
Tobacco Dependence Treatment and Referral

Developed by the
Center for Tobacco Cessation

Objectives

As a result of this program, participants will be able to:

- Explain why tobacco use is the number one cause of preventable disease and death in the United States
 - Describe the importance of treating tobacco use
 - Describe usage patterns and define tobacco dependence
 - Deliver effective and efficient clinical tobacco interventions to patients using systematic approaches
-

Tobacco's Deadly Toll

- 438,000 deaths in the U.S. each year
- 4.8 million deaths world wide each year
- 10 million deaths estimated by year 2030
- 50,000 deaths in the U.S. due to second-hand smoke exposure
- 8.6 million disabled by tobacco use in the U.S. alone

Annual U.S. Deaths Attributable to Smoking, 1997–2001

Percent of all smoking-attributable deaths

Cardiovascular diseases	137,979	31%
Lung cancer	123,836	28%
Respiratory diseases	101,454	23%
Other*	39,940	11%
Cancers other than lung	34,693	8%

TOTAL: 437,902 deaths annually

Source: Centers for Disease Control and Prevention. *MMWR* 2005;54:625–628.

Second-hand Smoke

- 38,112 deaths annually are attributable to second-hand smoke exposure.
- Among the numerous diseases caused by second-hand smoke are coronary heart disease, lung cancer, and SIDS.
- The Surgeon General has determined there is no safe level of second-hand smoke.

The Smoker's Body

Every 10 seconds, someone dies from tobacco use, says the World Health Organization. Medical research suggests that those who start smoking in their teens (as 90 percent of smokers did) and continue for two decades or more will die 20 to 25 years earlier than those who never light up. And there is growing evidence that it's not always lung cancer or heart disease that kills them. Below, some of smoking's less publicized side effects—from head to toe.



1. Hair loss
2. Cataracts
3. Wrinkling
4. Hearing loss
5. Skin cancer
6. Tooth decay
7. Lung ailments
8. Osteoporosis
9. Heart disease
10. Stomach ulcers
11. Discolored fingers
12. Cervical cancer
13. Deformed sperm
14. Psoriasis
15. Buerger's Disease
16. Cancer

- Hair Loss
- Cataracts
- Wrinkling
- Hearing Loss
- Skin Cancer
- Tooth Decay
- COPD
- Osteoporosis
- Heart Disease

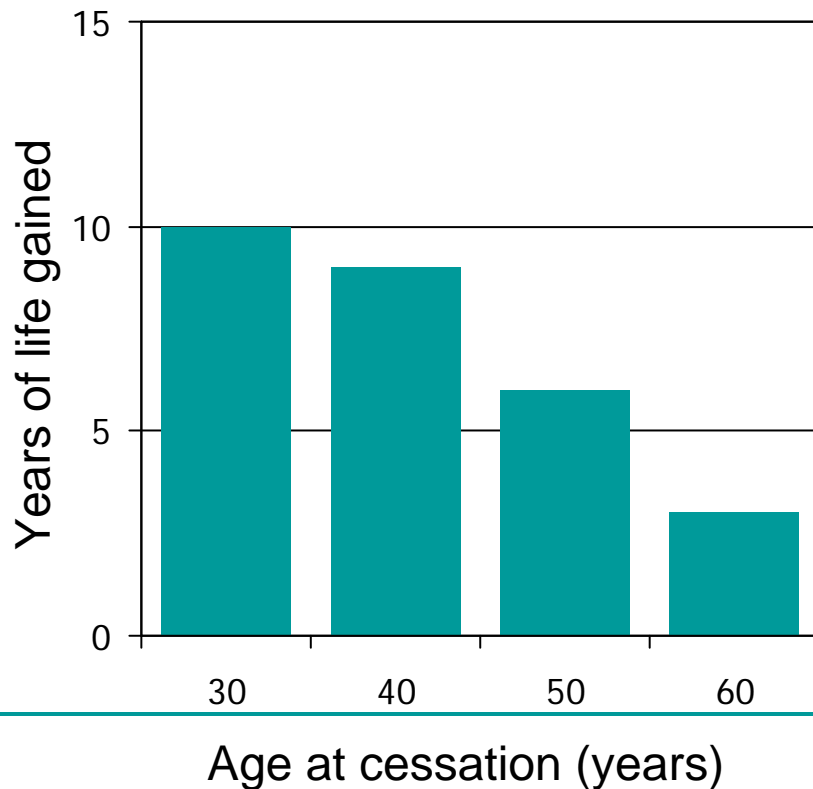
- Stomach Ulcers
- Discolored Fingers
- Cervical Cancer
- Deformed Sperm
- Psoriasis
- Buerger's Disease
- Cancer

