

# **Tobacco Cessation For Providers**

A thick, horizontal yellow brushstroke with a textured, painterly appearance, spanning across the width of the slide below the title.

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**Health Promotion Program**  
**Naval Hospital Rota**



- ⌘ Tobacco Statistics
- ⌘ Strategies for Implementation
- ⌘ Stages of Change
- ⌘ Pharmacotherapy

# Tobacco Use Statistics



- ⌘ 70% of smokers now want to quit!
- ⌘ 46% of smokers try to quit each year
- ⌘ Nicotine is an addictive drug, more addictive than heroin and cocaine
- ⌘ Tobacco dependency is a chronic condition that warrants repeated treatment!
- ⌘ The average person makes @ 5 serious attempts to quit before being successful...



**"I see a number of 210. Either that's your weight, or how many times you've tried to quit smoking."**

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# Why nicotine is so addictive

Many cigarette smokers want to quit but can't because they are not able to find a way to overcome their addiction. Here's what is happening:



## How body processes nicotine

- 1 Enters bloodstream
- 2 Attaches to fat molecules
- 3 Liver removes from bloodstream

Within about 2 hours, 50% has been changed to cotinine, a waste product

After a meal:  
Food makes liver more active, and it processes nicotine almost 50% faster

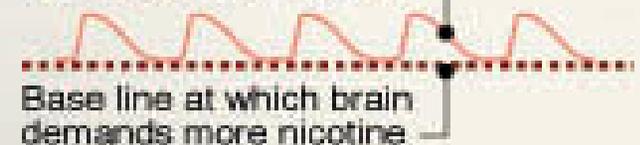
SOURCES: Jack E. Henningfield of Johns Hopkins School of Medicine, Karen Ahijevych of Ohio State University, American Cancer Society, National Institute of Drug Addiction

KRT

## How nicotine changes the body

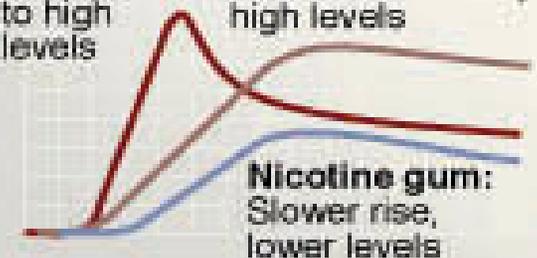
- **Structure of brain:** Nerve cells grow extra nicotine receptor sites
- **Physiological cycle develops:** Brain activity, nervous system reactions and hormone levels rise and drop between doses of nicotine

## Nicotine level in blood



**Cigarettes:**  
Instant rise to high levels

**Smokeless tobacco:**  
Slower rise to very high levels



**Nicotine gum:**  
Slower rise, lower levels

## What is 'addiction'?

Two most obvious signs:

- **Dependence:** Persistent use in spite of harmful
- **Withdrawal:** Specific symptoms produced by stopping use

*Symptoms of nicotine withdrawal include temporary impairment of thinking and brain function*

# Tobacco's worldwide human cost

About a third of the world's adults – 1.1 billion people – smoke tobacco. Some estimates of the consequences of their smoking:

## DEATHS DUE TO SMOKING

■ 3.5 million people a year, or about 10,000 people a day



■ 500 million people who smoke today will die from it

- ✓ That's 10 times the number of people who died in World War II
- ✓ Half of those smokers will die in middle age, losing an average of 20 to 25 years of life

## ECONOMIC COST

■ Worldwide health care costs associated with smoking:  
\$200 billion a year

*Some figures for comparison:*

Total sales by General Motors

\$162 billion a year\*

Total production of Bangladesh economy (GDP)

\$155 billion a year

The United Nations spends  
\$1.3 billion a year

## A PREVENTABLE EPIDEMIC

■ Heart disease and cancer can be caused by smoking

**1998:** They represented 43% of illness worldwide



**2020:** Figure will rise to 73%



**In 2020,** disease caused by smoking will become the leading cause of death



\*12 months ending March 31, 1999

# Cessation Statistics



- ⌘ Can increase quit rate to 15%-30% by using counseling and pharmacotherapies.
- ⌘ Even brief treatments such as physicians advice to quit can increase abstinence rates!
- ⌘ Smokers cite physicians advice to quit as an important motivator!
- ⌘ Message has to come from a non-tobacco user



