



Oral Health Toolkit

Help Your Patients Smile Bright & Live Tobacco-Free



Nobody knows oral health better than you. Nobody knows the dangers of tobacco better than us.

Together, we can help your patients live healthier lives.

At the American Lung Association we've compiled a list of resources and insights to help you navigate conversations with your patients who use any tobacco products, including e-cigarettes. These products do more than damage their smiles; they damage their health, too.

We urge you to share this resource with everybody in your office—from the front desk to the hygienist to the dentist—everybody can make a difference in creating a tobacco-free future.



Nationwide we're focused on creating a tobacco-free community by sharing the dangers of all tobacco products, including e-cigarettes, especially as they relate to oral health.

Everybody knows that tobacco use is bad for your health—your lungs and heart suffer—but oral health declines, too. The mouth is the window to our well-being, so it's important to not use any form of tobacco because it threatens oral health.

By the Numbers: Nationwide Tobacco Use

When it comes to tobacco use in the United States these fast facts highlight numbers as they relate to not only tobacco, but also vaping and vape pens, which are just as dangerous and damaging.

- In the United States, 11.6% of adults¹ currently smoke and 10.1% of high school students² use some form of tobacco product.
- Tobacco use remains the leading cause of preventable death and disease nationwide, accounting for more deaths than alcohol, AIDS, vehicle fatalities, illegal drugs, murders, and suicides combined.³

See how your state compares:

Visit [Lung.org](https://www.lung.org) to view the Tobacco Trends Brief

- Cigarette smoking causes 470,000 deaths each year across the country.⁵ In addition to these fatalities, smoking leads to increased rates of heart disease, stroke, and emphysema, and lifelong health impacts for infants that stem from smoking-related pre-term deliveries, stillbirths, and low birth weights.⁴
- Exposure to secondhand smoke also poses serious health threats, including heart disease, lung cancer, and stroke among adults; and asthma attacks, bronchitis and pneumonia, and sudden infant death syndrome (SIDS) among children.¹ In fact, the Centers for Disease Control and Prevention (CDC) agrees that there is no safe level of exposure to secondhand smoke.⁴
- Youth are engaging in new forms of tobacco use; recent data shows that e-cigarettes were the most commonly used tobacco product among middle and high school students in the United States.²
- Tobacco use disproportionately affects the health and well-being of vulnerable populations, such as residents of rural areas, military veterans, LGBT persons, adults who did not graduate from high school, low-income earners, uninsured persons, communities of color, persons suffering from mental health and substance use disorders, and adults living in public housing.⁵

Adult Cigarette Smoking Rate by State, 2022



How You Can Help with Tobacco Cessation

All dental professionals—not just dentists—have the opportunity to make a positive change in our community when it comes to tobacco use. By conducting thorough screenings of your patients, you can assess their oral health, guide them on ways to improve their oral health, and offer resources to help them quit. Because every point of contact with a dental team member is an opportunity, it's important to train on evidence-based tobacco cessation interventions and consider adopting an internal policy or workflow protocol to support and sustain tobacco cessation interventions. Make sure as a dental provider that you and your staff all understand the workflow and your personal roles in providing tobacco cessation support.¹⁷

Your Role as a Dental Professional

- According to the American Dental Association, dentists should be fully aware of the oral and maxillofacial health risks that are causally associated with tobacco use, including higher rates of tooth decay, receding gums, periodontal disease, mucosal lesions, bone damage, tooth loss, jaw-bone loss and more.⁶
- As a dentist, you should routinely screen patients for tobacco use, including e-cigarettes, and provide clinical preventive services to stop first-time tobacco use and in-office cessation counseling to encourage current tobacco users to quit.⁶
- In conjunction with health organizations, you should provide educational materials to help prevent first-time use and encourage current users to quit.⁶

Your Role as a Dental Hygienist

- Dental hygienists are well-placed to assist patients in quitting tobacco use. You typically spend more time with patients than dentists, and your role is more focused on prevention, making you a wonderful referral source for smoking cessation programs and resources.⁷
- As a dental hygienist, you can play an important role in tobacco cessation by documenting tobacco use history and offering brief advice and written materials as a routine part of clinical practice.⁸

Your Role as Part of the Dental Staff

- Front desk administrators, schedulers, and other support staff are often the first and last point of contact. You can keep smoking cessation information handy in case the patient requests it.

All dental professionals are in a strong position to reduce tobacco use among patients—you can help make a difference in your patients' health!

Quitting Improves Oral Health⁹

Your patient's mouth is the gateway to their overall health, so having a healthy mouth is important to foundational health. By not smoking or vaping, they're also reducing risk of the following oral health ailments:

- Oral and esophageal cancer¹⁰
- Periodontal disease¹⁰
- Tooth loss¹⁰
- Dental caries¹⁰
- Staining of teeth¹⁰

Health Benefits of Quitting Smoking



Improves health and increases life expectancy



Lowers risk of 12 types of cancer



Lowers risk of cardiovascular diseases



Lowers risk of chronic obstructive pulmonary disease (COPD)



Lowers risk of some poor reproductive health outcomes



Benefits people who have already been diagnosed with coronary heart disease or COPD



Benefits people at any age—even people who have smoked for years or have smoked heavily will benefit from quitting

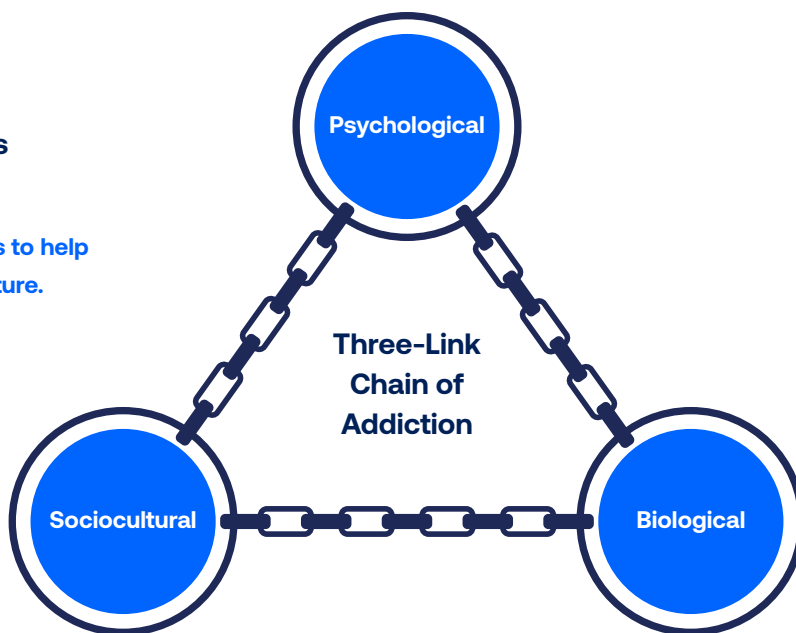
Understanding Your Patients: Three Reasons Why It's Difficult to Quit

At the American Lung Association, we believe there is a “three-link chain” of physical, social, and mental components to smoking addiction. Smokers have a better chance of quitting and staying smoke-free if they address all three parts of the chain:

- 1. Physical:** Tobacco contains an addictive chemical called [nicotine](#) that, when inhaled, causes the release of another chemical called dopamine in the brain that makes the tobacco user feel good. Unfortunately, after the dopamine wears off, these symptoms return, which causes the tobacco user to crave another cigarette. Tobacco users also build up a tolerance and physical dependence on nicotine, meaning they must use more to feel the same effect. There are seven FDA-approved quit-smoking medications, available over the counter or by prescription from a dentist, that can help with these symptoms.¹¹ E-cigarettes and vape pens also produce similar addictive qualities, and with unregulated amounts of nicotine in these pens, it makes them even more dangerous.³¹ Worse yet, e-cigarette or e-juice labels may not indicate the true amount of nicotine contained in the liquid.
- 2. Mental:** The act of using tobacco is often part of a daily routine. For example, smokers tend to light up at specific times of day—when drinking coffee or driving—or when they're feeling a certain way, like stressed or tired. Cigarettes can become a crutch, almost like a steady friend you can rely on. Tobacco users can stay on track with quitting by identifying these moments and triggers, and relearning or adjusting behaviors to stay strong during a craving.¹¹ For those who vape, many express a need to vape when they first wake up, or have an inability to concentrate in the classroom or at work without using an e-cigarette, and may even wake in the night to get their nicotine fix..³¹
- 3. Social:** Many smokers develop social groups around smoking—people will head out for a smoke break with friends or coworkers. Smoking can also be used as a social icebreaker by asking, “Got a light?” In that same vein, relying on social groups that support a quit smoking attempt can be helpful. In a recent survey, 80% of smokers reported that support from others, including friends, family, significant others, and coworkers is very beneficial to successfully quitting. Rather than quitting in secret, smokers should reach out to trustworthy friends and include them in their quit.¹ This social aspect is also a contributor to the rise in vaping and vape pen usage among younger groups, eclipsing the rate of tobacco usage.³¹

Understanding this three-link chain is helpful in quitting tobacco.

Is your patient ready to quit? Share resources to help them take the first step toward a healthier future.