Source: World Health Organization

Smoking Cessation

Reduce the Risk of Death

- Prospective study of 34,439 male British doctors
- Mortality was monitored for 50 years (1951–2001)



On average, cigarette smokers die approximately 10 years younger than do nonsmokers.

Among those who continue smoking, at least half will die due to a tobacco-related disease.

Who smokes?

- California adult smoking prevalence is **13.3%*** ~ 4 million smokers
 - American Indian – 28.2%**
 - African American – 18.7%**
 - White – 16.2%**
 - Hispanic – 12.8%**
 - Asian/Pacific Islander – 12.0%**

* California Department of Health Services, 2007

** California Health Interview Survey, 2005

Who smokes? (cont.)

- Lesbian/Gay/Bisexual/Transgendered – 30.4%
- Navy – 39.6%
- Marine Corps – 30.3%
- Low Socio-Economic Status – 19.2%

Who chews?

- California adult chew prevalence is **1.1%*** ~ 300,000 chewers
 - Male – 97.8%*
 - Female – 2.2%*

 - White – 70.1%*
 - Hispanic – 14.8%*
 - African American – 8.3%*
 - Asian/Pacific Islander – 4.6%*
 - Other – 2.4%*

* California Tobacco Survey, 2005

People with Mental Illness & Substance Use Disorders

- Rates of smoking are 2-4 times higher than among the general population.¹
- About 41% of people with mental illness smoke.²
- 60% of current smokers report having had a mental health diagnosis sometime in their lifetime.¹
- This population consumes 45% of cigarettes smoked.³
- New resource guide – www.tcln.org

How many times does it take to quit for good?

- Answer: 12 – 14 attempts on average*
- What does this mean?
 - It's hard to quit, but it is possible.

* Zhu (Sept., 2007) Oceania Tobacco Control Conference, Auckland, NZ.

Why is it hard to quit?

➤ Physiological dependence

- Nicotine stimulates release of chemicals in the brain:
 - » acetylcholine, dopamine, glutamate, endorphins, norepinephrine, & serotonin.
- Quitting leaves the brain & body wanting nicotine to feel normal again.

➤ Psychological dependence

- Ambivalence
 - Habit/routine
 - Utility (e.g., manage stress, increase concentration)
-

Keys to Success

- Motivation + Planning = Success
 - Multiple quit attempts
 - No one method works for everyone
 - But some method will work
 - Slip versus relapse
 - Getting back on track right away is most important
 - Nonsmoker self-image
 - View self as a nonsmoker versus a smoker who is abstaining
-

Clinical Practice Guidelines

- Comprehensive, evidence-based approach for smoking cessation
 - Released in June 2000 by the U.S. Public Health Service-updated version due out in 2008
 - Systematic approach to tobacco for all healthcare facilities
-