*"I'll never ask to be transferred to  
an office that allows smoking again."*

# Clinical Practice Guidelines



- ⌘ DoD/VA Clinical Practice Guidelines in Primary Care
- ⌘ DoD Tobacco Use Cessation Tool Kit

**Use Best Practices To  
Improve Outcomes!**

# Strategies for Implementation



## 5 A's Intervention Steps

- Ask** About tobacco use
- Advise** To quit with a personal message
- Assess** Stage of readiness
- Assist** With counseling and medications
- Arrange** For follow-up or referral

# Ask



- ⌘ Use non-judgmental approach
- ⌘ Ask open ended questions, “Tell me about your smoking habit.”
- ⌘ “I see that you use chewing tobacco, how long have you been using it?”
- ⌘ “Do you use any form of tobacco?”

**Goal: Ask every patient if they use tobacco.**

# Advise



- ⌘ Give information about the effects of smoking/tobacco on their body
- ⌘ Stress the benefits for them of quitting
- ⌘ Give a clear recommendation to quit
- ⌘ Use the 4 R's

Goal: A clear strong personalized message to encourage every tobacco user to quit!

# Relevance



- ⌘ Information relevant to patient's disease status, family life or social situation has the greatest impact!
- ⌘ This is a very individualized message you give them based on your assessment of their situation.
- ⌘ "What does smoking/dipping do for you?"

# Risks



- ⌘ Ask the person to identify the potential negative consequences of smoking.
- ⌘ It has to be the patient who identifies their negative consequences of smoking, (you can't do it for them!)
- ⌘ "How do you think smoking/chewing will effect your life?"

# Rewards



- ⌘ **Rewards:** Ask the person to identify the potential benefits of quitting. Highlight and elaborate the most relevant benefits.
- ⌘ "How do you think you will feel after you quit? What will the benefits be for you?"

# Repetition



## Repetition

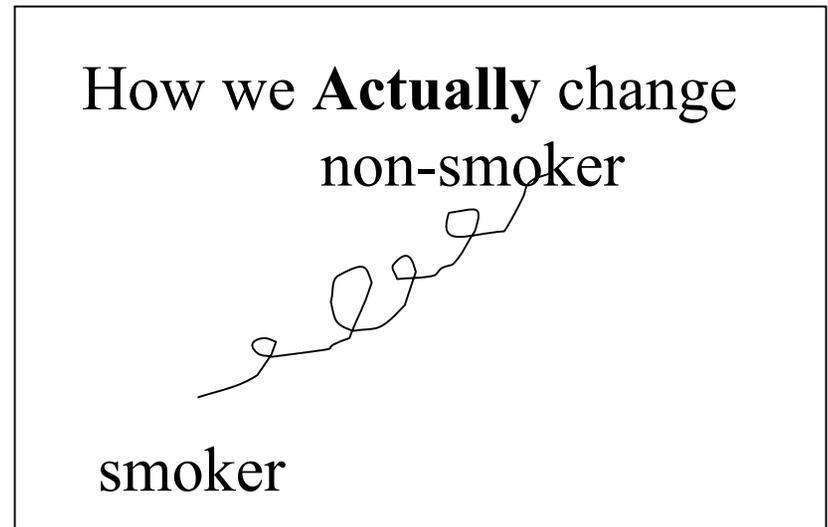
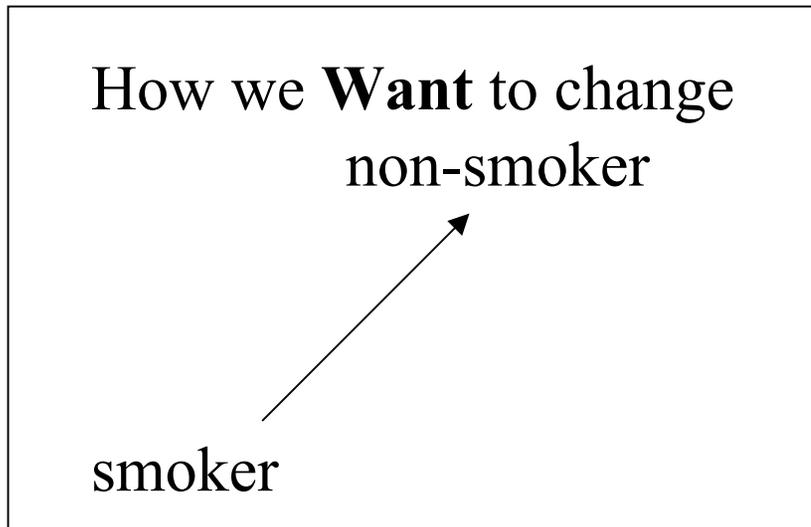
- ⌘ Repeat the message at each visit!
- ⌘ The message is that they need to quit and we are interested in helping them.