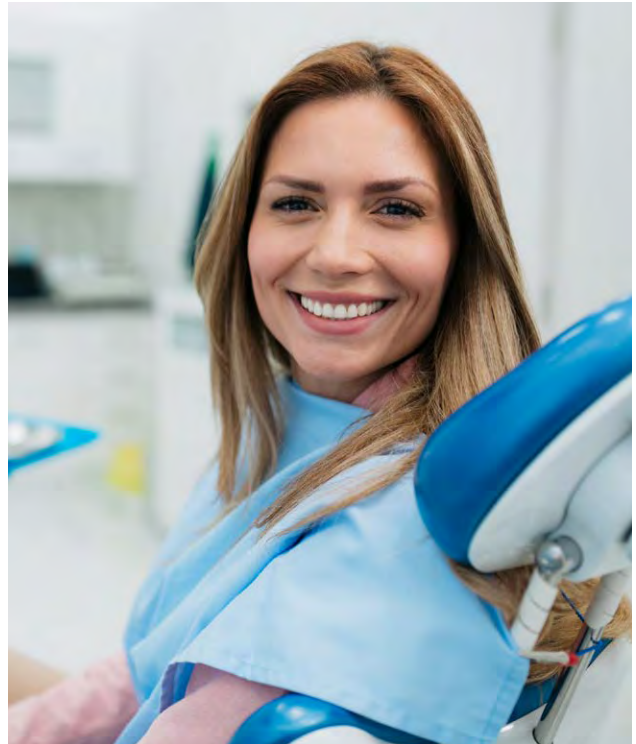
Ready to Quit: Supporting Their Decision to Stop Using Tobacco or Vape Pens

Quitting tobacco use or vaping and maintaining abstinence is a behavior change and learning process—not a single event. Smokers taught themselves how to smoke, vape, or chew tobacco products and practiced it so well and so long that it became as automatic as breathing, eating, or sleeping. Quitting, then, is also a process and there are several stages to that process. Understanding a patient's tobacco use history and readiness to quit allows healthcare professionals to set applicable counseling and treatment plans.

Common Symptoms of Nicotine Withdrawal

Once you've helped a patient quit using tobacco, it's important to recognize the withdrawal symptoms they may experience and provide additional ways to support them on their journey to a tobacco-free life. Keep in mind, whether they smoke, chew, or vape, they can experience some or all of these symptoms:

- Having urges or cravings to smoke, vape, or chew¹³
- Feeling irritated, grouchy, or upset¹³
- Feeling jumpy or restless¹³
- Having a hard time concentrating¹³
- Having trouble sleeping¹³
- Feeling hungry or gaining weight¹³
- Feeling anxious, sad, or depressed¹³



When Do Nicotine Withdrawal Symptoms Begin?

Nicotine withdrawal symptoms typically begin a few hours after an individual's last dose of nicotine. They peak, or are most intense, on day two or three after going nicotine-free.¹⁴

How Long Do Nicotine Withdrawal Symptoms Last?

Nicotine withdrawal symptoms can last a few days up to several weeks. Symptoms will get a little better every day, especially after the third day following stopping, as nicotine slowly leaves the system.¹⁴

Brief Tobacco Cessation Interventions for Dental Professionals¹⁷

Every dental team member can play a role in a patient’s journey to being smoke- and tobacco-free. That’s why training on evidence-based tobacco cessation interventions is so important, as well as establishing specific protocols for your practice so everyone understands their personal role in providing tobacco cessation support.¹⁷

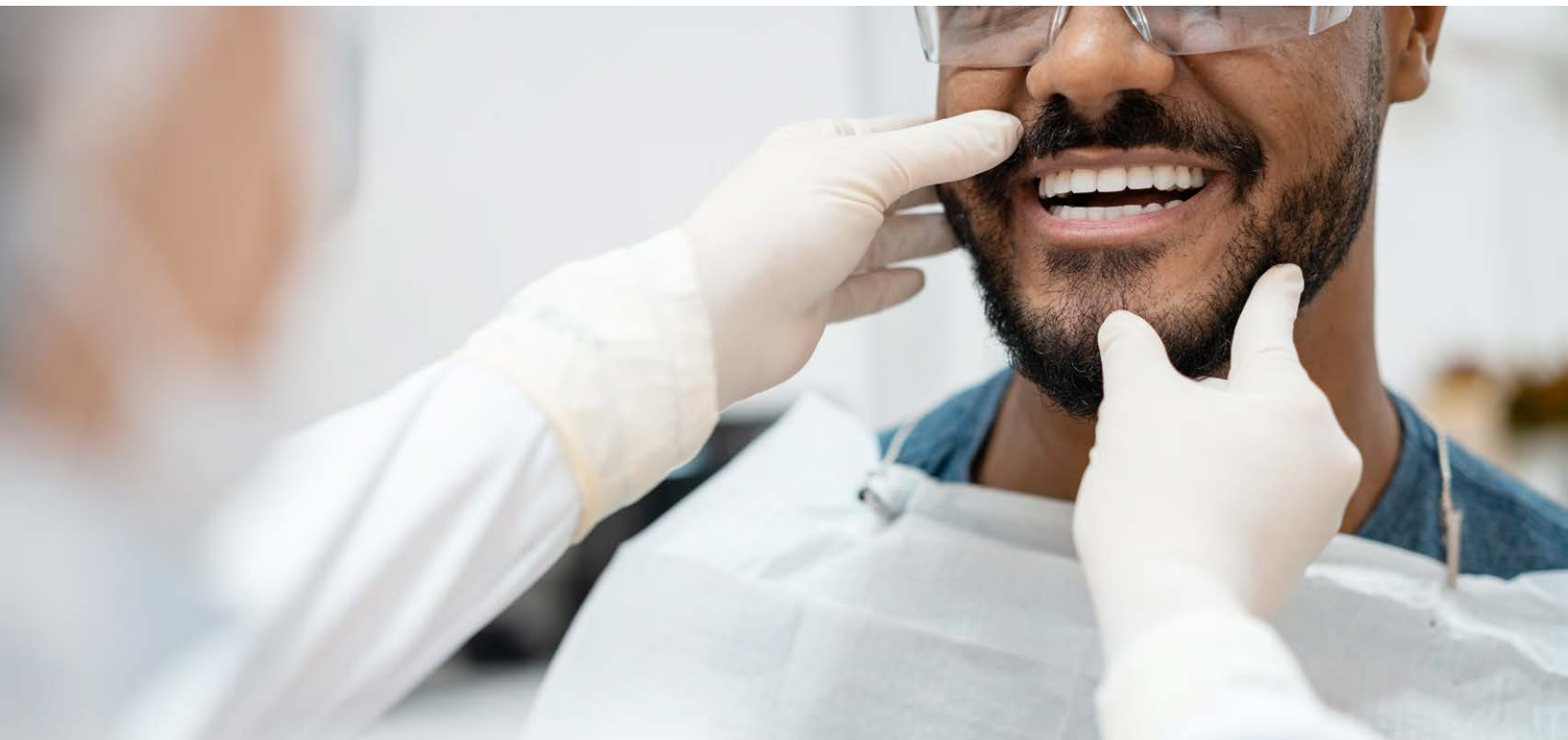
For guidance on creating protocols, refer to page four for the ways each role can help patients.

When you’re talking to a patient or somebody who is ready to quit, it’s important to recognize the various stages of readiness.

Stages of Readiness to Quit	Your Goals for Patient
Stage 1: Precontemplation <i>Not thinking about quitting</i> People who are at this stage are not really thinking about quitting, and if challenged, will probably defend their tobacco use. They may be discouraged about previous attempts to quit or believe they’re too addicted to ever stop using tobacco. These individuals are not likely to be receptive to messages about the health benefits of quitting. But at some point, the great majority of “precontemplators” begin thinking about quitting.	Educate the patient
Stage 2: Contemplation <i>Thinking about quitting but not ready to quit</i> During this stage, tobacco users are considering quitting sometime in the near future (probably six months or less). They are more aware of the personal consequences and consider tobacco use a problem that needs resolution. Consequently, they’re more open to receiving information about tobacco use and identifying the barriers that prevent them from quitting.	Motivate the patient to quit with further education and referrals
Stage 3: Preparation <i>Getting ready to quit</i> In the preparation stage, tobacco users have made the decision to quit and are getting ready to stop. They see the “cons” of tobacco use as outweighing the “pros” and are taking small steps toward quitting. For example, in their initial planning phases, they may be smoking fewer cigarettes. They make statements such as “This is serious ... something has to change” and may actually set a date to quit using tobacco.	Encourage your patient to quit, use The Five A’s (Ask, Advise, Access, Assist, Arrange) or AAR (Ask, Advise, Refer)

Stages of Readiness to Quit	Your Goals for Patient
Stage 4: Action <i>Quitting</i> In this stage, people are actively trying to stop using tobacco, perhaps using short-term rewards to keep themselves motivated and often turning to family, friends, and others for support. They mentally review their commitment to themselves and firm up action plans to deal with both personal and external pressures that could lead to slips. This stage, generally lasting up to six months, is the period during which smokers need the most help and support.	Support their abstinence of tobacco use and emphasize the benefits they will gain
Stage 5: Maintenance <i>Remaining a non-tobacco user</i> Former tobacco users in the maintenance stage have learned to anticipate and handle temptations to smoke, vape, or chew and are able to use new ways of coping with stress, boredom, and social pressures that had been part of their identity as a tobacco user. Although they may slip and have a cigarette, they try to learn from the slip so it doesn't happen again. This helps to give them a stronger sense of control and the ability to stay tobacco free.	If there is a lapse or relapse, motivate them to try again, re-educate on the benefits, and refer

Keep in mind that tobacco dependence is a chronic, relapsing disorder that, like other chronic diseases, often requires repeated intervention and long-term support.¹⁵ Making multiple quit attempts before quitting for good is normal.¹⁵ Quitting tobacco use is a process, not an event.¹⁵



The Five A's or AAR: Your Key to Helping Patients Quit Tobacco

Successful intervention begins with identifying users and appropriate interventions based upon the patient's willingness to quit.¹⁸ The Five A's were created to help you understand your patient's willingness and to help identify an action plan.