Evidence-Based Model: The 5 A's

Ask: Systematically identify all tobacco users at every visit

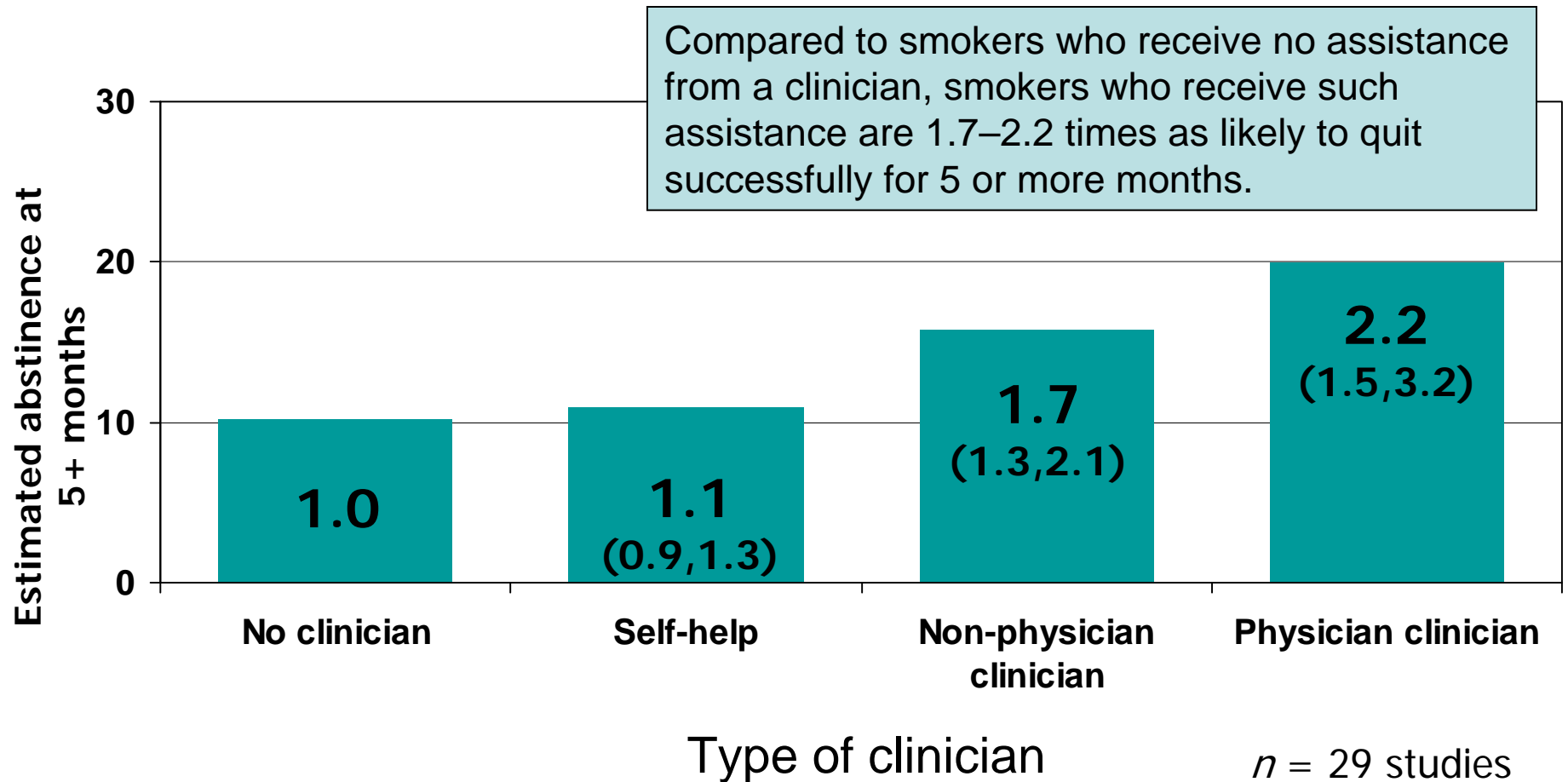
Advise: Advise tobacco users to quit

Assess: Assess each tobacco user's willingness to quit

Assist: Assist tobacco users with a quit plan

Arrange: Arrange follow-up contact

Effects of Clinician Interventions



Source: Fiore et al. *Treating Tobacco Use and Dependence. Clinical Practice Guideline*. USDHHS, PHS, 2000.

