



Cessation 101

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Housekeeping

- Your phones have been muted
- Use the chat box to ask questions
- We are taping the presentation
- Friday's presentation is the same
- Follow-up document will be emailed

Webinar Overview

- Center for Tobacco Cessation overview
- How do we help people quit?
 - Defining the issues – Sharon Cummins
 - Helping individuals – Gary Tedeschi
 - Helping through systems – Kirsten Hansen

Center for Tobacco Cessation

- Funded by the California Tobacco Control Program
- New statewide training and technical assistance center
- Purpose is to build capacity to support tobacco cessation

Center for Tobacco Cessation

- Services:
 - Trainings (webinars and in-person)
 - June 18-20, 2008 – In-Person Facilitator Training
 - Information and materials
 - Technical assistance
 - Stories from the field
 - Peer-to-peer communications
 - Website coming soon!

Center for Tobacco Cessation

- Faculty and staff:
 - Shu-Hong Zhu, Principal Investigator
 - Chris Anderson, Program Director
 - Gary Tedeschi, Clinical Director
 - Sharon Cummins, Director of Research and Evaluation
 - Kristin Harms, Communications Manager
 - Kirsten Hansen, Curriculum Development Manager

Defining the Issues

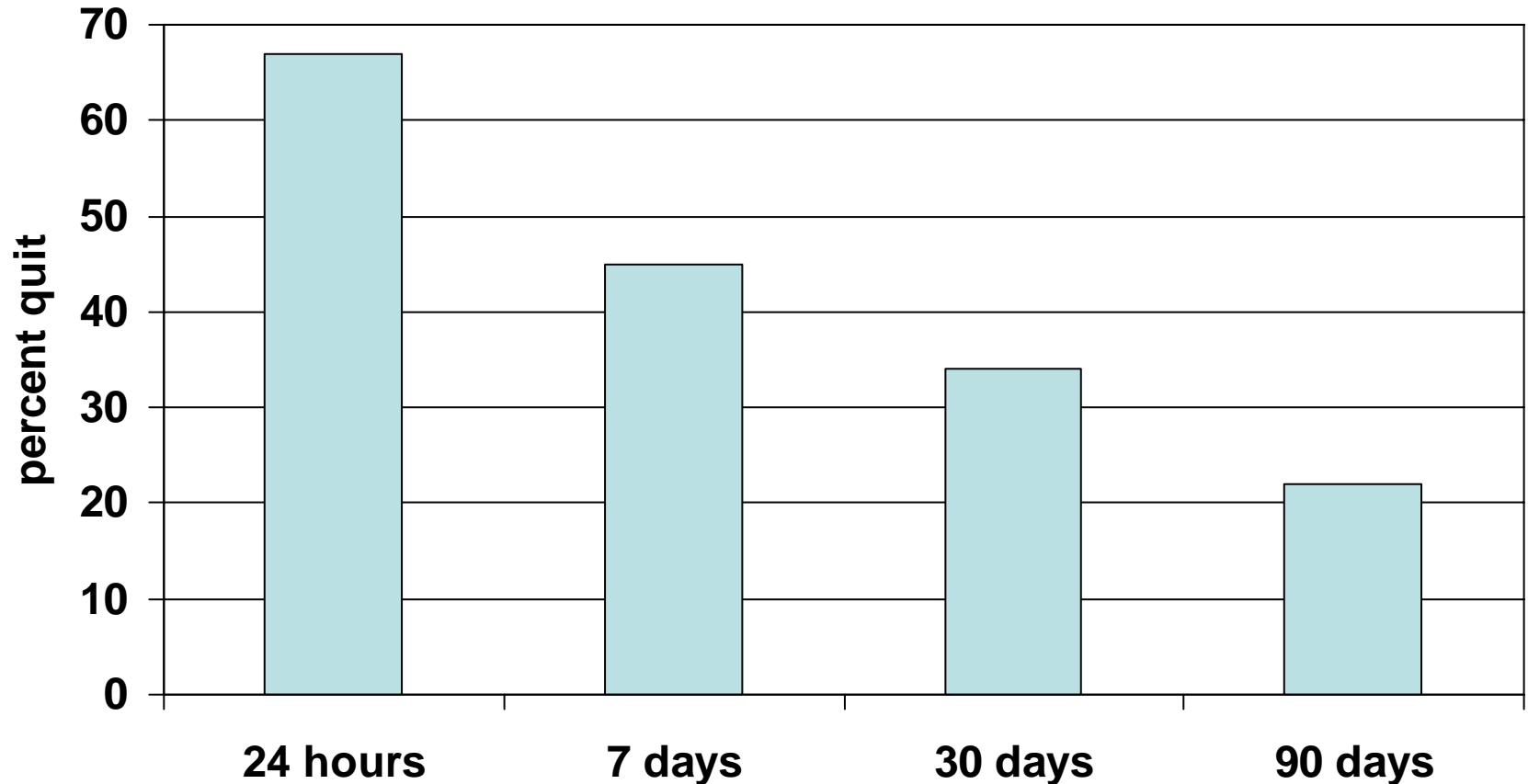
How Do We Help People Quit?