"Have you made any progress toward quitting?"

# Assess

## Stages of Change

- ⌘ “If we give you some help would you be willing to give it a try to quit smoking?”
- ⌘ Goal is to move forward along the readiness to change continuum





**Remember that it is up to  
the person to change!**

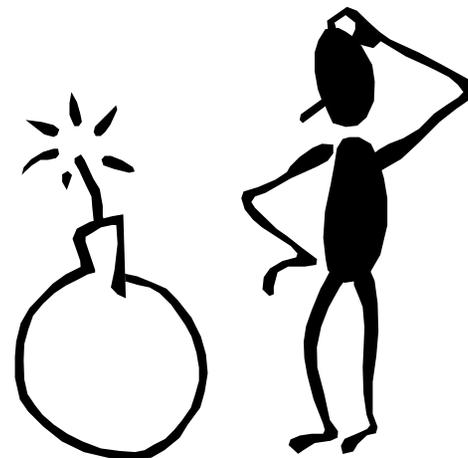
**Our job is to encourage,  
motivate and support them!**

EVIL IS NOT POWER



# Precontemplation

- ⌘ Not even aware that a change is needed
- ⌘ May be resistant to change
- ⌘ The cost to change is too high



## Assist & Arrange

Discuss benefits to the patient. Personalize the smoking cessation message. Avoid arguments

Goal: Move patient toward considering quitting-  
Contemplation

# Contemplation



# Contemplation

- ⌘ Realize a change is needed
- ⌘ Intend to change
- ⌘ Not sure how to start
- ⌘ Ambivalent



## Assist & Arrange

Affirm their desire to change.

Provide referral information, self help brochure, encourage making a plan.

**Goal: Move patient toward a quit date-  
Preparation**

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# Preparation

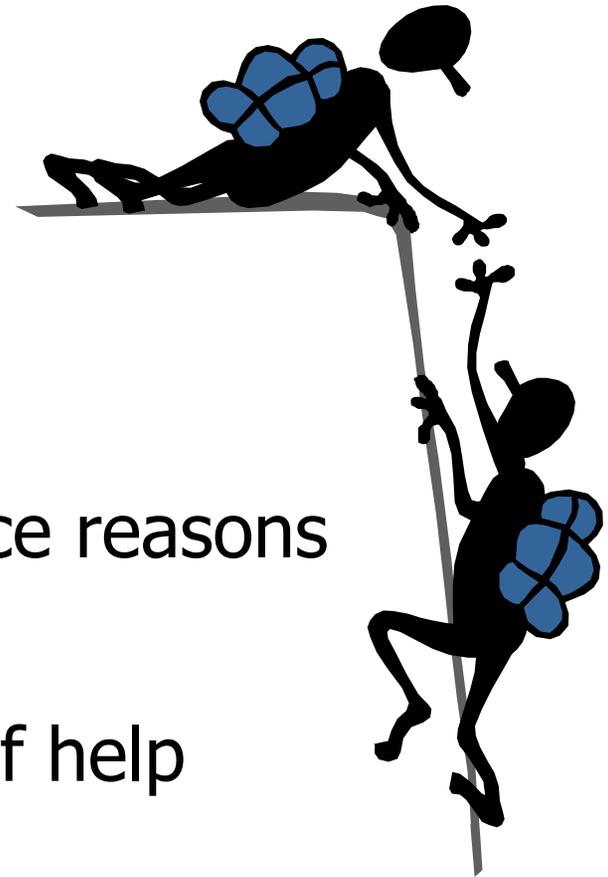
- ⌘ Are taking some action
- ⌘ Have a plan and are starting to make changes

