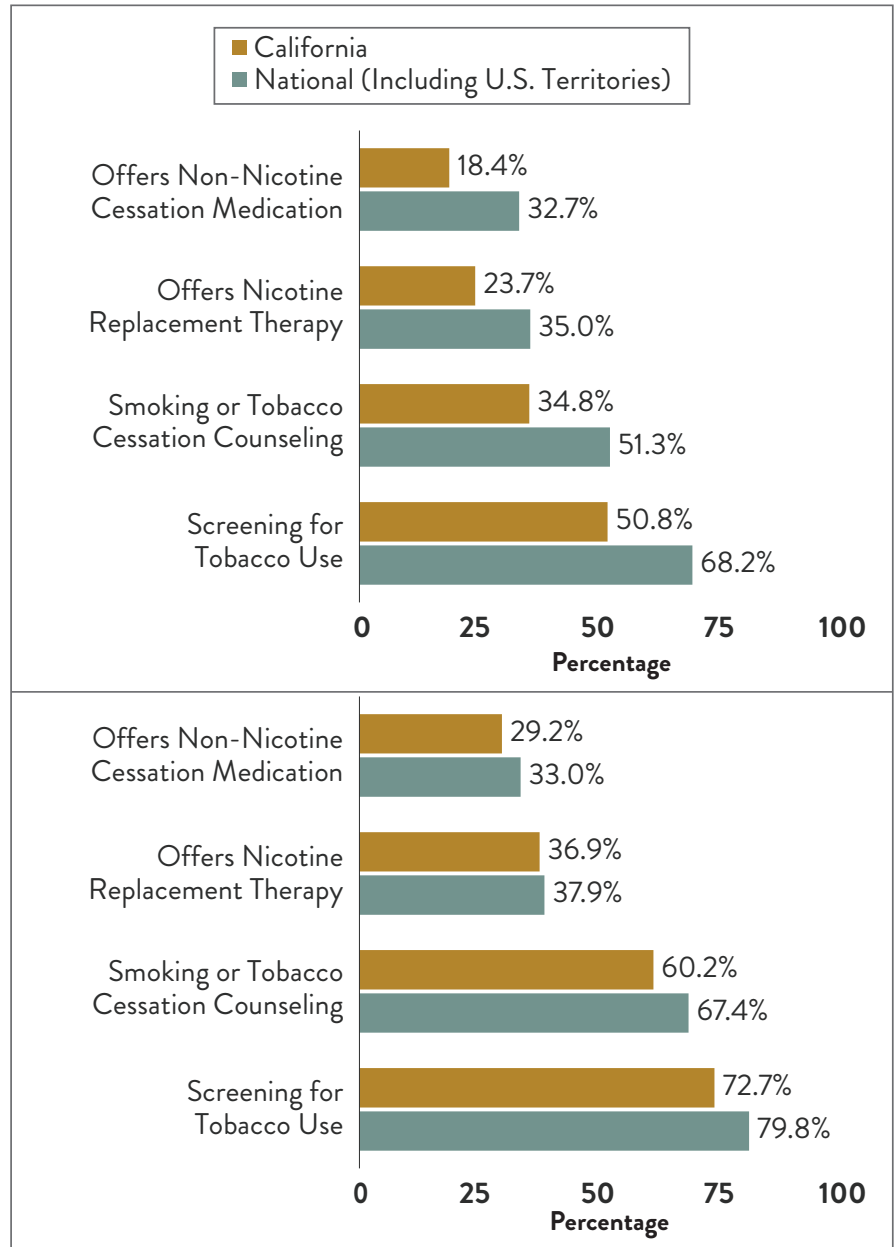
- ❖ Most people who use tobacco want to quit, but they may find it very difficult to do so.
- ❖ Reminders to quit and offers of help increase the frequency of quit attempts, and treatment increases the odds of success.
- ❖ To reduce the prevalence of tobacco use, it is critical to take every opportunity to promote cessation and motivate successful quit attempts.