- What do we mean by **quit**?
- Who are the **people** we're trying to help?
- What really **helps**?

What Do We Mean by Quit?

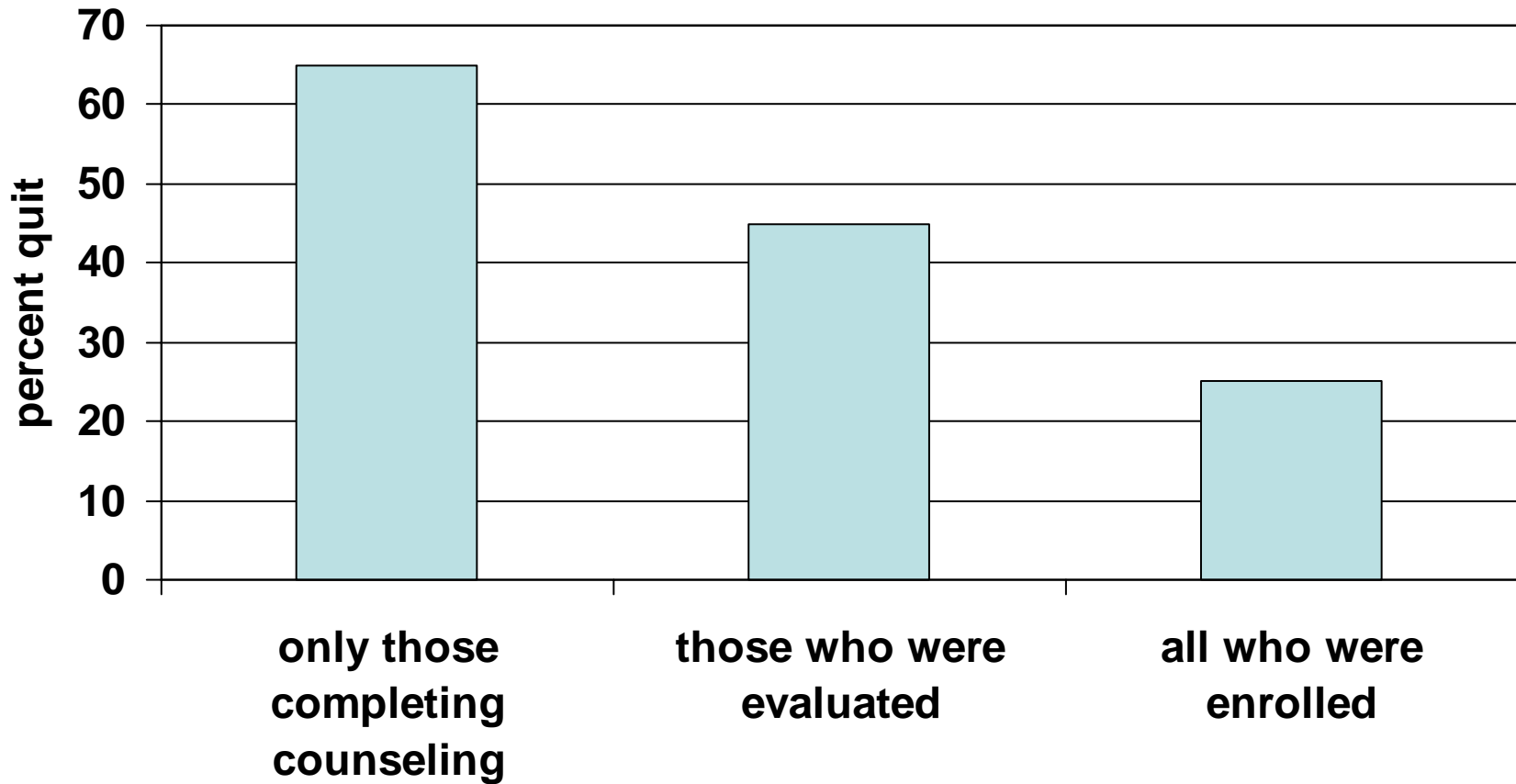
- Need to define this upfront and build appropriate measures into your evaluation plan
- Quit rate = $\# \text{ quit} / \# \text{ targeted}$
- Different definitions can lead to vastly different quit rates. Two main factors:
 - Duration
 - Denominator

What Duration is Considered Quit?