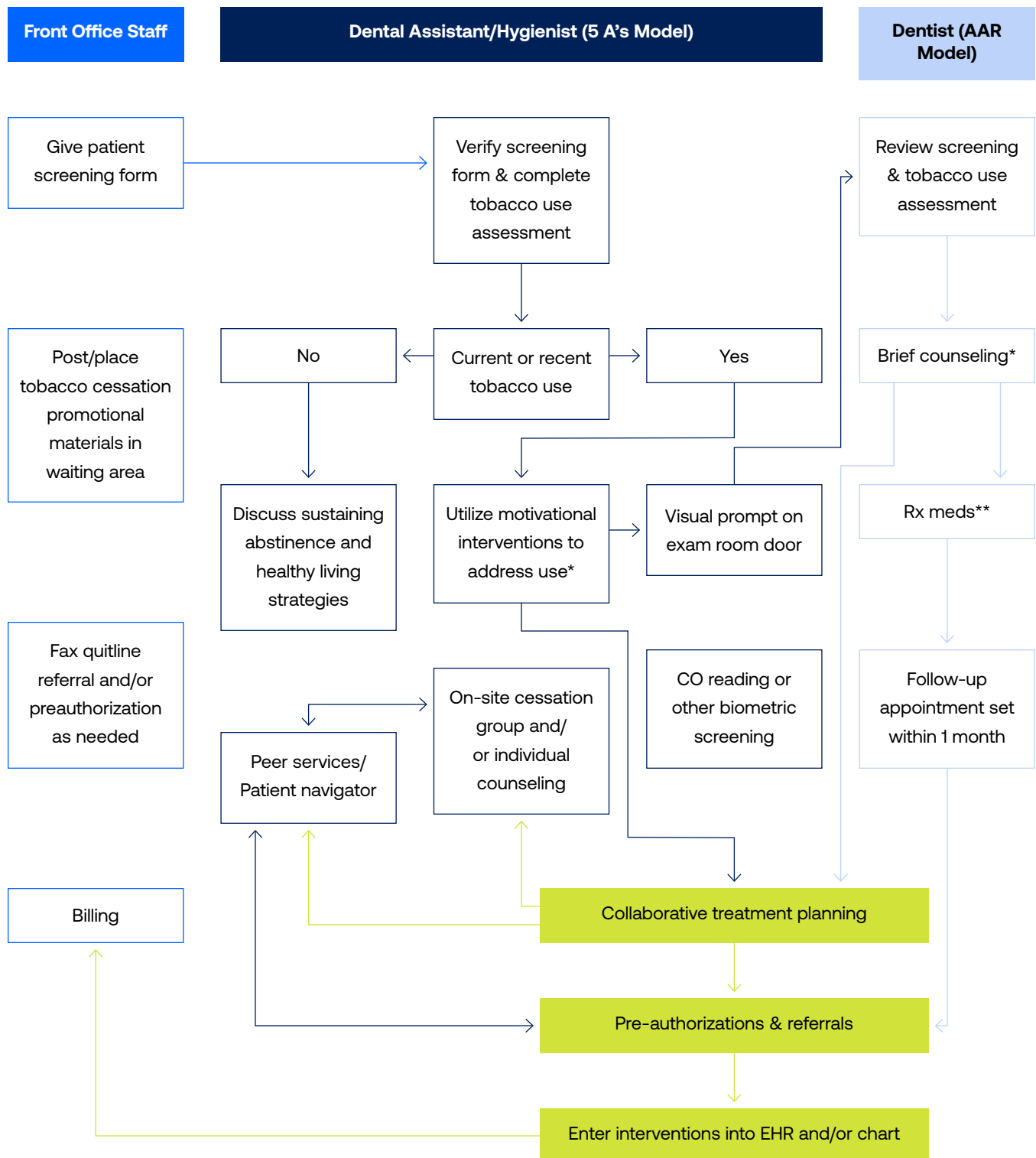
1. **Ask** - Identify and document tobacco use status for every patient at every visit.
2. **Advise** - In a clear, strong, and personalized manner, urge every tobacco user to quit.
3. **Assess** - Is the tobacco user willing to make a quit attempt at this time?
4. **Assist** - For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit.
5. **Arrange** - Schedule follow-up contact, in person or by telephone, preferably within the first week after the quit date.

If you do not have the time for the Five A's approach, try the abbreviated Ask-Advise-Refer (AAR) method that takes as little as three minutes!¹⁷

- **Ask** - Ask about all forms of tobacco use at each visit and document the patient's response.
- **Advise** - Advise the patient on how to quit.
- **Refer** - Refer the patient to cessation services.
 - Referral options include:
[Resources Cessation Page](#) ¹⁵
 1. Freedom From Smoking® Group Classes
 2. Freedom From Smoking Plus
 3. Freedom From Smoking Self-Help Manual
 4. Not On Tobacco (N-O-T)
 5. NOT For Me
 6. Quitline
 7. Local cessation programs in your state



Figure 1. Tobacco Cessation Workflow



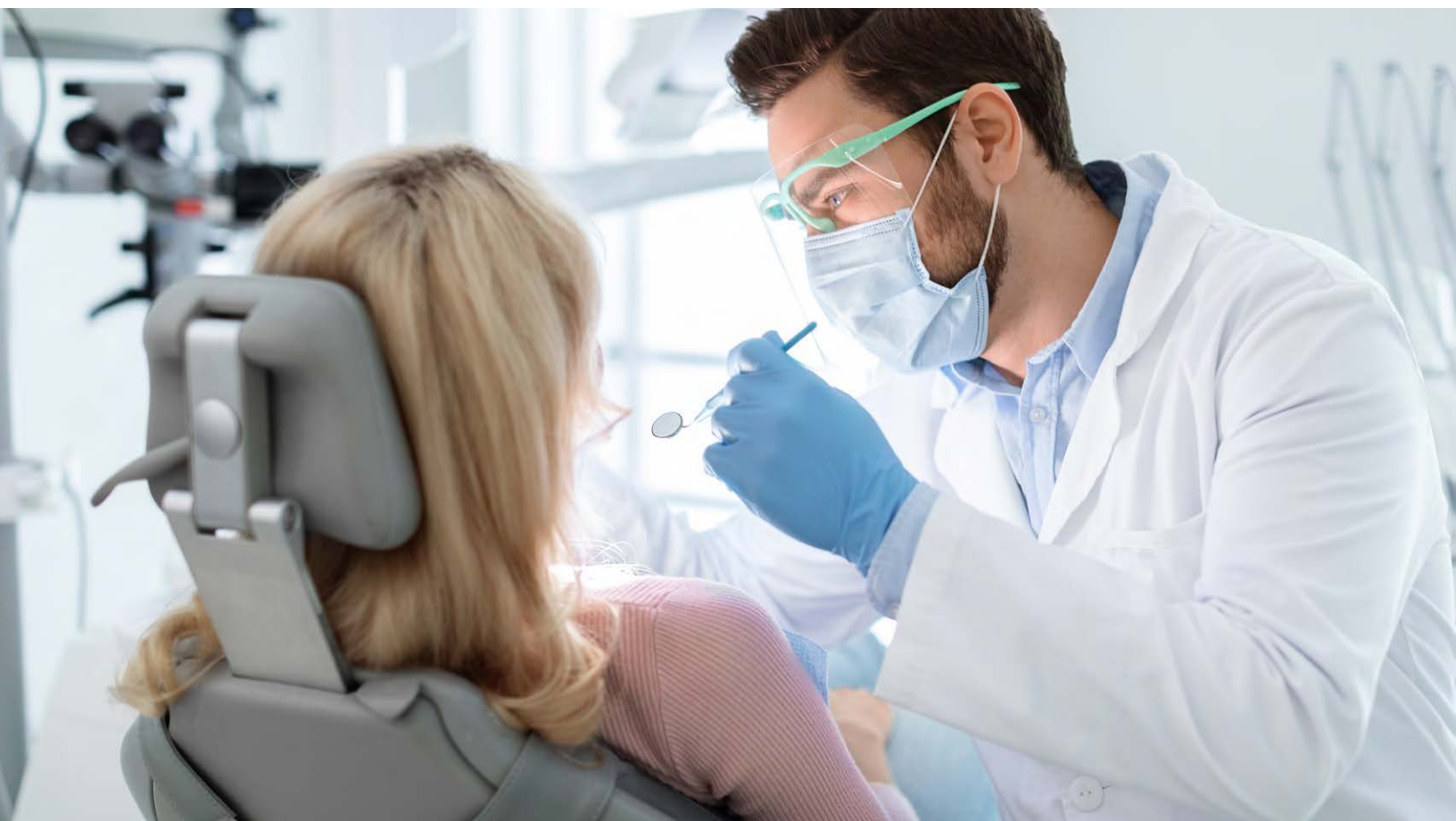
* See 5As algorithm

** See cessation medications protocol

The Role of the Dental Team

Each dental team member plays a critical role in supporting patients’ interest in quitting. It may be helpful to identify one or two members in the practice who can adopt the role of “Tobacco Cessation Champion” in their practice and help motivate team members to perform their respective duties. These duties will vary by dental practice and level of staff training, but can include the following:

