



## CESSATION 101 SUMMARY

This is a supplemental piece to the Cessation 101 webinar presentation on May 7 and 9, 2008. The webinar provided a basic grounding in the concepts of tobacco cessation. The focus was on **how to help people quit**: What do we mean when we talk about “quitting”? Who are the tobacco users we intend to help? And what exactly is “helpful”? This training covered both individual treatment modalities and cessation in the context of health care and other systems. Below are the key recommendations and a synopsis of key answers to questions that participants raised.

### Key Recommendations

#### Defining the Issues in Tobacco Cessation

- Carefully define your outcome – 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. This example addresses:
    - 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
- Evaluate your program – How will you show the value of your program/activities?
- Define your target and your intervention – Choose a target audience that you have access to and you feel you can make a difference with.
- Don’t try to be everything to everybody – Working with highly motivated cardiac patients is very different from working with mental health patients. Know your target and design your intervention and goals based on that target.
- Include cessation messages wherever and whenever you can. Part of changing the social norm is sending the message that quitting is possible.
- Encourage quit attempts, with or without assistance. It is important that tobacco users keep trying, as it may take many attempts to quit for good.

#### Helping Individuals Quit

- Strike while the iron is hot – capitalize on motivation. When a smoker is ready to quit, provide help right away.
- Prevent relapse – make contact early and often. Make proactive contact when possible. This helps prevent relapse and addresses client ambivalence.
- Recycle if you can – keep checking in over time. If you do not have the time or the resources, then refer them to a program, such as the Helpline, that can provide follow-up.
- Reinforce the quit attempt message – people can only succeed if they keep trying.

#### Cessation – Helping Through Systems

- Identify low or no cost ways of incorporating cessation messages in existing communication vehicles such as media interviews and messages on employer check stubs.
- Identify an employer and/or hospital in your area and identify an internal champion to spearhead cessation policies and interventions.
- Target health care providers – their advice is a key motivator for smokers to make quit attempts.
  - Promote and implement the Ask, Advise, Refer intervention
- Contact the Center for Tobacco Cessation for additional training and/or technical assistance!

## Questions and Answers

- Q:** To establish quit rates, is self-reported quitting sufficient, or is biochemical validation needed, such as cotinine testing?
- A:** Self-reported quitting is considered sufficient under most circumstance. Biochemical validation can be useful in settings where smokers might be penalized or shamed if they admit they smoke. These situations are said to have high “demand characteristics.” An example of a high demand situation might be employees whose health benefits will depend on whether or not they smoke or a pregnant smoker who doesn’t want to report to her doctor that she has not quit smoking. In most other situations, self-reported and biochemically verified outcomes are similar.
- Q:** When reporting quit rates, how do you deal with people who cut down, but don’t quit altogether?
- A:** If complete abstinence is the goal of the program or service, then smokers who cut down would not be considered quit. They would not be included in the numerator of the quit rate (but would still count in the denominator). However, it depends on what the goal of your program is. For example, if the goal is to reduce the number of cigarettes smoked, you might consider it a success if a smoker cut consumption in half (e.g., went from smoking 20 cigarettes per day to smoking 10 cigarettes per day).
- Q:** As a potential target for a program, you list non-smoking proxies. What are non-smoking proxies?
- A:** Friends & family who are concerned about a tobacco-using loved one.
- Q:** You mentioned that the majority of people who quit do so on their own. How do you know this? Does “on your own” include medications?
- A:** Those data are from the California Adult Tobacco Survey which is a random-digit dial phone survey. Individuals are asked if they have made a quit attempt in the past year and if so did they use self-help materials, medications, and/or counseling. If they say they did not use any of those then they are categorized as quitting on their own. No, quitting on their own is quitting without medications, self-help materials or counseling, i.e. cold turkey.
- Q:** How many times will a smoker attempt to quit before being successful?
- A:** It is normal for people to try multiple times to quit smoking, but some are successful on the first attempt. It is often reported that it takes 3-9 times on average to quit. Recent analysis by the Helpline indicates that it takes an average of 12 tries (if using a quitting aid) and 14 tries (if going cold turkey)<sup>1</sup> We don’t necessarily want to let smokers know it will take them 12-14 tries. This may be a relief for some, but may be discouraging for others. It is probably best to normalize that it takes multiple attempts to quit, and couple this with the message: KEEP TRYING.
- Q:** You mentioned that people with fewer resources benefit most from more contact. What resources are you referring to?
- A:** Resources could include psychological or physical resources, so having fewer resources could refer to low social support, little confidence, no insurance coverage, low income, etc.
- Q:** What is the difference between a slip and a relapse?
- A:** Slips and relapses have different definitions depending on whether they are being used clinically or as a way of analyzing outcomes. In both cases a slip is a return to reduced smoking or brief smoking after quitting that falls short of a return to regular smoking. Clinically the distinction is used to encourage the client to get back on track, essentially seeing any smoking as a slip if they are willing to continue on with the quit process. For analysis the data analyst must decide whether a single puff signals relapse or whether the client is still considered a success as long as the puff is not followed by a return to smoking regularly.