## Assist & Arrange

Affirm, support, encourage, reinforce reasons for quitting

Provide referral information and self help brochure

**Goal: Move patient to stop smoking-Action**



# Action

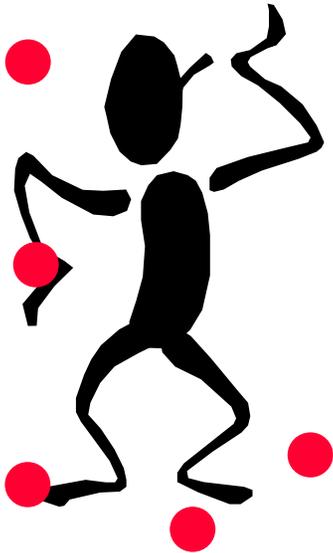


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# Action

- ⌘ Taking action on a regular basis
- ⌘ Developing a new habit
- ⌘ Picking yourself up after each setback



## Assist & Arrange

Assist in resolving any residual problems

Goal: Reinforce the decision, review the benefits, reinforce reasons for quitting, prevent relapse.

# Maintenance



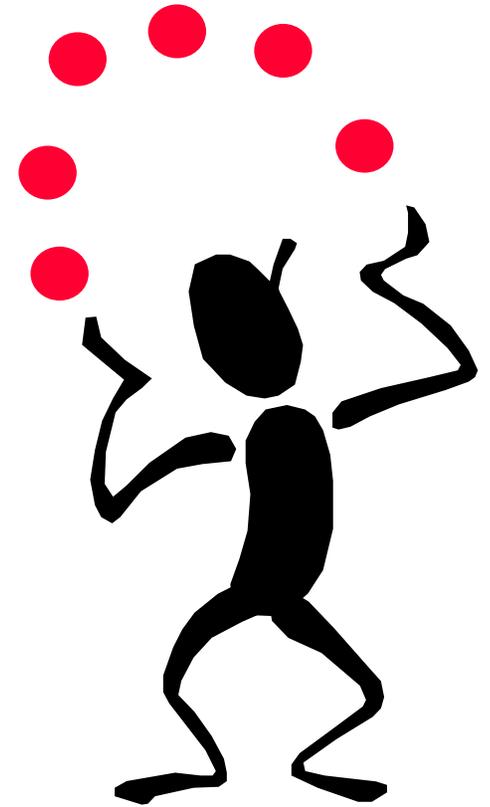
# Maintenance

- ⌘ Taking action on a regular basis
- ⌘ Behavior change has lasted more than 6 months
- ⌘ Change is a way of life

## Assist & Arrange

Affirm, congratulate, reinforce reasons for quitting

Goal: Prevent relapse and affirm stress management techniques



# Relapse



- ⌘ Normal response to change
- ⌘ Occurs often with nicotine addiction
- ⌘ Often takes 4-7 serious quit attempts in order to succeed!
- ⌘ View relapse as learning experience and not as failure...
- ⌘ Encourage to try again!