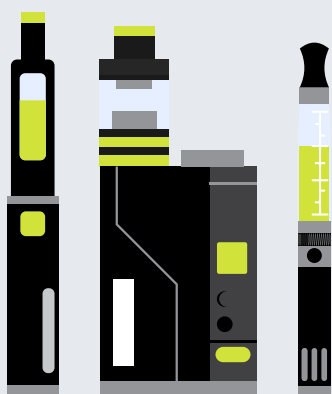
Dentist	Dental Hygienist	Dental Assistant	Front Office
Initiate discussion	Five A’s and AAR	Ask patients about tobacco use status	Schedule follow-ups
Advise patients to quit	Link oral health with tobacco use	Follow up with phone calls	Complete electronic referral with patient
Link oral health with tobacco use	Educate/motivate patients unwilling to quit	Arrange/track follow-up	Set up alerts in electronic health records and enter reimbursement codes for services
Recommend and prescribe medications	Provide resources to patients	Order cessation resources (e.g., fact sheets, quit card)	Display educational materials in waiting room
Tobacco part of surgical pre- and post-op advice			



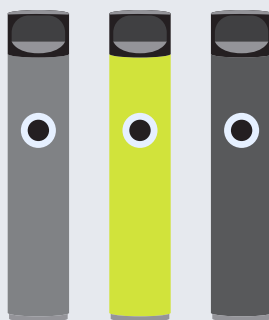
Tobacco Products: More Than Just Cigarettes

Chances are high that dental patients are using more than just one tobacco product. They may start with one, and then change or use multiple products to sustain their nicotine dependence. You will likely encounter patients who are using, or thinking about using, other tobacco products, such as electronic cigarettes (e-cigarettes), newer products like “snus” (i.e., moist, pulverized compressed smokeless tobacco in a small sack) and compressed dissolvable tobacco, cigars, tobacco pipes, vape pens, and water pipes (i.e., hookahs). Although many view these products as less dangerous than conventional cigarettes, they are not harmless, and they contain nicotine. Recognizing and addressing their use is part of a dental professional’s responsibility.¹⁷

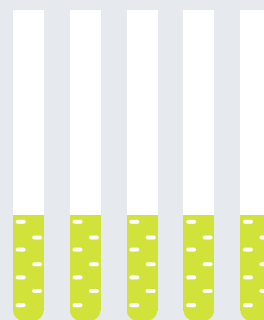
Types of Tobacco Products



Tanks & Mods



Rechargeable



Disposable

Chewing tobacco comes in the form of loose leaf, plug, or twist



Loose Chewing Tobacco



Plug Chewing Tobacco



Moist Snuff



Dry Snuff



Snus



Nicotine Pouches



Water Pipe

FDA-Approved Medications for Quitting

It's important to understand there are a variety of resources and medications to help assist in quitting tobacco and other smoking projects. These are approved by the FDA:

- [Clinical Guidelines for Prescribing Pharmacotherapy for Smoking Cessation | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)²⁸
- [Learn About Quit Smoking Medicines | Quit Smoking | Tips From Former Smokers | CDC](#)²⁹
- [Advising on Cessation Medication Quick Reference Guide \(lung.org\)](#)³⁰
- [Clinical Guidance for Youth | American Academy of Pediatrics](#)

FDA-Approved Cessation Medications					
Dosing/Duration	Medication	OTC	Rx	Contains Nicotine	Non-Nicotine
Long-Acting Medications	Nicotine Patch	•		•	
	Varenicline		•		•
	Bupropion		•		•
Short-Acting Medications	Nicotine gum	•		•	
	Nicotine lozenge	•		•	
	Nicotine nasal spray		•	•	
	Nicotine inhaler		•	•	

Choosing the Right Medications for Your Patients

Long-acting medications work to keep a steady level of nicotine in the bloodstream, while short-acting medications provide a quick fix and are useful for responding to cravings. For these reasons, a combination approach to quitting tobacco is often recommended for the best results.³² Dosing guidelines for these medications should be based on a patient's level of nicotine dependence, which can be measured using the following screening tools:

- [Hooked on Nicotine Checklist for Cigarettes or Vaping](#)
- [E-Cigarette Dependence Scale](#)
- [Modified Fagerstrom Tolerance Questionnaire](#)³²

Additional Resources for Dental Professionals

- American Lung Association: [Tobacco Cessation & Prevention | American Lung Association](#)
- American Dental Association: <http://www.ada.org/en/member-center/oral-health-topics/smoking-and-tobacco-cessation>
- Centers for Disease Control and Prevention: [Dental Professionals: Help Your Patients Quit \(cdc.gov\)](#)
- American Academy of Pediatrics: [Youth Tobacco Cessation](#)



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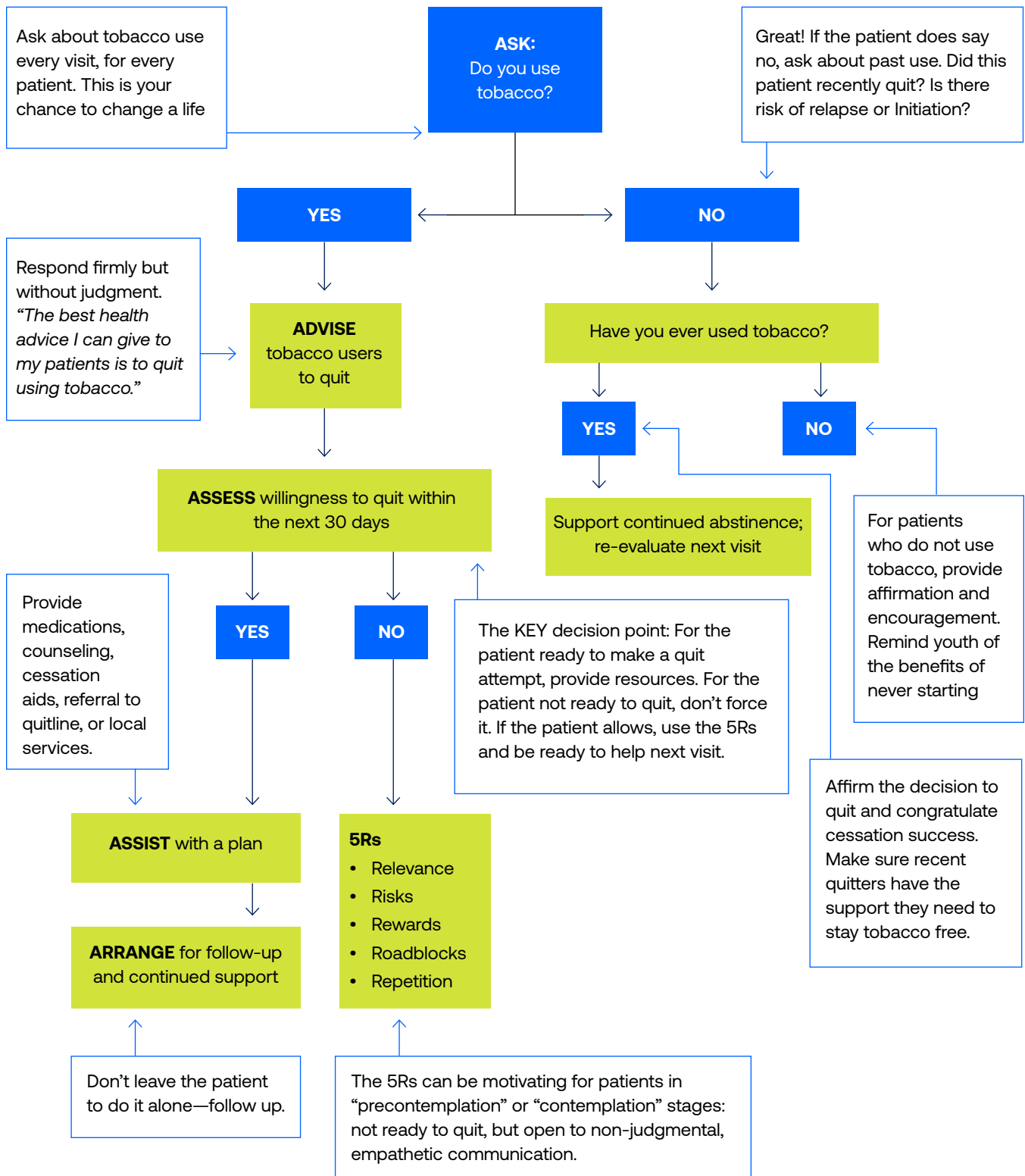
Provider Interventions

The Five A's (Ask-Advise-Assess-Assist-Arrange)

The Five A's approach is the evidence-based framework and gold standard used by health professionals for tobacco use intervention.