- Q:** When helping smokers quit, how do you address client ambivalence? Give an example.
- A:** One way to do this is to ask clients to discuss the pros and cons of smoking (& quitting). A cost-benefit analysis allows for ambivalence to come to the surface, and to be addressed directly. Asking the client what's good about smoking helps to build counselor credibility and provides insight into what will need to be included in the quitting plan (e.g., smoking helps with stress, so stress management will be part of the plan)
- Q:** Does anybody have a script for a follow up phone call?
- A:** The counseling topics and questions (script) from our initial session and follow-up sessions are described in our "Telephone counseling for smoking cessation: What's in a call?" paper.
- ABSTRACT:**  
Telephone counseling for smoking cessation has gained popularity as studies demonstrate its efficacy. What comprises a successful program, however, has not yet been detailed in the literature. In this article, an innovative telephone counseling intervention for smoking cessation is described, with attention to the clinical issues of client assessment, motivation, self-efficacy, planning, coping, relapse-sensitive call scheduling, and self-image. Counselor training and supervision, ethical and legal considerations regarding this form of service delivery, and suggestions for future direction are also discussed.  
<http://repositories.cdlib.org/postprints/801/>
- Q:** Is there evidence of efficacy of pharmaceutical quitting aids for youth?
- A:** NRT has been shown to be safe in adolescents, but there is little evidence that these medications and Zyban are effective in promoting long-term smoking abstinence among adolescent smokers. As a result, they are not recommended as a component of pediatric tobacco use intervention.<sup>2</sup>
- Q:** What are the best strategies to help teens or high school students quit?
- A:** Many behavior change principles used with adult smokers apply to teens as well. A few points though to consider for teens would be: (1) Establish good rapport by not being too structured during the sessions; (2) Provide enough direction on what the teen should do, but leave room for the teen to make some decisions (e.g., direct the teen to set a quit date, but let him/her have input into how and when); (3) Keep in mind that health issues are actually motivating even though teens often feel immortal, and vanity issues are particularly motivating; (4) Consider that teens often smoke to engage in adult-type behavior. Reframe quitting (not smoking) as adult-like behavior (e.g., saying something like, "I've talked to a lot of people in their 30s and 40s who want to quit and haven't been able to take that step - and you're ready to try already. You're way ahead of a lot of smokers even twice your age").
- Q:** When facilitating planning with a client, what mental health considerations should be taken into account? Should smokers with mental health problems try to quit?
- A:** Smoking occurs at rates well above the population average. All smokers with psychiatric disorders, including substance use disorders, should be offered tobacco dependence treatment and clinicians must overcome their reluctance to treat this population.<sup>3</sup> Assessing psychiatric stability and functionality is key when intervening with clients with mental health issues. Clients who are currently in treatment with stable symptoms can be treated using standard care. Clients who are symptomatic, changing medications, or lower functioning require collaborative treatment efforts among tobacco cessation specialists, mental health counselors, and health care providers.
- Q:** If there was only one thing you could do to help someone quit, what would it be?
- A:** Get them to try!