Source: Unpublished data from the California Smokers' Helpline 2008

Who Is Included in the Denominator?



Source: Adapted from McAfee, Free & Clear, NAQC Annual Meeting 2007

Other Issues Impacting Quit Rates

- What is the timing of evaluation?
- Are slips counted as relapse?
- What method of evaluation do you use?
- Who is the target of the intervention?

Example of a Good Definition of Quit

- At 6 months, 30% of newly diagnosed heart patient program enrollees reported being completely smoke free for 30 days or more
 - Duration—30 days or more
 - Denominator—all enrollees (intent-to-treat)
 - Timing—6 months
 - Slips—none allowed (completely smoke free)
 - Type of evaluation—self-report
 - Target—newly diagnosed heart patients

Who are the people we're trying to help?

- 13.3% of California adults smoke ~ 3.8 million smokers*
- 1.1% use smokeless tobacco ~ 300,000 chewers**
- Quit ratio
 - Of those who have ever smoked, 51% have quit***

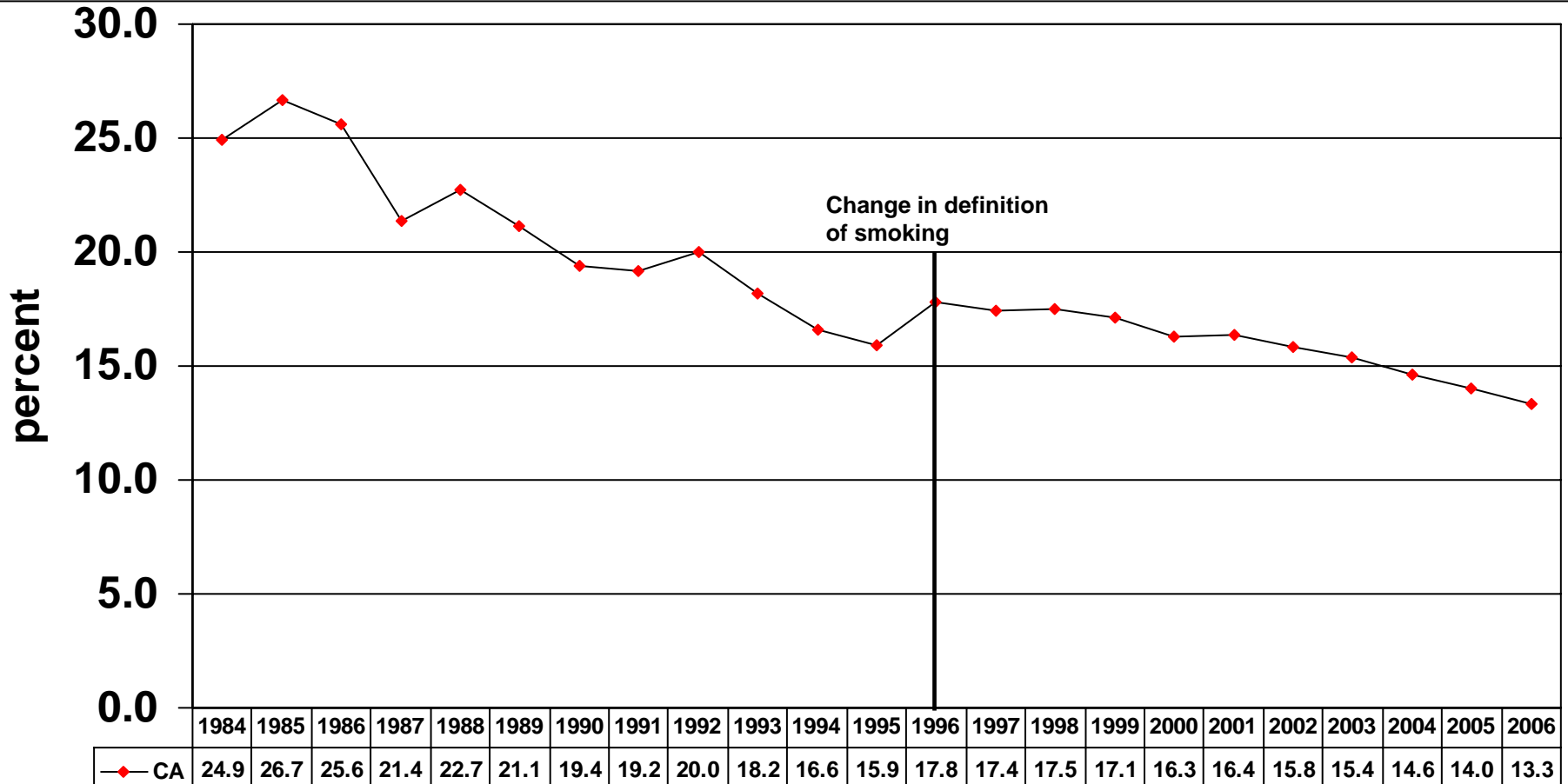
*Source: Behavioral Risk Factor Surveillance System (BRFFS) 1984-1992, BRFFS and CA Tobacco Survey (CATS) data are combined for 1993-2005. Data are weighted to 2000 CA population.