The Five A's Approach to Tobacco Cessation	
Approach	Suggested Actions and/or Language
ASK: Ask about tobacco use at every visit Tobacco use status (current, former, never) Amount used (daily/weekly) Document patient response	"Do you ever smoke or use any type of tobacco product?" "How often do you use [tobacco product]?" "I take time to ask all of our clients about tobacco use because it is important."
ADVISE: Advise users to quit Give clear, nonjudgemental, strong, personalized advice to quit. Connect advice with oral findings	"There have been some tissue changes in your mouth, and your gum health is getting worse since your last visit. Your use of [tobacco product] is affecting your health." "The best thing that I can do for you today to protect your current and future health is to advise you to stop using [tobacco product]."
ASSESS: Assess their willingness to quit Is the tobacco user willing to make a quit attempt at this time?	"Would you like to try to quit tobacco in the next month/year?" "On a scale of 0-10 (0 being not at all important and 10 being very important), how important is it for you to quit using [tobacco product]?" "What would it take for you to give quitting a try?"
ASSIST: Assist with a quit plan Work with the patient on a quit plan - Set a quit date within two weeks - Review past quit attempts - Avoid other tobacco users & alcohol - Tell family and friends - Remove tobacco from home, work, & car - Recommend or prescribe pharmacotherapy	<i>For patients who are ready to quit:</i> "Would you like to create a quit plan with me today?" <i>For patients who are not ready to quit:</i> Provide a brief intervention or motivational interview using strategies to enhance patient readiness, confidence, and conviction to make a quit attempt.
ARRANGE: Arrange follow-up contact Give clear, nonjudgemental, strong, personalized advice to quit. Connect advice with oral findings	<i>For patients who are not ready to quit:</i> "If it's okay with you, I'd like to check in with you at your next appointment to see where you are in your decision-making." <i>For patients who are ready to quit:</i> "If it's okay with you, I'd like to schedule a follow-up appointment or phone call to discuss your progress." You can call PA Free Quitline, 1-800-QUIT-NOW for free telephone support."

Five A's Flow Chart: A Systematic Approach to a Brief Patient Conversation



Ask-Advise-Refer

Ask-Advise-Refer is a simplified version that allows clinicians to Ask, Advise, and Refer patients to quitline cessation services that will Assess, Assist, and Arrange a follow-up. [This shortened approach takes less than 3 minutes!](#)

Ask-Advise-Refer Approach to Tobacco Cessation	
Approach	Suggested Actions and/or Language
ASK: Ask about tobacco use Tobacco use status should be updated for all patients on a regular basis Understand tobacco habits (type of product, dose, frequency, duration of use)	“Do you ever smoke or use any type of tobacco or nicotine, such as e-cigarettes?” “I take time to ask all my patients about tobacco use—because it’s important.” “Condition X often is caused or worsened by smoking. Do you, or does someone in your household smoke?”
ADVISE: Advise tobacco users to quit Give clear, nonjudgemental, strong, personalized advice to quit. Connect advice with oral findings	“It’s important that you quit as soon as possible, and I can help you.” “Occasional or light smoking is still harmful.” “Quitting is the most important thing you can do to protect your health now and in the future.”
REFER: Refer tobacco users to cessation services Refer to PA Free Quitline, 1-800-QUIT-NOW, peer-to-peer counselor, and/or other program	“Let me put you in contact with a local cessation program that can offer you assistance as you get ready to quit.” “You can call 1-800-QUIT-NOW any time for free telephone support while you are quitting. Can I sign you up with the helpline today?”

Motivational Interview Strategies

Motivational Interview (MI) is a collaborative, goal-oriented communication style designed to strengthen a person's own motivation and commitment to change. The spirit of MI incorporates four key elements: **partnership** (not confrontation), **acceptance** (not judgment), **compassion** (not indifference), and **evocation** (not advice). The following MI strategies can be used to assist providers in helping patients explore and enhance their motivation to quit using tobacco.

Patient-Centered Communication Methods (O-A-R-S)	
Approach	Suggested Actions and/or Language
Open-ended questions <i>Patient benefits</i> Allows patient to express him or herself The patient verbalizes what is important to them <i>Provider benefits</i> Learn more about the patient Sets a positive tone for the session	"How would you do that?" "What do you see being your biggest challenge?" "Can you tell me more about that?" "What are your thoughts about quitting smoking?" "What do you know about the health consequences of smokeless tobacco use?" "What worries you about you cigarette use?"
Affirmations Statements of appreciation to nurture strengths Strategically designed to anchor clients in their strengths, values, and resources despite difficulties/challenges Authentic observations about the person Focused on non-problem areas Focused on behaviors vs. attitudes/goals	<i>Patient:</i> "I tried sixteen times to stop smoking." <i>Provider:</i> "Wow, you've already showed your commitment to trying to stop smoking several times. That's great! More importantly, you're willing to try again."
Reflections <i>Reflections from provider convey:</i> That they are interested That it's important to understand the patient That they want to hear more What the patient says is important	<i>Patient:</i> "I'm afraid that my daughter is going to smoke because she sees me smoke." <i>Provider reflection:</i> "You're worried about how the things you do, like smoking, might impact your daughter."
Summaries Reflecting elements that will aid the patient in moving forward Selective judgment on what to include and exclude Can be used to gather more information Can be used to move in a new direction Can be used to link both sides of the ambivalence	"So, it sounds like on one hand you love smoking and it helps relax you, but on the other hand it is starting to affect your health and you would like to quit." "What I heard you saying is that it is very important for you to quit, but you are worried that you may not have the tools to be successful. What worries you the most about quitting?"

Helping Teens Quit Smoking and Vaping

Professional Development Training

Advanced: Ask-Counsel-Treat (ACT) for Youth Cessation

This no cost Ask-Counsel-Treat (ACT) for Youth Cessation training is a one-hour course that provides an overview for healthcare professionals, school personnel, and community members in youth-supportive roles to conduct a brief intervention for teens who use tobacco. Based on the [American Academy of Pediatrics' Youth Tobacco Cessation: Considerations for Clinicians](#), the course outlines the steps of Ask-Counsel-Treat and provides guidance, support, and best practices for effectively delivering ACT as a brief intervention for adolescents who identify as tobacco users, including e-cigarettes.



[Not On Tobacco® \(N-O-T\)](#) is the American Lung Association's voluntary quit smoking program for teens ages 14–19. Over the 10-week program, participants learn to identify their reasons for smoking, healthy alternatives to tobacco use, and people who will support them in their efforts to quit. [Learn more about N-O-T](#) and how you can become a facilitator today.



The American Lung Association's Intervention for Nicotine Dependence: Education, Prevention, Tobacco, and Health ([INDEPTH®](#)) is an alternative for students who face suspension for violation of school tobacco, vaping, or nicotine use policies. Students participate in a series of interactive educational sessions administered by an adult facilitator in either a one-on-one or group format in a school or community-based setting. [Learn more about INDEPTH®](#) and how you can start a program.

Teen Cessation Program Referral



[NOT For Me](#) is a self-guided, online program that leverages the American Lung Association's evidence-based Not On Tobacco® (N-O-T) program to help teens break nicotine dependency, no matter what tobacco products they use. To register, please visit our website: [NotForMe.org](#).

Additional NOT for Me promotional information can be found in the [resource section](#).

Local Youth Tobacco Initiatives

Across the country, teens are gathering to keep their own communities tobacco-free. These youth leaders are working to educate their peers about the dangers of nicotine and tobacco addiction. Contact your local American Lung Association office for information on youth leadership groups and other youth tobacco initiatives near you. Call 1-800-LUNGUSA. A few notable organizations are:

- [DANTE](#) — Delawareans Against Nicotine and Tobacco Exposure on college campuses
- [FACT](#) — Wisconsin's Youth Empowerment Movement
- [Kick Butts Generation \(KBG\)](#) — Delaware
- [RAZE](#) — West Virginia
- [Reality Check of New York State](#) — New York
- [Spark](#) — Igniting change on college campuses across Wisconsin
- [Tobacco Free Rhode Island \(tobaccofree-ri.org\)](#) — Tobacco-Free Youth Advisors in Rhode Island
- [Tobacco Resistance Unit \(TRU\)](#) — Pennsylvania

#DoTheVapeTalk

#DoTheVape Talk is a youth vaping awareness campaign from the American Lung Association and the Ad Council. To provide parents with a simple roadmap to addressing the dangers of vaping with their kids, it provides free educational resources including a conversation guide on our website, [TalkAboutVaping.org](#).

Additional Partner Resources

- [Youth Voice, One Vision](#)
- [Campaign for Tobacco Free Kids](#)



Best Practices

Discussing tobacco use, prevention, and cessation with diverse communities can be a unique experience. To facilitate conversations and generate a meaningful and sustainable impact, the American Lung Association has compiled a list of best practices to reduce commercial tobacco use.

Best Practices for General Communication

- Recognize that cultural groups are often not homogenous and can consist of very diverse communities from different national backgrounds, education levels, dialects, preferred languages, and much more.
 - Understanding that there are cultural, linguistic, and social differences within your community will help facilitate better conversations.
- Do not assume people's ethnicities and ask questions or make insensitive comments. For example, questions like "Where are you really from?" and comments like "I like your accent" might be inappropriate and can provoke others as well as widen the gap of trust.
- Respect individual differences in self-identity, cultural identity, values, and customs. For example, even if a person has a Hispanic or Latino background, they may not self-identify with their community (e.g., some may have been born in the U.S. and/or have mixed backgrounds); therefore, they may not identify with any of those terms, related customs, practices, values, etc.
- Create a safe space for bidirectional communication so that all members can express themselves freely and genuinely.
- Ask for and incorporate culturally relevant values in the conversations, and resources such as family, religion, spirituality and others alike.
- Capitalize on the trust motivated by a common cultural background; failing to do so would be a missed opportunity.