Nursing Interventions

➤ Cochrane review

- included randomized trials of smoking cessation interventions delivered by nurses or health visitors with follow up of at least six months.

➤ 31 studies comparing a nursing intervention to a control or to usual care found the intervention to significantly increase the likelihood of quitting (RR 1.28, 95% CI 1.18 to 1.38).

Health Care Provider Advice and Referral Rates

- Only 62% of smokers were advised by a doctor to quit
- Only 33% were advised to quit and referred to a program by a doctor during the past 12 months.

Barriers to Using the 5 A's

- Time
 - Respect for privacy
 - Support
 - Expertise
-

Team Approach

- Amended 5 A's for those who don't have time or resources
 - **A, A, R**
 - **Ask**
 - **Advise**
 - **Refer**
-

The 5 A's and A, A, R

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.

Ask about tobacco use

- Identify tobacco users
 - Ask every patient, every time

Gauge Dependence & Readiness

➤ Dependence

- How soon after waking do you smoke?
- How many cigarettes do you smoke each day?
 - » Low dep. (< 10 cpd; no smoke in 1st hour of waking)
 - » Mod. dep. (10-20 cpd; no smoke in 1st 30 min. of waking)
 - » High dep. (>20 cpd; smoke within 30 minutes of waking)

➤ Readiness

- On a scale of 0-10 how important is it to you to quit?
-

Advice tobacco users to quit

➤ Recommend quitting

- “As your Doctor, I want you to know that quitting smoking is the most important thing you can do to protect your health.”



Patients Not Ready to Quit

- Let them know you care about their well-being **and** you think it is important
 - People respect the opinion of health care providers
 - Meet patients where they are at
 - Cessation is a long-term not short-term goal
 - Ask on a future visit
 - Persistence is more important than intensity
-

Motivational Interviewing

- Developed by William Miller & Stephen Rollnick
 - Born from alcohol dependency counseling
 - Not overtly confrontational or directive
 - Patients experience being guided in their own decision making, not “counseled” or told what to do.
-

Goals of Motivational Interviewing

- Reduce harmful behavior
 - Explore & resolve ambivalence about change
 - Increase self-efficacy for change
 - Guide client in own decision making
 - Empower client to choose change
-

MI in the Medical Setting

- Assess smoker's receptivity
 - Convey support in a respectful, nonjudgmental manner
 - Ask evocative questions
-

Sample Evocative Questions

- What worries you about your tobacco use?
 - What has smoking stopped you from doing?
 - What do you think will happen if you don't make a change?
 - What would it take for you to feel ready to quit?
 - What do you think will work for you?
 - What is the worst that could happen (worst fear) if you don't quit?
-