Recommended Strategies

Policy

- Require managed care plans, especially Medi-Cal and other publicly funded plans, to provide, promote, and operationalize a comprehensive tobacco cessation benefit including FDA-approved medications and behavioral counseling.
- Promote access to age-appropriate and culturally appropriate cessation support in all tobacco prevention programming.
- Encourage health systems to require health care providers to assess all patients for tobacco or cannabis product use, to document use in electronic health records (EHR) systems, specifying product types, and connect those who use to cessation services.⁸
- Require all patient-care facilities to adopt tobacco-free policies, including mental health and substance use disorder (SUD) treatment facilities.
- Encourage health systems and plans to implement tobacco cessation performance metrics requiring providers to screen all patients for tobacco use and provide appropriate cessation treatment.
- Promote cessation resources in messaging about tobacco-free policies, such as in communications about local ordinances and in signage.

Figure 4. Tobacco screening and cessation policies among facilities that treat mental health (top panel) and substance use (bottom panel) in California and in the US.



Source: [California Tobacco Facts and Figures 2024](#), based on data from the National Substance Use and Mental Health Services Survey, 2022

Education

- Educate young people who are experimenting with or regularly using tobacco or cannabis about cessation resources such as Youth Vaping Alternative Program Education (YVAPE) and Kick It California, the state’s tobacco quitline.
- Educate health care providers, social service providers, and others about Kick It California, its service options (e.g., telephone coaching, chat, text, mobile app), and how to refer.
- Use media—including social media—to encourage quit attempts and increase the use of Kick It California and related resources.
- Make cessation training with continuing education credits available at no cost to all medical and allied health professionals.
- Make cessation training available for different levels of cessation interventions (e.g., screening and brief intervention, tobacco treatment specialist).

Research

- As part of ongoing surveillance, assess quit intentions, quit attempts, quitting methods used, and successful quitting on the population level and by priority populations over time.
- Research ways to increase quit intentions, quit attempts, use of evidence-based treatment, and relapse prevention.
- Research ways for health plans and health systems to ensure that their members and patients who use tobacco utilize cessation services.
- Research and expose how the tobacco industry uses “harm reduction” approaches to prevent or delay cessation.
- Support research to determine effective, age-appropriate, and culturally appropriate therapies to help young people and other priority populations to quit using any and all tobacco and cannabis products.
- Support research to identify promising strategies for helping users quit new or emerging products, such as heated tobacco products and nicotine pouches.
- Support research to identify promising strategies for helping dual and poly users quit any combination of tobacco and cannabis products.



Material promoting 2-1-1 as a way to access cessation assistance.
Source: [Kick It California](https://www.kickitcalifornia.com/)

Partnership

- Encourage collaboration between school districts and pediatricians, family doctors, and other youth health care providers to increase youth access to cessation services.⁹
- Work with 211 call centers and other social service providers to reach low-income and other underserved populations and connect them to effective cessation services.
- Work with health plans and employers to track tobacco use status and quit attempts, offer treatment, provide frequent supportive reminders to quit, and provide incentives for participation in cessation services.

Funding

- Contract with Kick It California to provide nicotine replacement therapy (NRT) and incentives for Medi-Cal or other health plan members to participate in treatment.

**A TIP FROM A
FORMER
SMOKER**

Tobacco companies want you to think smoking menthols is cool. Having a stroke from smoking isn't cool.

Ethan B., age 59, California

Ethan smoked and had multiple strokes which affected his memory. But he still remembers the menthol cigarette ads from his youth. Even today, tobacco companies aggressively target Black communities with menthol cigarette marketing – in stores, magazines, and social media, as well as online and at events.

**You can quit.
For free help, call 1-800-QUIT-NOW**

Scan for free resources to help you quit smoking

Ethan B., a Californian featured in the 2024 Tips From Former Smokers campaign. State residents who call 1-800-QUIT-NOW for help with quitting are served by Kick It California.

Source: Centers for Disease Control and Prevention.

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- ⁸ American Lung Association. [Tobacco cessation quality measures](#). June 2022.
- ⁹ American Academy of Pediatrics. [Youth tobacco cessation: considerations for clinicians](#).