Best Practices for Tobacco-related Communication

- Avoid the term "smoker" as it lacks precision, has a negative connotation, and wrongly equates individuals with a behavior.⁶⁰
 - Understand that people are not defined by their diseases. Instead, use terminology such as: a person who uses tobacco products.
 - Understand that there is a general stigma related to tobacco use.
 - Understand that individuals with intermittent or "light" smoking patterns could respond "no" to the question "are you a smoker?" Focus on the behavior and ask "tell me about your smoking history," and questions such as: "do you smoke? how much/how frequently do you smoke? in the past month have you smoked a cigarette, even a puff?"
- Familiarize yourself with the terminology used by the population you serve.
 - For Spanish speakers, avoid assumptions about wording across Hispanics or Latinos from all national backgrounds, but consider using different words or even pictures to identify the tobacco products used, as well as other tobacco-related wording. For example, cigarette could be "cigarillo" (Puerto Ricans) or "cigarro" (Mexican), depending on the subnational group.^{61, 62}
 - Always be open to discussing what terminology the individual you are serving would be most comfortable with.



Best Practices on Counseling Guidelines

- **ASK about the tobacco use history of the individual, ADVISE them to quit, and REFER them to an existing service** (see resources in the toolkit).
 - It is likely that you may be the first health professional they talk to about their tobacco use history.
- Make sure basic demographic and contextual characteristics are taken into account when addressing tobacco use.
 - These include gender, age, preferred language, national group, acculturation, among others.
- During the screening, consider the typical patterns of use, which include:
 - Smoking occasionally and/or socially (i.e., not smoking every day).
 - Smoking less than 10 cigarettes per day.
 - Not smoking their first cigarette after awakening within 30 minutes, which is a common marker of physiological dependence.
 - Common triggers such as drinking coffee, alcohol, and socializing.
 - Recognize and address the unique stressors that people may face, which may contribute to the use of tobacco.
 - These stressors can include trauma, work related stress, academic pressures, relationship conflicts, negative experiences with finances, transportation, lack of community, structural injustices, grief, anxiety, depression, etc.

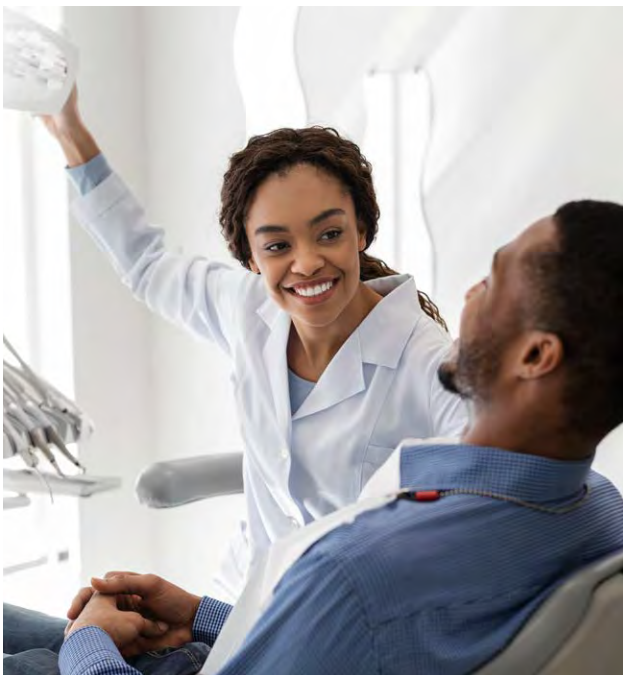
- *Aim to strengthen their motivation to quit based on potential personal values (e.g., family, health, religion/spirituality).*
 - For instance, some persons might be more motivated to quit because of the health effects of smoking on their partner or children compared to themselves.
 - Emphasizing to “quit for your health” may be less impactful than “quitting to be a role model for your children” or “live longer to be there for the grandchildren.”
 - Similarly, for persons with strong religious faith, it may motivate them to attempt to quit to be “in communion with God.” Additionally, religious practices (e.g., praying) can be a potential coping strategy.^{63, 64}
 - *Provide health education about the addictive nature of nicotine and smoking from a biopsychosocial perspective, along with information about the role of medication and nicotine replacement therapy.*
 - For example, explain that nicotine is the addictive component of cigarettes, which makes changes to the brain, that, in turn, makes quitting hard. Explaining the biological basis of addiction to nicotine in simple ways may lessen the notion that quitting is about “willpower” or just a “dirty habit.”
 - Help people who smoke to reframe their understanding of cigarette smoking dependence, when necessary.
 - This improved understanding may influence better planning and openness to empirically supported treatments.
- *Examine the role of family and peers.* Although family can be a very important component social support to quit smoking, there should be no assumptions about the person’s desired family involvement during a quit attempt.
 - Some individuals may want their partner or other family members to be involved, but others may not.
 - For those whose smoking behavior is known by their family and friends, a quitting plan that involves their social network might increase the chances of success.
 - For instance, examine the perceived support from both individuals who smoke and do not smoke in their social circle and assist in making a plan to ask others not to smoke in their presence, offer cigarettes, or smoke inside the house and to refrain from smoking in the presence of other individuals who smoke. Remember that support can take many forms.

Best Practices on Overcoming Barriers to Quitting

As previously stated, the biopsychosocial model of nicotine addiction conceptualizes nicotine addiction and tobacco use as multifactorial in nature and influenced by biological, psychological, and social factors.⁶⁵ By following the biopsychosocial model of nicotine addiction, the **barriers** that people have to overcome to quit tobacco can be understood.

Biological level – Barriers to quitting are related to nicotine dependence and the presence of any physical or behavioral health comorbidities.

- Physiological dependence can entail intense cravings for the substance (i.e., cigarette) and uncomfortable withdrawal symptoms when smoking is reduced, which in turn, prompts the individual to smoke and continue the addiction cycle.
- If the person uses alcohol or other drugs, the interaction of these substances with nicotine may make it difficult for the person to quit.
- Individuals with comorbid illnesses may find it particularly difficult to quit; however, we are still lacking an understanding of the role that genes, nicotine metabolism, and other variables play in impacting cessation.



Psychological level – A person's mood, beliefs, and overall internal experiences

- *Belief that intermittent or occasional smoking is safe.* Some people who smoke do not smoke every day or smoke less than a pack a day, and they may mistakenly think this is a safe amount to smoke and may be less motivated to quit under the premise that they can quit “if/when they want.”
 - The truth is that there’s no safe amount of smoking and even people who are not heavy smokers can develop an addiction over time.
- *Belief that tobacco use is just a bad habit and people can quit if they have “willpower.”* This belief is two-fold. The belief that tobacco use is a bad habit influences people’s self-perceptions and feeling of stigma by non-users. Consequently, these individuals do not share their tobacco use status with others and refrain from seeking assistance, which in turn, limits their access to evidence-based interventions and keeps them struggling on their own.
 - The truth is that tobacco use is much more than a habit and that “willpower” is one component of quitting, but much more is needed to be successful. The chances of successfully quitting increase with external assistance.
- *Belief that tobacco cessation medications are unnecessary and/or harmful.* Some people who use tobacco may prefer to try and quit “on their own” without using medication. They may interpret the use of the medications as a “crutch” and something inconsistent with their view of autonomy.
 - There are still misconceptions about nicotine replacement therapy (NRT) products. For example, some people mistakenly believe that nicotine is what causes cancer; thus, they do not favor the use of NRT because of the fear of getting cancer.

Social level - Interpersonal factors, culture, and overall external circumstances

- *Lack of access to evidence-based interventions.* Research documents that some groups of people have less access to evidence-based interventions, either because they lack the necessary health insurance to access the service or because they are not offered cessation support by healthcare professionals.
- *Limited counseling services in Spanish.* For monolingual or Spanish-preferred individuals, the available services seem limited; such as precluding these individuals from accessing the service in the language they feel comfortable with.
- *Limited social support.* Consider individuals who feel stigmatized because of their tobacco use and believe that they only need “willpower” to quit: they may not share their tobacco use status or intentions to quit with others and, as such, receive little support.
- *Overall contextual factors.* Research has documented the relationship between contextual factors, such as acculturation and discrimination, and tobacco use behavior.³¹
 - For instance, acculturation among Hispanics or Latinos (especially among Hispanic or Latina women) is related to increased smoking.
 - Also, financial hardship, family separation, and other factors related to migration-related experiences will likely impact mood, which in turn may become a barrier to successfully quitting.⁶⁵
 - Moreover, the experience of major discrimination events is related to lower cessation rates.⁶⁵
- For some people, smoking socially is common. Even individuals that do not typically smoke alone or on a regular basis may smoke if/when in the company of friends or family members who smoke. These individuals may not see the need to “quit” because they don’t consider themselves smokers.



Three Tips to Help Tobacco Users Quit

Tip #1: Develop culturally and linguistically appropriate materials for individuals who smoke

- Utilize a transcreation method to infuse culturally relevant themes (e.g., familism in the Hispanic or Latino population), images (e.g., photos of the target audience, food), and context (e.g., culturally relevant content reflecting needs and values of the target population) into the material.
- It is critical that the development of Spanish-language materials include multiple bilingual individuals representing diverse countries of origin to ensure the language is understandable to individuals using tobacco products from different Spanish-speaking backgrounds.