**Source: California Adult Tobacco Survey 2005

***Source: Current Population Survey 2003



California Adult Smoking Prevalence, 1984-2006



Source: Behavioral Risk Factor Surveillance System (BRFFS) 1984-1992, BRFFS and CA Tobacco Survey (CATS) data are combined for 1993-2005. Data are weighted to 2000 CA population. Note definitional change of smoker in 1996 to include more occasional smokers.

Who is the proper target of your program / policy / intervention?

- Tobacco users
 - Setting—inpatient drug/alcohol program, work, clinic
 - Stage of change—motivation and skill
 - Reactive / Proactive
- Non-smoking proxies
- Systems
 - Employers
 - Health care providers

Example

Group A

- Highly motivated cardiac patients
- Used self-help materials only
- Quit rate = 40%

Group B

- Mental health patients
- Received multiple counseling + medications
- Quit rate = 15%

What really helps?

- What decreases the prevalence of smoking?
 - Demographic shifts
 - Prevention
 - Cessation
- How do we increase the number of people quitting?
- The strategies we choose depend on how we conceptualize the problem of smoking
 - Habit
 - Addiction
 - Chronic disease
 - Cost—health and economic
 - Personal problem or societal problem
 - Epidemic

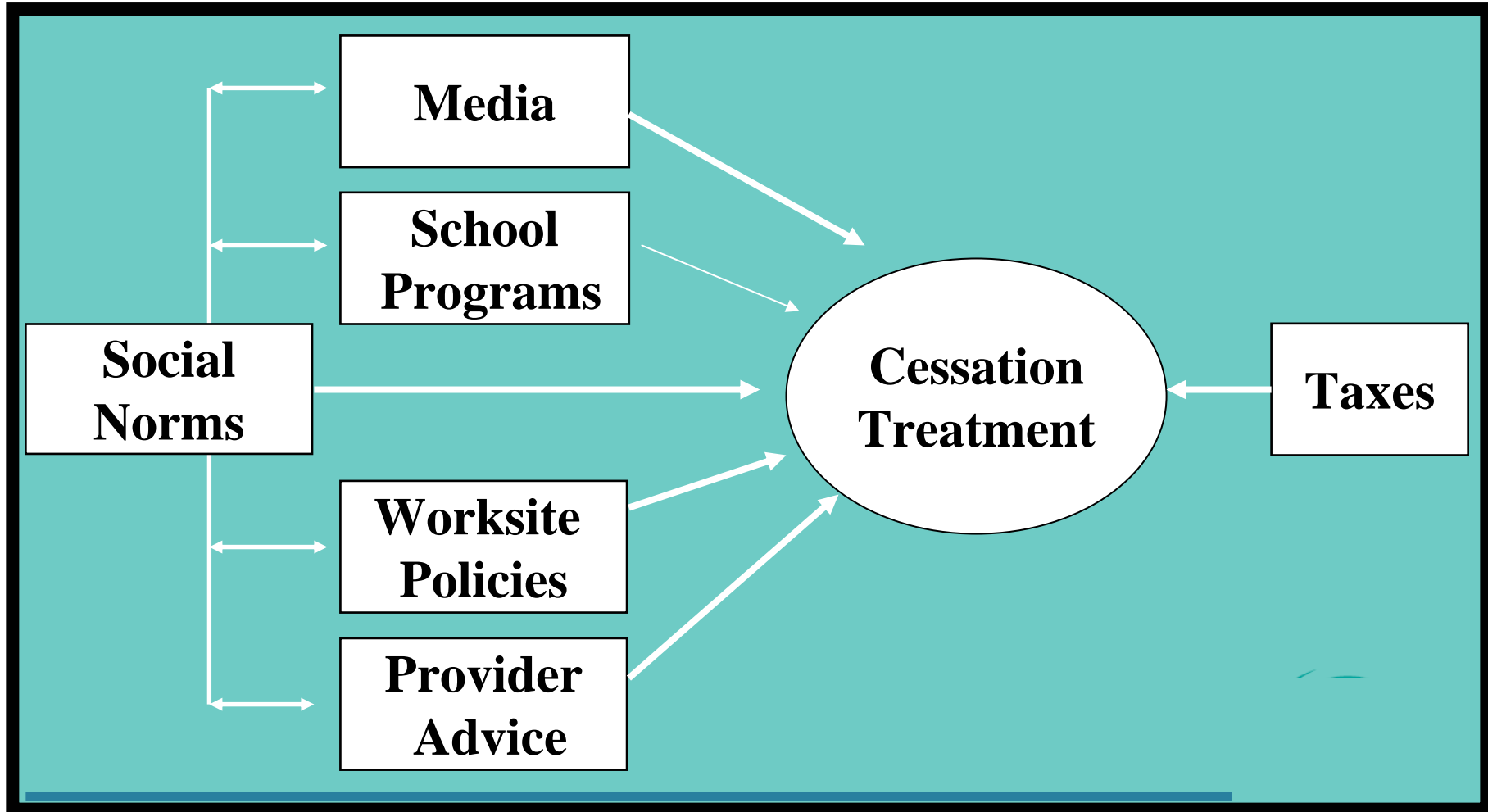
Helpseeking

- Most smokers want to quit
- It takes many attempts to quit for good
- Most smokers who quit do so on their own

Drivers of Cessation

- Smoke free workplaces
- Other bans, focus on nonsmokers' rights
- Taxes and other policy issues
- Anti-tobacco and cessation messages
- Cessation treatment
 - Pharmacological advances
 - Provision of services (quitline and others)

Cessation Treatment in the Context of Tobacco Control



How to Increase Cessation

- Increase the number of quit attempts
- Increase probability of staying quit (survival) after an attempt

$$\mathbf{C = A \times S}$$

Cessation = Attempts x Survival

Source: Zhu, S-H. (2006, July) *Increasing cessation in the population: quit attempts vs. successful quit attempts*. Paper presented at the 13th World Conference on Tobacco or Health, Washington, D.C.

Recommendations

- Carefully define your outcome
- Evaluate your program
- Define your target and your intervention
- Don't try to be everything to everybody
- Include cessation messages
- Encourage quit attempts, with or without assistance

Questions?

Helping Individuals

How might you work with individuals to increase quit attempts, prevent relapse, or both?

3 Key Considerations

- How many contacts?
- When should they occur?
- What should happen at each contact?