- Q:** How can I help a client who is a light smoker, only smokes about 3 cigarettes a day, and can go days without smoking but can't quit?
- A:** One main consideration is that this client is most likely smoking to maintain a psychological dependence on cigarettes, as opposed to a physical dependence on nicotine. She is also locked in an habitual behavior, even if only 3 times a day. It would be helpful to revisit her main reasons for quitting to bolster her motivation level. Also, it would be necessary to focus on the three times that she smokes, and plan behavioral and cognitive strategies to deal with these specific trigger situations. Depending on the triggers, common behavioral strategies like using substitutes, keeping busy, and deep breathing can be very helpful. The trickier issue with a light smoker, particularly ones who can go a few days without smoking, is the psychological connection to the cigarettes. This is where cognitive strategies can help. One useful cognitive strategy would be to help her start to adopt a nonsmoker self-image, where cigarettes are no longer an option (as opposed to a smoker who is abstaining from cigarettes). Some ways to help with this shift in self-image would be to encourage her to: 1) say often, "I am becoming a nonsmoker" 2) get involved in activities that are incompatible with smoking (e.g., exercise, healthy lifestyle) 3) visualize herself not smoking when faced with the trigger situations 4) observe what nonsmokers do in these situations instead of smoking 5) picture herself five years from now as a nonsmoker - and hold on to that image.
- Q:** When helping smokers quit, how do you establish credibility if you're not an ex-smoker yourself? If you are an ex-smoker, does it help smokers if you tell them this?
- A:** Clients have a legitimate concern when the person trying to help them has never smoked. They wonder if a nonsmoker can really understand. In order to build credibility in this situation, it is essential to remain nondefensive and encourage the client to discuss any concerns they might have about your ability to help. It is also useful to mention that you want the client to succeed and will pull all resources from your training and experience to help. Clients also respond positively when you share that you have gained valuable experience and insights from many smokers who have quit successfully, and would like to offer those success strategies. Regarding the second question, it can certainly help to share you are an ex-smoker from the standpoint of conveying understanding and is often seen by the client as a sign that you can relate to them. Keep in mind though that this can sometimes backfire, because everyone's smoking and quitting history is different. You may not have smoked enough, or long enough, to satisfy the client.
- Q:** Are any quitting aids safe for long term use?
- A:** The FDA has approved the use of some NRT (gum, nasal spray and inhaler), Zyban and Chantix for 6-month use. The use of these medications for up to 6 months does not present a known health risk, and developing dependence on medications is uncommon.<sup>4</sup> There is considerable controversy in the tobacco control field about whether ongoing use of quitting aids should be recommended for smokers who "cannot or will not" quit smoking without them. For further discussion see Hatsukami, et al. (2007). Developing the science base for reducing tobacco harm. *Nicotine & Tobacco Research*, 9(S4), S537-S553. Another resource is from the Royal College of Physicians. Harm reduction in nicotine addiction: helping people who can't quit. A report by the Tobacco Advisory Group of the Royal College of Physicians. London: RCP, 2007.
- Q:** How does the tapering method compare with the nicotine patch?
- A:** The nicotine patch has been shown to be effective for quitting smoking. Conversely tapering methods generally have not been shown to increase the likelihood of cessation. Scheduled reduced tapering is one tapering method that has shown efficacy in clinical trials. In this approach, clients are asked to gradually decrease the number of cigarettes smoked, and only smoke the prescribed number on an equal interval schedule throughout the day. This encourages clients to learn ways to break the behavioral association between cigarette and certain activities /times of day / or feelings.

**Q:** Is Chantix safe for pregnant women?

**A:** Pregnant smokers should be encouraged to quit without medication. Chantix has not been shown to be effective for treating tobacco dependence in pregnant smokers and has not been evaluated in breastfeeding patients.<sup>5</sup>

**Q:** Is Chantix addictive?

**A:** Chantix is not addictive since its half life is only 24 hours and it releases endorphins as a small trickle. However, there is a chance, as with any quitting aid, that clients can become psychologically dependent on Chantix.

**Q:** How should we handle the negative press that Chantix is currently getting?

**A:** The FDA recommends that patients tell their health care provider about any history of psychiatric illness prior to starting this medication, and clinicians should monitor patients for changes in mood and behavior when prescribing this medication.<sup>6</sup>

**Q:** What about recommending 12-step or similar programs as adjuncts to counseling?

**A:** 12-step and similar programs are a good option for additional support when quitting. Many clients in recovery have used the 12 steps to stop using other substances and can benefit from applying the steps to quit smoking as well. If possible, look for a smoke-free 12-step meeting.