Tip #2: Dispel the commonly believed myths among community members

- Some groups of people have lower access to healthcare, and this can be attributed to a range of factors such as mistrust of the health care system, lack of education about what resources are available, and a lack of programs adapted for the population.
- Many individuals in the community may hold on to beliefs about NRT.
 - Doubts about its efficacy, particularly in comparison with unaided methods of quitting
 - Concern about potential side-effects
 - Concern about addiction to nicotine
 - Misconceptions about the role of nicotine in tobacco-related health problems

Tip #3: Promote participation in research

- An absence of diversity in research gives way to an incomplete understanding of the relationship between this population and tobacco.
- Social media (e.g., Facebook) and community-based organizations have been widely successful platforms for introducing diverse community members to research opportunities.
- Engage the population you serve with the idea that an increase in representation of their communities in research will ultimately result in better services for tobacco users and the community at large.
 - A better understanding of the behaviors of the population
 - Informs a customized approach for each individual to achieve health equity
 - Increased access to the information within the field to push for policy changes at the local, state, and federal level

End Note

Tobacco use is multifactorial in nature and influenced by biological, psychological, and social factors. Reducing commercial tobacco use among diverse communities demands innovative, affordable, accessible, and culturally and linguistically appropriate solutions. As a reminder, cultures are not a homogeneous group; rather, they constitute a very diverse group of individuals, from different countries of origin, years living in the U.S., socioeconomic and immigration status, acculturation stressors, language, and cultural values. As such, please note that the information presented in this toolkit should be interpreted as a guideline to understand common barriers to quitting tobacco and strengthen approaches that facilitate overcoming them.

Resources: Professional Development Trainings

For Professionals Working with Adults

Beginner: Tobacco Basics

The American Lung Association's Tobacco Basics is a free, one-hour online course including five learning modules designed to lay the foundation in understanding the toll of commercial tobacco use in the U.S. In this course, participants will learn the difference between commercial tobacco products, including e-cigarettes and vaping devices; the effects of commercial tobacco use on the human body and brain; nicotine dependence and why quitting is so challenging; proven policies that protect public health from the toll of commercial tobacco; and the programs available to help all commercial tobacco users successfully quit for good.

Intermediate: How to Help People Quit

The American Lung Association's How To Help People Quit training is a free, one-hour online course including four interactive learning modules designed to further enhance understanding of the Lung Association's core beliefs about tobacco cessation, as well as understanding behavior changes, interventions, and treatment needed to help people quit for good. Specifically, participants of this course will enhance their skill set in recognizing types of resistance to change, conducting brief interventions, utilizing principles of Motivational Interviewing to resolve uncertainty, identifying FDA-approved medications to help individuals break tobacco dependency, and connecting quitters with American Lung Association's tobacco cessation resources for both youth and adults. Become a lung champion and complete this course to be a navigator of the cessation process, increase effective quit attempts, lead efforts toward fostering healthier tobacco-free generations, and further build tobacco-free communities.

Advanced: Freedom From Smoking Facilitator Training

Those trained and certified as Freedom From Smoking® Facilitators will have the ability to provide commercial tobacco users who are ready to quit with a strong proven-effective cessation program to end their addiction to nicotine and begin new tobacco-free lives in a supportive group setting, led by a trained, certified facilitator. Since it was first introduced over 40 years ago, the American Lung Association's Freedom From Smoking program has helped over one million Americans end their addiction to nicotine and begin new tobacco-free lives. Freedom From Smoking is based on proven addiction and behavior change models (including the Social Cognitive Theory, Transtheoretical Model and Motivational Interviewing). The program offers a structured, systematic approach to quitting and its positive messaging emphasizes the benefits of better health. The Freedom From Smoking facilitator training is an eight-hour interactive course designed to prepare individuals to lead FFS groups. The facilitator training explains nicotine addiction, reviews program content and implementation strategies, and builds facilitator skills for conducting group processes with adults. Facilitator Training registrants will learn and experience

- How to facilitate eight interactive group sessions
- Strategies to overcome challenges that may arise
- Equipping participants in how to address potential roadblocks.

Cost to participate in the facilitator training is \$400, which includes the three-year Freedom From Smoking facilitator certification and recertification opportunities at no cost. All interested individuals must not have used commercial tobacco in any form for 12 months or longer.

Advanced: Ask, Advise, Refer to Quit Don't Switch

The American Lung Association's Ask, Advise, Refer to Quit Don't Switch is a free one-hour on-demand training that is based on the CDC's Ask-Advise-Refer model and utilizes updated tools and strategies for conducting an effective brief tobacco intervention with patients identified as tobacco users, including e-cigarettes. This online course seeks to target healthcare professionals who may have direct contact and may initiate a brief tobacco intervention.

For Professionals Working with Youth

Beginner: Tobacco Basics

The American Lung Association's Tobacco Basics is a free one-hour online course including five learning modules designed to lay the foundation in understanding the toll of commercial tobacco use in the U.S. In this course, participants will learn the difference between commercial tobacco products, including e-cigarettes and vaping devices; the effects of commercial tobacco use on the human body and brain; nicotine dependence and why quitting is so challenging; proven policies that protect public health from the toll of commercial tobacco; and the programs available to help all commercial tobacco users successfully quit for good.

Intermediate: INDEPTH - Alternative to Suspension Facilitator Training

The American Lung Association's INDEPTH® (Intervention for Nicotine Dependence: Education, Prevention, Tobacco, and Health) program is a free on-demand alternative to suspension or citation program that is offered as an option to students who face suspension for violation of school tobacco use policies. This free, three-module certification training prepares adults to implement the four-module INDEPTH course for middle and high school students. Upon successful completion of the INDEPTH training, facilitators will receive three-year certification and access the INDEPTH Facilitator Guide and resources to plan and implement the program.

Advanced: Not On Tobacco Facilitator Training

The American Lung Association's Not On Tobacco (N-O-T) Facilitator Training is a six-hour course designed to prepare school and community organizations to implement the N-O-T youth tobacco cessation program delivered in a group-format cessation programming for youth ages 14-19 in a school or community-based setting. Not On Tobacco® (N-O-T) is an evidence-based approach to help middle and high school youth quit or reduce their tobacco use, including e-cigarettes. The N-O-T Facilitator Training Course consists of three INDEPTH modules and six N-O-T modules. Upon successful completion, you will receive three-year certification and access the N-O-T Facilitator Guide, Participant Workbook, and additional program resources. The cost is \$400 per person for this behavior modification facilitator certification course.

Advanced: Ask-Counsel-Treat (ACT) For Youth Cessation

The American Lung Association's ACT to Address Youth Cessation Training is a free one-hour, on-demand online course that provides an overview for healthcare professionals, school personnel and community members in youth/adolescent supportive roles in conducting a brief intervention for teens who use commercial tobacco. Based on the [American Academy of Pediatrics' Youth Tobacco Cessation: Considerations for Clinicians](#), the session outlines the steps of Ask, Counsel, Treat and provides guidance, support, and best practices for effectively delivering ACT as a brief intervention for adolescents who identify as commercial tobacco users, including e-cigarettes.

Advanced: Vape-Free Schools Initiative

If you are an educator committed to helping students navigate the youth vaping epidemic, we have programs to help you in your efforts. Participating in the American Lung Association Vape-Free Schools initiative means that your school is a leader in supporting students affected by e-cigarettes, offering clear guidance, education, and cessation. Completion of INDEPTH or N-O-T facilitator training courses along with a school policy assessment and review allows schools and organizations to be recognized by the American Lung Association as a member of the Vape-Free Schools Initiative.

General Education

The Lung Association's website is now equipped with a new translation feature, making all lung health resource pages throughout available in up to ten different languages including Spanish. To activate this feature, simply visit [Lung.org](https://lung.org) and click the **blue TRANSLATE** button at the top right of the screen.

- Health Benefits of Quitting Tobacco Use ([English/Spanish](#))
- Secondhand Smoke One-Pager ([English/Spanish](#))
- Secondhand Aerosol One-Pager ([English/Spanish](#))
- E-Cigarette Health Risk Fact Sheet ([English/Spanish](#))
- Thirdhand Smoke One-Pager ([English/Spanish](#))
- Is LC Screening Right for Me? ([English/Spanish](#))
- Lung Cancer Resources ([English/Spanish](#))

Addressing E-Cigarettes & Vaping Devices

Culturally competent American Lung Association e-cigarette and vaping educational and marketing materials can be found [here](#).