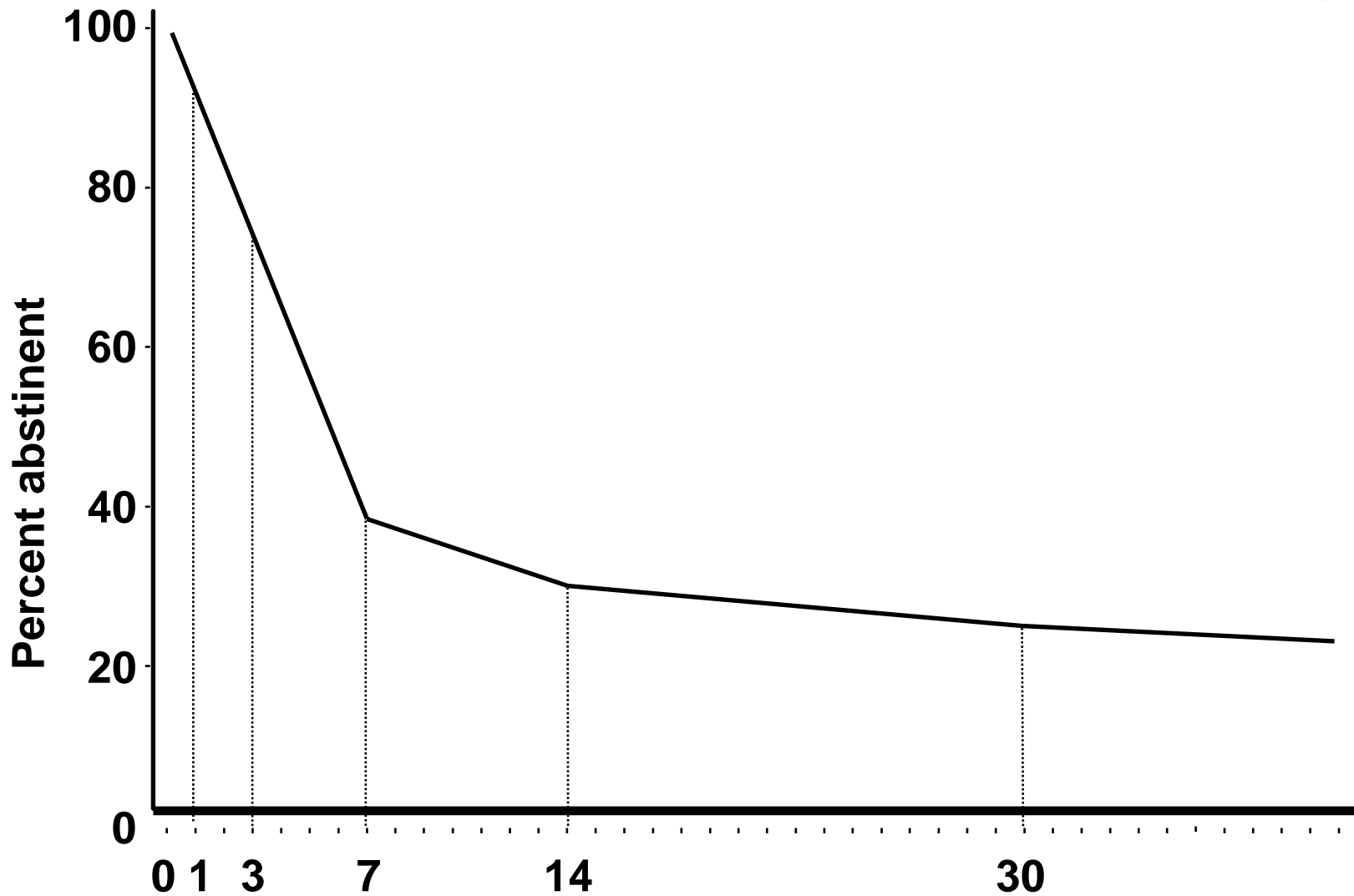
How Many Contacts?

- From a quit attempt standpoint, one contact may do the job.
 - Address the essential elements
 - Lead to a quit date
- From a relapse prevention standpoint, multiple contacts can help.
- People with fewer resources benefit most from more contact.

When Should the Contacts Occur?

- From a motivation standpoint, strike while the iron is hot.
- From a relapse prevention standpoint, schedule contacts based on the probability of relapse.

Relapse-Sensitive Scheduling



When Should the Contacts Occur?

- From a motivation standpoint, strike while the iron is hot.
- From a relapse prevention standpoint, schedule contacts based on the probability of relapse.
- From a recycling standpoint, spread contacts over several months.

What Should Happen at Each Contact?

- Increase nonspecific counseling effects
- Apply specific counseling effects
- Address appropriate counseling topics

Nonspecific Effects

- Instill hope
- Establish good rapport
- Increase motivation
- Boost self-efficacy
- Encourage social support
- Address ambivalence & create accountability
 - Proactivity

Proactivity

- Addresses client ambivalence
- Reduces attrition
- Provides social support
- Creates accountability

Specific Effects

- Share Knowledge
 - Educate about the quitting process
 - Provide facts about tobacco & nicotine
 - Offer a menu of pharmacotherapy options
- Facilitate Planning
 - Behavioral (e.g., changing habits)
 - Cognitive (e.g., self-image)
 - Mental health & substance use issues
 - Pharmacological (e.g., NRT)

Pharmacotherapy Options

- Nicotine Replacement Therapy (NRT)
 - Nicotine Patch*
 - Nicotine Gum*
 - Nicotine Lozenge*
 - Nicotine Inhaler
 - Nicotine Spray
- Medication
 - Bupropion (Zyban, Wellbutrin S-R)
 - Varenicline (Chantix)

*Available over the counter.

