Creating a Successful Smoking Cessation Program

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Disclosures

None
2013 Smoking Statistics

January 23, 2015

Content source: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion

2012-2013 National Adult Tobacco Survey
2013 Smoking Statistics

• 17.8% of U.S. adults (2005 20.9%)
  • 42.1 million people: 20.5% male, 15.3% female
  • Just under a third of smokers are currently living with a disease caused by smoking
  • 80% of current tobacco users started before age 18
  • Every day >3,2000 youth (under 18 years old) smoke their first cigarette

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  • Every day >3,2000 youth (under 18 years old) smoke their first cigarette
• More than 16 million Americans are living with a smoking related disease
• More than 480,000 Americans die prematurely each year from a smoking related disease. (1 in 5 deaths)
• Economic cost in medical care and lost wages is greater than $300 billion a year

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• Current smoking ranged from about 10 of every 100 adults in Utah (10.3%) to about 27 of every 100 adults in West Virginia (27.3%).

Assessment of Risk

- Highest prevalence is seen in:
  - Males
  - Young adults 25-44 years old
  - Race/ethnicity of “other, non-hispanic”
  - GED level education
  - Annual household income >$20,000
  - Gay, lesbian, bisexual, transgender
  - Mental illness

- Other high risk populations:
  - Pregnancy
  - Teenagers

2012-2013 National Adult Tobacco Survey
Evidence for The Effectiveness of HCP Intervention
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- RCTs found simple advice from doctors had a significant effect on cessation rates
  - up to 15% cessation rates compared with 5-10% with no intervention
    - routine
    - multiple types of intervention
    - individualized advice
    - multiple occasions
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• Healthy People 2010 national objective < 12%

Our barriers: Addiction
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• Addiction
  • Physical
    • Nicotine, the drug in tobacco is as addictive as heroin
    • Rapid absorption and transmission of nicotine, CO and other toxins occurs throughout the body including the brain
    • Dopamine is released causing a brief sense of pleasure
    • Nervous system adapts to the effects and level of nicotine
    • Nicotine and its by-products may stay in the body for up to 4 days after stopping
  • Behavioral and Social
    • Routine
    • Family and friends
    • Hand-mouth
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- Big tobacco
Tobacco is a business

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- States will collect $25.6 billion for taxes and law suits in 2015, but spend less than 2% on prevention and cessation programs.
- Need to compete against the addictive power of nicotine and the tobacco industry's aggressive marketing tactics.

http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/#2013
“Tobacco is not just a killer, but a pleasure, a comforter and a friend” (2001).

It is nevertheless, an integral part of so many lives, for whom the warnings can only work to protect them against themselves, so long as they are interested.

CHOICE IS YOURS
But DON'T BE LATE
Creating your program

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• Who will be running the clinic and their roles

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• Involving multiple types if providers can enhance abstinence rates

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- Both individual and group counseling have been shown to be effective

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• Both individual and group counseling have been shown to be effective
• Effective phone interventions provide at least 3 calls

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  • office, hospital, community centers, schools

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• Quit rates may plateau after a total of 90 minutes counseling time

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• What kind of counseling interventions will be provided

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• Most effective counseling interventions will provide practical problem-solving, skills training and intratreatment supportive interventions
• Including motivational interviewing, assessing readiness to change and offering or referring more intense counseling if needed, further improve cessation rates.
• Computer or mobil based interventions mixed reviews with studies, but more recently showing positive trend

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• Who will come & how will they learn about the clinic
  • in office referral, self referral
  • partner with hospital, community, referring physicians
  • marketing, flyers, advertise
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• How will patients be followed up & progress tracked
  • system for follow-up, by who and when
  • phone call, appointments, survey
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• How to ensure sustainability
  • funding-CDC has issued funding guidelines for state tobacco control programs, Medicare
The Process

- Smoking cessation is a dynamic process that occurs over time rather than a single event. Smokers cycle through the stages of contemplation, quitting and relapse an average of three to four times before achieving permanent success.