- E-Cig Health Risk Fact Sheet ([English/Spanish](#))
- The Dangers of E-Cigarettes Trifold ([English/Spanish](#))
- E-Cig Teen Fact Sheet ([English/Spanish](#))
- E-Cig Parent Fact Sheet ([English/Spanish](#))
- E-Cig School Fact Sheet ([English/Spanish](#))
- American Lung Association Vape-Free One Pager ([English/Spanish](#))
- [American Lung Association's Truth About E-Cigarettes Brochure](#)

Teen Intervention and Cessation

- INDEPTH® Materials
 - INDEPTH One-Pager ([English/Spanish](#))
 - INDEPTH 728x90 Ad ([English/Spanish 1/Spanish 2](#))
 - INDEPTH 300x250 Ad ([English](#))
 - INDEPTH Postcard ([English/Spanish](#))
 - INDEPTH Rack Card ([English/Spanish](#))
- NOT® Materials
 - NOT One-Pager ([English/Spanish](#))
 - NOT Trifold ([English/Spanish](#))
- NOT for Me Materials
 - NOT for Me Postcard ([English/Spanish](#))
 - NOT for Me Rack Card ([English/Spanish](#))
- General
 - Teen Education One-Pager ([English/Spanish](#))
 - Teen Cessation One-Pager ([English/Spanish](#))

Program Referral for Youth and Adults

- Tobacco Programs Postcard (adults) ([English/Spanish](#))
- Teen Cessation Program one-pager (youth) ([English/Spanish](#))
- NOT for Me QR Code Referral Postcard ([English/Spanish](#))

Tobacco Treatment Quick Reference Guides for Public Health Professionals

- Advising on Cessation Medication ([English/Spanish](#))
- Getting Ready for Your Next Office Visit—Quitting Tobacco Use ([English/Spanish](#))
- Ask-Advise-Refer (AAR) ([English/Spanish](#))
- Why It's Hard to Quit ([English/Spanish](#))
- Stages of Change ([English/Spanish](#))
- Using Scaling to Assess Readiness to Quit ([English/Spanish](#))
- Motivational Interviewing ([English/Spanish](#))
- Quit Attempts ([English/Spanish](#))
- Tips to Quit ([English/Spanish](#))
- Building a Tobacco Treatment Plan ([English/Spanish](#))
- Youth Cessation: Ask-Counsel-Treat (ACT) ([English/Spanish](#))
- Should My Patient Be Screened for Lung Cancer? ([English/Spanish](#))
- Add/create new resource: Setting goals using the SMART technique (<https://www.atlassian.com/blog/productivity/how-to-write-smart-goals>)

Technical Assistance for Furthering Health Systems Change

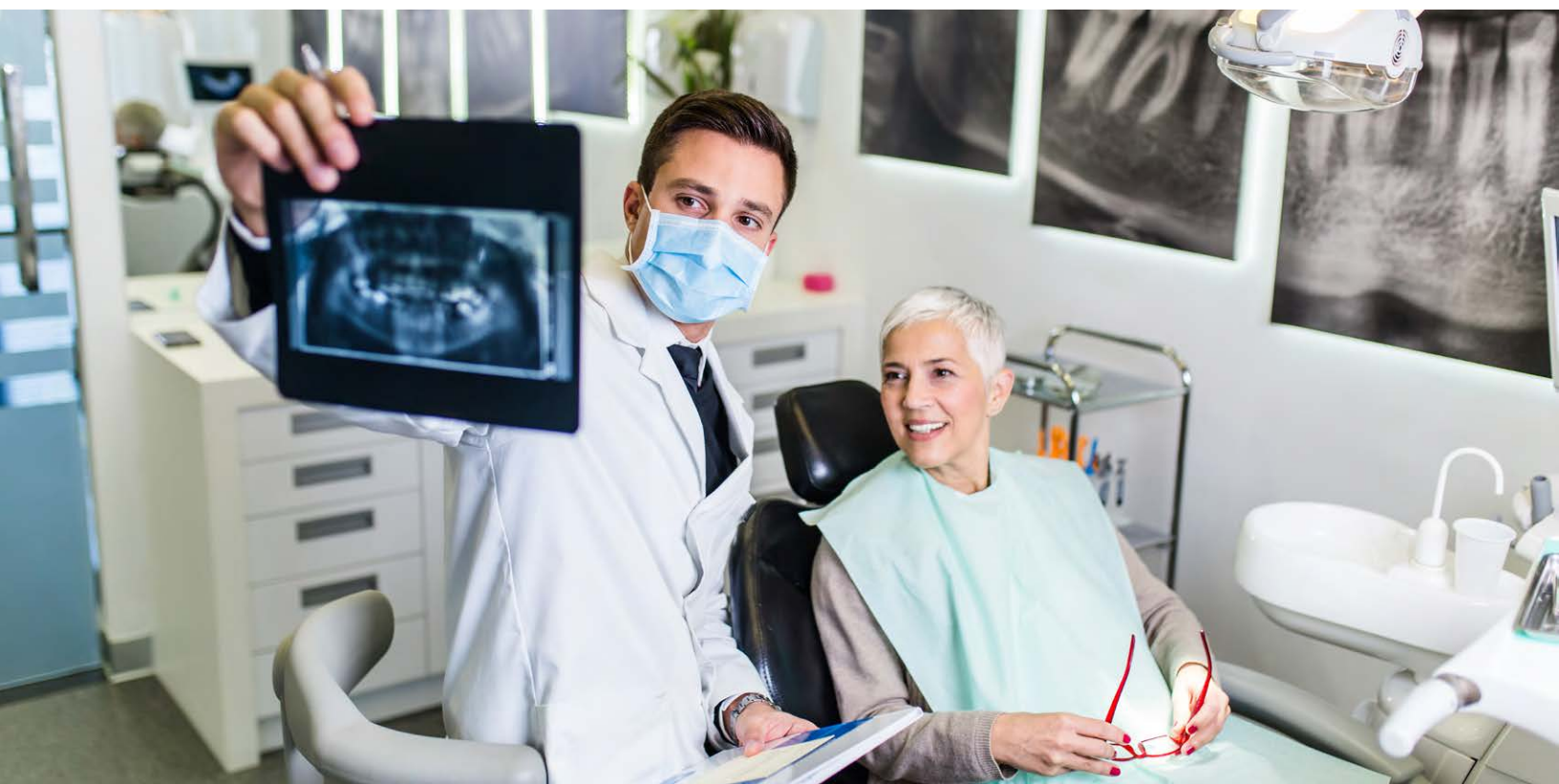
The [American Lung Association](#) provides expert support resources to public health professionals and their partners who are working to improve tobacco cessation efforts in their communities.

If you would like more tools and information on integrating tobacco cessation interventions, cessation coverage, and health systems change strategies, please visit [Lung.org/cessationTA](https://lung.org/cessationTA).



Partner Organizations

- Adult Cessation
 - CDC Tips From Former Smokers
- E-Cigarettes
 - 2016 Surgeon General Report on Youth Use of E-Cigarette
 - U.S. Surgeon General's Know the Risks: E-cigarettes and Young People
 - Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion's Facts about Electronic Cigarettes
 - U.S. Food & Drug Administration's Vaporizers, E-Cigarettes and other Electronic Nicotine Delivery Systems (ENDS)
 - "The Real Cost" Youth E-Cigarette Prevention Campaign
 - The National Academies of Sciences Engineering Medicine Health and Medicine Division's Public Health Consequences of E-Cigarettes
 - American Nonsmokers' Rights Foundation Electronic Cigarettes
 - Public Health Law Center/Tobacco Control Legal Consortium E-Cigarettes
 - Public Health Law Center's Model for a Tobacco-free Environment in Minnesota's K-12 Schools
 - Campaign for Tobacco-Free Kids Taking Down Tobacco
 - Stanford's Tobacco Prevention Toolkit
 - CATCH My Breath E-Cigarette Prevention Program for Schools
 - Parents Against Vaping e-cigarettes (PAVe)
 - American Academy of Pediatrics E-Cigarettes



Terminology

The tobacco industry refers to the tobacco product manufacturers, distributors, wholesalers, and retailers that have historically used their significant financial resources to promote tobacco use and influence policy and public opinion around tobacco products.

Cessation interventions refer to various educational, pharmacological, and behavioral strategies aimed at helping individuals addicted to tobacco and vaping products to quit their tobacco habits at a personal, interpersonal, and/or community level.

Electronic Smoking Devices are devices allowing users to inhale an aerosol containing nicotine or other substances. Electronic smoking devices are tobacco products. Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes are some of the many terms used to describe them.

Menthol is a chemical naturally found in peppermint and other mint plants, but it can also be made in a lab. When added to tobacco products, it reduces the harshness of cigarette smoke and the irritation from nicotine.

Nicotine is the highly addictive, colorless, odorless, and toxic chemical compound. It is present in the tobacco plant, and it can also be made in the laboratory. It is also used as an insecticide.

Nicotine replacement therapies (NRTs), such as gum, patches, inhalers, nasal spray, and lozenges, are FDA approved treatment that can help tobacco users quit. These products provide a lower level of nicotine that can help reduce recovery symptoms while the person transitions to a new tobacco-free life. Nicotine replacement therapies are not tobacco products.

Prevention interventions refer to educational strategies aimed to help prevent the initiation of tobacco use among youth and adults as well as prevent the propagation of these tobacco use behaviors within the home and in the community.

Tobacco products are any product containing, made of, or derived from tobacco or nicotine that are intended for human consumption and include cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, snus, or electronic smoking devices. They can be smoked, heated, chewed, absorbed, dissolved, inhaled, or ingested by any other means. Tobacco products as used in this guide refers to commercial tobacco products and not the traditional practices and use of tobacco practiced in many Native communities. The Lung Association recognizes that traditional and commercial tobacco are different in the way that they are planted and grown, harvested, prepared, and used. [Learn more at KeepItSacred.ITCMI.ORG](https://www.KeepItSacred.ITCMI.ORG).

Tobacco-related disparities refers to socioeconomic and health disparities that are caused and/or exacerbated by tobacco and vaping product use and addiction, and which can be improved or eliminated by addressing the tobacco use.