Nicotine Replacement Therapy

- Helps smokers get off nicotine slowly. Nicotine is released into the bloodstream, reduces physical withdrawal symptoms.
- Contraindications:
 - pregnancy or nursing
 - recent heart attack, irregular heart beat, severe or worsening heart pain
 - stomach ulcers
 - overactive thyroid
 - high blood pressure
 - diabetes requiring insulin

Bupropion (Zyban/Wellbutrin S-R)

- Non-nicotine drug, a sustained-release form of the antidepressant Wellbutrin.
- Stimulates dopamine and norepinephrine, brain chemicals that give the sensation of alertness & energy.
- Reduces withdrawal symptoms such as cravings, irritability & depressed mood.
- Contraindications:
 - pregnancy or nursing
 - seizure risk higher for those with seizure disorders, anorexia nervosa or bulimia, or who are withdrawing from alcohol
 - Other medications (MAO inhibitors, drugs that contain bupropion hydrochloride)

Varenicline (Chantix)

- Non-nicotine drug developed specifically for smoking cessation. Not an antidepressant. Targets nicotinic receptors.
- Releases dopamine but substantially less than with smoking.
- Reduces the urge to smoke and reduces the pleasure derived from smoking.

Varenicline (Chantix)

- **Contraindications**
 - Pregnancy or nursing
 - Kidney problems or kidney dialysis
 - Other medications (insulin, blood thinners, asthma medicine)
- **There have been post-marketing reports of adverse mood and behavior changes.**
 - Causal links have not been established.
 - FDA has issued warnings for patients and providers to closely monitor psychiatric symptoms.
 - Studies are underway to test varenicline in patients with psychiatric health issues.

Pharmacotherapy Considerations

- All FDA-approved quitting aids can improve the odds of success.
- Caveats:
 - Clinical studies included behavioral counseling
 - Risk of smokers thinking they can't quit without pharmacotherapy
 - Not all quitting aids are appropriate for everyone

Counseling Topics – First Contact

(Example: California Smokers' Helpline protocol)

- Treatment overview & rationale
- Motivation & self-efficacy
- Physical & mental health considerations
- Smoking & quitting history
- Quitting methods
- Environmental considerations
- Planning
- Setting a quit date

Source: Zhu et al. 1996. Telephone Counseling for Smoking Cessation: What's in a Call? JCD 75: 93-102.



Counseling Topics - Follow-up Contacts

- Quit status
- Withdrawal review
- Pharmacotherapy review
- Challenges & smoking events
- Motivation & self-efficacy
- Support
- Future Plan
- Self-image

Source: Zhu et al. 1996. Telephone Counseling for Smoking Cessation: What's in a Call? JCD 75: 93-102.



Counseling Summary

- Motivation - identify a strong reason
- Confidence - bolster belief in ability
- Skills - develop a solid plan
- Self-image - adopt a new view of self
- Perseverance - keep trying

Recommendations

- Strike while the iron is hot – capitalize on motivation.
- Prevent relapse – make contact early and often
- Recycle if you can – keep checking in over time
- Reinforce the quit attempt message – people can only succeed if they keep trying

Questions?

Helping Through Systems

Population-Based Approaches

- Media
- Policy
- Systems
 - Employers
 - Health Plans
 - Hospitals
 - Clinics
 - Mental Health and Substance Abuse Treatment Centers

Media

- Vehicles
 - TV
 - Radio
 - Billboards
 - Press releases
 - Media interviews
 - Bus ads/shelters
 - Click-to-call
 - Search engine optimization
 - Check stubs
- Messages
 - Clear, simple and repetitive
 - Second-hand smoke messages work well as cessation motivators
- Audiences
 - Smokers, friends/family, health care providers

Policy

- Expanding smoke-free areas
 - Hospitals, cities, beaches, parks, multi-unit housing, cars, prisons
- Increasing tobacco taxes
 - Every 10% increase reduces consumption by 3-5%, reduces young-adult smokers by 3.5%, and reduces kids who smoke by 6-7%¹