  The 5 A’s
  
  - Ask
  - Assess
  - Advise
  - Assist
  - Arrange
Ask

• Intake information
  • Smoking status (current everyday, occasional/situational, quit within the last 12 months, remote history, never)
  • Second hand smoke exposure
  • High risk populations (adolescents, pregnancy, mental illness)
  • Number of pack-years = (number of cigarettes smoked per day \times \text{number of years smoked})/20

• Office policy, EMR, part of vital signs, identify

• Positive reinforcement for non-smoking or quitting
Advise
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• Statement that is clear, strong, supportive and non-confrontational
Advise

• Statement that is clear, strong, supportive and non-confrontational
• Review benefits
Advise

• Statement that is clear, strong, supportive and non-confrontational
• Review benefits

• Personalize the message by tying it to current health/illness, significant life events, economical cost, motivation level and/or its impact on others
  • “I know you are concerned about your cough and your son’s asthma. If you stop smoking your cough may improve and your son’s asthma may be better controlled”
  • calculate potential savings over 6-12 months and what that savings could mean
Our Tools: Benefits of smoking cessation

• 20 minutes after quitting
  • Your heart rate and blood pressure drop.¹

• 12 hours after quitting
  • The carbon monoxide level in your blood drops to normal.²

• 2 weeks to 3 months after quitting
  • Your circulation improves and your lung function increases.³

• 1 to 9 months after quitting
  • Coughing and shortness of breath decrease; cilia start to regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.⁴

Our Tools: Benefits of smoking cessation

• 1 year after quitting
  • The excess risk of coronary heart disease is half that of a continuing smoker’s

• 5 years after quitting
  • Risk of cancer of the mouth, throat, esophagus, and bladder are cut in half. Cervical cancer risk falls to that of a non-smoker. Stroke risk can fall to that of a non-smoker after 2-5 years.

• 10 years after quitting
  • The risk of dying from lung cancer is about half that of a person who is still smoking. The risk of cancer of the larynx and pancreas decreases.

• 15 years after quitting
  • The risk of coronary heart disease is that of a non-smoker’s.

Advise

- Brief, repetitive, consistent, positive reminders to quit
  - quitting is a process

- Consistent message from multiple health care providers and resources
  - Team approach
  - Office staff, education material, posters

- Advice and assistance should match with readiness to quit
Assess

- Willingness to quit and confidence level that they can
  - Prochaska & DiClemente’s Stages of Change
  - Autonomy over tobacco scale
Assess

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- Why and when do they smoke
  - Identify triggers and potential challenges
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  • Prochaska & DiClemente’s Stages of Change
  • Autonomy over tobacco scale
• Attitude towards smoking
• Why and when do they smoke
  • Identify triggers and potential challenges
• Prior quit attempts
Prochaska & DiClemente’s Stages of Change

• Pre contemplation
  • Unaware, unwilling, uninterested in quitting within next 6 months
  • May require motivational interviewing and intervention to prompt movement into next stages

• Contemplation
  • Considering stopping within next 6 months
  • May remain in this stage for extended periods
  • See relevance, enlisting support and confidence

• Preparation
  • Ready to stop next 30 days

• Action
  • quit within last 6 months, facing challenges, need support from others, modifying behaviors

• Maintenance
  • 6 months out, self-liberating, susceptible to relapse
Assess

• Determine addiction level
  • Fagerstrom Questionnaire

• Presence of depression or other mental illness
  • PHQ-9

• Presence of other substance abuse

• Social disadvantage index
  • social economic, employment and marital status
# Fagerstrom Test for Nicotine Dependence

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How soon after waking do you smoke your first cigarette?</td>
<td>Within 5 minutes, 5-30 minutes, 31-60 minutes</td>
<td>3</td>
</tr>
<tr>
<td>Do you find it difficult to refrain from smoking in places where it is forbidden? e.g. Church, Library, etc.</td>
<td>Yes, No</td>
<td>1</td>
</tr>
<tr>
<td>Which cigarette would you hate to give up?</td>
<td>The first in the morning, Any other</td>
<td>1</td>
</tr>
<tr>
<td>How many cigarettes a day do you smoke?</td>
<td>10 or less, 11-20, 21-30, 31 or more</td>
<td>3</td>
</tr>
<tr>
<td>Do you smoke more frequently in the morning?</td>
<td>Yes, No</td>
<td>1</td>
</tr>
<tr>
<td>Do you smoke even if you are sick in bed most of the day?</td>
<td>Yes, No</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total Score**