# How to Choose Pharmacotherapy



## **Nicotine Replacement Patch:**

- ⌘ No experience with cessation attempts
- ⌘ short smoking history
- ⌘ Already on anti-depressant medicine
- ⌘ Patient declining Zyban (fear of medication)

# How to Choose Pharmacotherapy



**Zyban:** Highly addicted/High user- over a pack a day

- ⌘ long smoking history
- ⌘ tried other methods of quitting
- ⌘ increased cravings
- ⌘ irritability with quitting
- ⌘ concerned about weight gain
- ⌘ adhesive allergies

# How to Choose Pharmacotherapy

## Combination of Patch & Zyban:

- ⌘ Increased cravings on patch
- ⌘ Can add Zyban to patch or patch to Zyban
- ⌘ Combination *may* increase abstinence rate to 35%
- ⌘ **Published Abstinence rate**
  - ⊗ Zyban alone-30%
  - ⊗ Patch alone-16%

# Pharmacotherapy Agents

Name	Dosing Regimen	Contradictions	Adverse Drug Reactions
Nicotine Patch	Heavy Dependency- a pack daily or more 21 mg for 2 weeks, 14 mg for 2 weeks, 7 mg for 2 weeks Mild Dependency- 1/2 pack a day 14 mg for 2 weeks, 7 mg for 2 weeks	Allergy Pregnancy Unstable angina	Sleep disturbances Skin irritation Headache
Zyban	150 mg qd for 3 days, 150 mg bid for 7-12 weeks	Seizure disorders Predisposition to seizure disorders by disease or contaminant drugs MAOIs Allergy	Sleep disturbances Dry mouth Headache

Name	Dosing Regimen	Contradictions	Adverse Drug Reactions
Nicotine Gum	Fewer than 25 cigarettes/day: 2 mg strength More than 24/day: 4 mg strength 1 piece q 1-2 hr for 6 weeks, 1 piece q2-4 hr for 3 weeks, 1 piece q 4-8 hr for 3 weeks	Allergy Pregnancy	Nausea, dyspepsia, jaw fatigue, risk of dependency
Clonidine	150-400 mg mcg/day orally, or 200 mcg/24 hr patch	Allergy Coronary insufficiency, recent MI Pregnancy	Dry mouth, drowsiness, sleep disturbances, dizziness
Nortriptyline	25 mg qd for 1 week before quit, titrate to 75 mg qd or maximum tolerated for 8	Allergy MAOIs Recent MI	Dry mouth, drowsiness, hypotension

# How to Choose Pharmacotherapy

## Side effects

⌘ Medication discontinuation rate may be up to 35%- 40% with all medications secondary to side effects

<b>Side Effect Rate</b>			
	Patch	Zyban	Combination
Headache	28%	26%	26.6%
Insomnia	30%	42%	47.5%

# Tobacco Cessation Program



## **What interventions will you provide?**

- ⌘ Pharmacotherapy?
- ⌘ One on one counseling?
- ⌘ Referral to Group program?
- ⌘ All?

## **What types of adjunctive supports will you offer?**

- ⌘ Self help materials, substitute cigarettes, mint snuff, tapes, videos, brochures for all stages, quitting programs on the web?

# Case Study-Joan



Joan is a 23 year old 1 pack a day smoker. She has smoked for 5 years. She has never really tried to quit for more than a few hours. She says, "I know it is bad for me, and I know I need to quit sometime, but I figure I can smoke a while longer without it hurting me too much."

# Case Study-Bill



Bill is 28 and has been using chewing tobacco since he was in high school. He believes it is much safer than cigarettes and not near as bad as other things he sees people doing. He says it helps him through his boring day and doesn't bother anyone else since there is no smoke involved.

# Case Study-Mike



Mike is about to turn 40 and has been smoking since he was 12. He has tried 4 times to stop smoking, one time lasting 2 years. He knows it is not good but he can't stand the way he feels trying to quit. He says he tried the patches the last time he attempted to quit but they made him sick.

# Case Study-Anne



Anne has not had a cigarette for just over 1 month now. She tried several times before this to quit, but was only able to go for 2 weeks. Her husband is due to deploy next month and she will be left at home with three small children. She worries if she can do without smoking when he leaves...

# Key Points



- ⌘ Providers can make a *BIG* difference in a patient's motivation and success!
- ⌘ Ask everyone about Tobacco use!
- ⌘ Tobacco cessation is a change process...
- ⌘ Success is measured by the forward moves through the stages of change
- ⌘ Pharmacotherapy combined with a behavioral program increases outcomes!
- ⌘ Address relapse prevention

# The End