¹ Source: Lindblom, Campaign for Tobacco-Free Kids, June 11, 2007

Employers

- Implement smoke-free campus policies
- Offer cessation resources
 - On-site classes
 - Web-based tools
 - Promote the Helpline
- Expand health benefits
 - <http://www.businesscaseroi.org>

Employers - Example

- Pitney Bowes
 - Created an incentive program – healthy behaviors and chronic disease
 - Employees earn flex dollars to purchase medical benefits
 - Established seven on-site health centers
 - Free NRT and Zyban
 - Counseling (on-site or referred to quitline)
 - Educational material

Health Plans – Current Coverage

- Health insurance coverage varies by plan
- Medi-Cal provides FREE pharmacotherapy with:
 - Certificate of enrollment in behavior-modification, e.g. 1-800-NO-BUTTS
 - Prescription
- Medicare
 - Prescription drug benefits – Part D
 - Reimburses for cessation counseling – CPT Codes
 - 99406 (3-10 minute intervention)
 - 99407 (>10 minute intervention)

For additional information, visit:

<http://www.nobutts.org/quittingaids.shtml>

Health Plans - Model Benefit

Healthy People 2010 goal: Increase insurance coverage of evidence-based treatment for nicotine dependency to 100 percent

- Screen for tobacco use
- Offer evidence-based counseling
- Cover all FDA-approved cessation medications
- Allow for multiple quit attempts
- De-link medication and counseling benefits
- Eliminate, or reduce, co-pay

¹Source: Halpin, McMenamin, Rideout, Boyce-Smith. 2006. *Inquiry* 43:54-65.

Health Plans – Example

- Kaiser Permanente Northern California
 - Instituted Smoking as a Vital Sign
 - Medical assistant asks during routine intake
 - Recorded on electronic medical record
 - Physician assesses readiness and provides resources and advice
 - As of November 2006 – 9.2% prevalence
 - 30% increase in HEDIS scores

Hospitals - Current Requirements

- JCAHO requirements
 - Must provide cessation advice/counseling for at least 2 of the following conditions:
 - Acute myocardial infarction
 - Heart failure
 - Pneumonia

To check a hospital in your area, visit:

<http://www.qualitycheck.org>

Hospitals – Model System

- Identify all tobacco users
- Identify a clinician to deliver in-patient counseling/advice
- Implement a system to refer to behavior modification programs, e.g. the Helpline
- Expand formularies to include all FDA-approved cessation medications
- Implement a smoke-free campus

Health Care Provider Intervention

Ask: Systematically identify all tobacco users at every visit

Advise: Advise smokers to quit*

Assess: Assess each smoker's willingness to quit → **Refer** to the California Smokers' Helpline

Assist: Assist smokers with a quit plan → The Helpline provides behavior modification counseling (quit plan and quit date)

Arrange: Arrange follow-up contact → The Helpline provides 5 follow-up calls – timing is based on the probability of relapse.

*Provider advice can double the chance a smoker will make a quit attempt.

Pocket Guide

- To order pocket guides, contact the Tobacco Education Clearinghouse of California at

www.tobaccofreecatalog.org



Clinics

- Identify a champion in the clinic
- Implement a tracking system for the Ask, Advise, Refer intervention
- Educate health care providers
 - Ask, Advise, Refer
 - Medi-Cal and Medicare Coverage

Mental Health & Substance Abuse Treatment Centers

- Change existing beliefs
 - AB 3010 would require all state mental hospitals to be tobacco-free
- Increase training & supervision for staff

Resources:

Tobacco Cessation Leadership Network

Bringing Everyone Along – Toolkit for Health Care Providers
www.tcln.org

Smoking Cessation Leadership Center

The National Mental Health Partnership for Wellness & Smoking Cessation – <http://smokingcessationleadership.ucsf.edu>



Recommendations

- Include cessation messages wherever possible
- Identify a champion within systems to advocate from within
- Target health care providers
 - Promote and implement the Ask, Advise, Refer intervention
- Contact the Center for Tobacco Cessation for additional training and/or technical assistance!

Contact Information

- Center for Tobacco Cessation
 - c4tc@ucsd.edu or 866-610-C4TC
- Sharon Cummins
 - scummins@ucsd.edu or 858-300-1046
- Gary Tedeschi
 - gtedeschi@ucsd.edu or 858-300-1044
- Kirsten Hansen
 - k3hansen@ucsd.edu or 858-300-1012

Questions?