**Q:** What is the fax number at the Helpline that I can send a list of individuals interested in quitting?

**A:** The Helpline needs to obtain consent from anyone they proactively call for confidentiality purposes, but also to be sure the individual is interested in quitting. To obtain a fax referral form, please contact the Helpline's Communications and Partner Relations Department at 858-300-1010 or csoutreach@ucsd.edu.

**Q:** Are there any statistics about acupuncture?

**A:** Evidence does not support the effectiveness of acupuncture as a tobacco use treatment. The acupuncture meta-analysis comparing "active" acupuncture with "control" acupuncture revealed no difference in effectiveness between the two types of procedures.<sup>7</sup>

**Q:** Where should we send patients who need prescription medications but don't have health insurance and can't afford them?

**A:** Check to see if they are eligible for Medi-Cal or county health benefits. In addition, consult the county programs in their area; some offer free quitting aids. If none of these apply, unfortunately there is not a sufficient answer to this question at this time. It is important to still encourage the smoker to make a quit attempt even if they are unable to obtain medications. Giving them the message that it is possible is most important.

**Q:** You mentioned the Halpin study. Did it say that pharmaceutical quitting aids work without behavioral support?

**A:** Yes. But remember, this was a study to look at the cost-benefit analysis of a health plan requiring counseling to obtain medications. The take away message should not be that behavior support is not important.

**Q:** How would one determine if a client is best suited for a referral to the Helpline vs. comprehensive local programs, if they exist?

**A:** It depends on their personal preference, their resources and their motivation. If they prefer an in-person group, but one does not start for a week and they are motivated now to quit, it is recommended that they be referred immediately to the Helpline and given the information on the class. Similarly, if a person is interested in classes, but does not have childcare or transportation, then the Helpline is a good resource. The most important is to give them options and let them know that no matter what they use or do not use they can be successful.

**Q:** Can an employer legally require all employees to be nonsmokers?  
**A:** In California, Labor Code section 98.6 prohibits an employer from discriminating against an employee or job applicant on the basis of off-duty lawful conduct. Because tobacco use by adults is likely to be considered "off-duty lawful conduct," this law provides protection to smokers.

It is important to note, however, that Section 98.6 does contain five narrow exceptions:

(1) An employer can discriminate against a job applicant on the basis of lawful off-duty conduct if that conduct is "actually in direct conflict with the essential enterprise-related interests of the employer." (Labor Code section 98.6(c)(2)(A).)

(2) An employer can discriminate against a job applicant for a position as a firefighter specifically for off-duty tobacco use. (Labor Code section 98.6(c)(2)(B).) This limitation on tobacco use must be in an employment contract or collective bargaining agreement stating that the firefighter will have coverage for any disease that is presumed to arise in the course of employment.

Finally, an employer can discriminate based on lawful off-duty activities against three other categories:

(3) employees and applicants to any local or state law enforcement agency;

(4) current or former employees and representatives of the media; and

(5) employees of religious associations. (Labor Code section 98.6(d).)

**Q:** Is it better to hold cessation classes on site or in a more neutral place, other than the company?

**A:** Any place that decreases the barriers, i.e. child care, transportation and time, and increases the motivation would work. On-site in a private location, i.e. not a conference room with windows, would be ideal.

**Q:** How much do the Ask, Advise, Refer pocket guides cost?

**A:** They are \$1.50 each and may be obtained here -

<http://www.tobaccofreecatalog.org/ProductDetails.aspx?id=4&prodid=1777>

**Q:** Is there a website that lists typical withdrawal symptoms?

**A:** Yes. On the Helpline website

[http://www.californiasmokershelpline.org/Information/tcg\\_creating\\_thefive.shtml](http://www.californiasmokershelpline.org/Information/tcg_creating_thefive.shtml)

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<sup>1</sup> Zhu (Sept., 2007) Oceania Tobacco Control Conference, Auckland, NZ.

<sup>2</sup> Treating Tobacco Use and Dependence Guidelines, 2008, p. 161.

<sup>3</sup> Treating Tobacco Use and Dependence Guidelines, 2008, p. 154.

<sup>4</sup> Treating Tobacco Use and Dependence Guidelines, 2008, p. 46.

<sup>5</sup> Treating Tobacco Use and Dependence Guidelines, 2008, p. 53.

<sup>6</sup> Treating Tobacco Use and Dependence Guidelines, 2008, p. 54.

<sup>7</sup> Treating Tobacco Use and Dependence Guidelines, 2008, p. 99.