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>Low dependence</td>
</tr>
<tr>
<td>3-4</td>
<td>Low to moderate dependence</td>
</tr>
<tr>
<td>5-7</td>
<td>Moderate dependence</td>
</tr>
<tr>
<td>8+</td>
<td>High dependence</td>
</tr>
</tbody>
</table>
### PHQ-9

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use ☑ to indicate your answer)*

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**For office coding**

0 + ______ + ______ + ______

=Total Score: ______

If you checked off **any** problems, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult
Assistance: provide according to their readiness to quit
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• Not Ready
  • discuss benefits & risks
  • provide info (including second hand smoke)
  • reassure and advise help and assistance is available when they are ready
Assistance: provide according to their readiness to quit

• Not Ready
  • discuss benefits & risks
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• Ready
  • affirm and encourage
  • discuss quit plan
  • recommend and review pharmacotherapy assistance
  • use information from assessment to guide resources and assist with quit plan
  • discuss relapse prevention
Assist: Quit plan
Assist: Quit plan

• Set a quit date
  • prepare for it around least stressful time or during activities that you would usually smoke at
  • time when you can ensure rest
Assist: Quit plan

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• Tell family, friends, coworkers
  • support, encouragement and understanding
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• Anticipate challenges and withdrawal
  • healthy food and snacks
  • start vitamins or remedies you feel may be helpful
  • clean to rid smell of tobacco
  • exercise and fluids
Assist: Quit plan

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• Remove tobacco products and avoid triggers
Assist: pharmacotherapy
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- 4-7% are able to obtain without medications or help
  - Cold Turkey usually for those with < 10 cig/day or low dependence
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- HCP advice and assistance more than doubles success rate
  - NRT increases success rate from 10% to 17%
    - 2 forms of NRT achieved higher abstinence rates 20.6% vs 15.6%
  - Bupropion SR from 11% to 19%
  - Varenicline from 12% to 28%
• **Nicotine patch**
  • variable doses with 24-16 hour dosing (dependence dependent) do not smoke
  • limit to 8 weeks of rx, may use step down approach
  • local skin irritation

• **Nicotine gum**
  • 2-4 mg pieces, chewed slowly till peppery taste and then “parked” b/t cheek and gum for 30 min
  • delayed absorption, use on regular schedule no coffee, juice or soft drinks (15min before or during)
  • 1-2 hours 6 wks, 2-4 hours 3 wks, 4-8 hours 3 weeks

• **Nicotine nasal spray or inhaler**
  • may benefit heavy smokies (2+ppd)
  • can use in response to urges, fast delivery dosing limitations
  • inhaler can be beneficial with hand to mouth habit
Non-nicotine medication

- **Bupropion SR**
  - can use in combo with NRT, don’t use with seizure history or eating disorder, can use for 12+ weeks, start before quit date

- **Varenicline**
  - nausea is common, unsure if combo therapy is safe, adjust if kidney impairment, 12-24+ weeks
  - recent study showed increased smoking cessation in smokers with treated current or past depression without exacerbation

- **Nortriptyline**
  - can use in combo with NRT, many side effects (sedation, weight gain, dry mouth)
- Booming billion-dollar industry
  - will out sell tobacco products within a decade
- Pro’s
  - Varying levels of nicotine
  - Evidence suggests may be safer than regular cigarettes
- Con’s
  - gate-way drug
  - number of teens using doubled between 2011 and 2012—only 42 states prohibit sales to minors
  - nicotine is addictive and has health risks
- USPSTF concludes current evidence is insufficient to recommend e-cigarettes for cessation
Nicotine Detox

• Exercise & Cayenne Pepper
  • produce endorphins, reduces cravings and promotes perspiration

• Cranberry juice or acidic juices
  • helps detox speeds excretion

• Deep breathing
  • strengthen lung capacity, ease nicotine craving and elevates mood, decrease stress and increase O2

• Green tea
  • antioxidant, boost immune system, stimulates sympathetic and parasympathetic system-wakes you up and calms you down

• Vitamins E, C, B, D, A
  • boost immunity, fight free radicals, calming effects, helps with depression, repair and protect

http://2stopsmokingtips.com
Prescription for Herbal Healing; Phyllis A. Balch; Penguin; January 1, 2002
How to Quit Smoking for Good and Overcome that Nasty Cigarette Habit; Patrick Meninga; www.spiritualriver.com
How to Stop Smoking for Life; Review and Herald Publishing; 2004
Motivational interviewing strategies
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• Support self-efficacy
  • Offer options and support for achievable small steps of change
Enhancing motivation to quit: The 5 R’s
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• Relevance/Reasons
  • personalized for them and family,

• Risk
  • negative consequences short and long term

• Rewards
  • benefits that they would like from quitting

• Roadblocks
  • identify barriers or triggers that will be difficult or challenging to overcome

• Repetition
  • reinforce message at every visit and reassurance of the process
Arrange

• Follow up
  • first week after quit date with second visit within the first month, then as clinically indicated
  • flexibility
  • medication use
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• **Relapse prevention**
  - signs of high risk patients include intense cravings, elevated stress, cohabitation with a smoker, less than a year cessation, current use of cessation treatment, other substance abuse
  - highest risk in the first 3-4 months
  - Emergency kits
  - Resources quit line (map.naquitline.org), apps
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• Congratulate
Billing

• **Medicare**
  - expanded coverage of smoking cessation counseling to include individuals who do not have s/sx of tobacco-related diseases.
  - will cover outpatient and hospitalized beneficiaries
  - must be current tobacco user, competent and alert, counseling from qualified HCP that is Medicare-recognized
  - will cover up to 2 attempts/yr with each attempt including a maximum of 4 visits

• **CPT codes** (use if tobacco-related disease or s/sx of)
  - 99406 smoking cessation counseling, intermediate 3-10min
  - 99407 smoking cessation counseling, intensive >10 min

• **HCPCS codes** (use if not s/sx of tobacco-related disease)
  - G0436 smoking cessation counseling, intermediate 3-10min
  - G0437 smoking cessation counseling, intensive >10 min
• Tobacco is highly prevalent and linked with medical comorbidities and lost productivity
Closing Remarks

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• It is highly addictive and more than a habit
• Need to view smoking as a chronic relapsing medical condition
• HCP need to band together to create systems that consistently and systematically address the issue with coordinated efforts to support and coordinate interventions
• Quitting is difficult but more successful when both pharmacologic agents and counseling is used with patient and HCP commitment
Thank you

Michelle Sloan RN, MSN, APN
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http://www.helpwithsmoking.com
Health risks discovered

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Counseling elements
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• Practical problem solving
  • recognize challenging situations (i.e. stress, being around smokers, alcohol, smoking cues, etc.)
  • develop coping skills to address above (cognitive strategies to avoid trigger situations, life style changes to avoid cues, distraction and changing routines)
• basic information regarding withdraw and relapse
• explore past quit attempts
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• Intratreatment supportive interventions
  • encourage attempt to quit and boost their confidence
  • show caring and concern (ask about feelings and fears)
  • encourage talking about process (reasons, concerns, successes and difficulties)
History of Tobacco

- Around 1000 BC that the Mayan civilization discovered tobacco
- It began to spread worldwide when it was brought back to the New World by the great European explorers.
- Throughout the 17th Century the demand for tobacco grew and in the UK imports went from 25,000 pounds to 38 million by the turn of the century.
- By the mid 1800’s the ability to mass produce changed the trend from pipe smoking, snuff and cigars to the cigarette as we know it.
- The industry began to grow thanks to manufacturing, producing about 200 cigarettes a minute.
- This made them more easily available and affordable to a wider range of people.

http://www.helpwithsmoking.com
• Furthering their popularity, soldiers in the war were given cigarettes to smoke in order to keep up their spirits.

• At the start of the Second World War, president Roosevelt made tobacco a protected crop as packets of cigarettes were sent to the troops fighting in the war.

• After the war the soldiers went back home and introduced cigarettes to their families. Smoking cigarettes became very popular strengthening the trend during the time of both World Wars.

• In 1964 approximately 50% of adults smoked