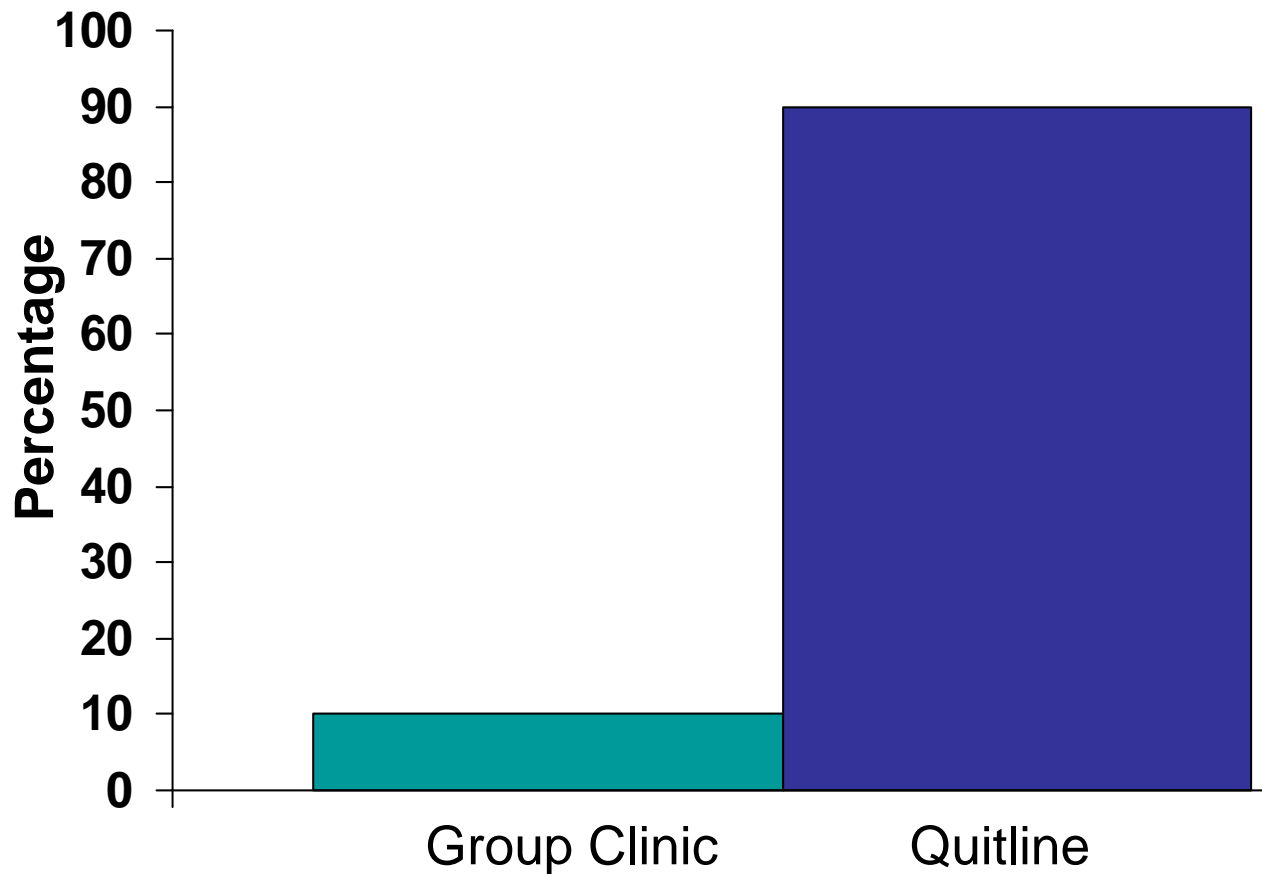
MI in the Medical Setting

- Assess smoker's receptivity
 - Convey support in a respectful, nonjudgmental manner
 - Ask evocative questions
 - Consider providing physiologic feedback (e.g., patient's expired carbon monoxide level, lung capacity)
-

Refer-tobacco users to other resources

- People who receive assistance are more likely to quit successfully
 - A toll-free telephone quitline:
1-800-NO-BUTTS (1-800-662-8887)
 - An individual or group counseling program in the community
 - Consider medication options
 - The support program provided free with most smoking cessation medications
-

Smokers Prefer Quitlines



Source: McAfee (2002), North American Quitline Conference

California Smokers' Helpline

1-800-NO-BUTTS

- Free statewide tobacco cessation program
 - Funded by tobacco taxes
 - Propositions 99 & 10
 - Scientifically proven to be effective
 - All services available by telephone
 - In operation since 1992
 - Adults, teens, pregnant women and proxy
 - Multiple languages
-

Multiple Languages

- English
1-800-NO-BUTTS (1-800-662-8887)
 - Cantonese
1-800-838-8917
 - Korean
1-800-556-5564
 - Mandarin
1-800-838-8917
 - Spanish
1-800-45-NO-FUME (1-800-456-6386)
 - Vietnamese
1-800-778-8440
-

What Happens in Each Call?

➤ Initial session

- Comprehensive, 30-40 min. call
- Preparation to quit
- Setting a quit date

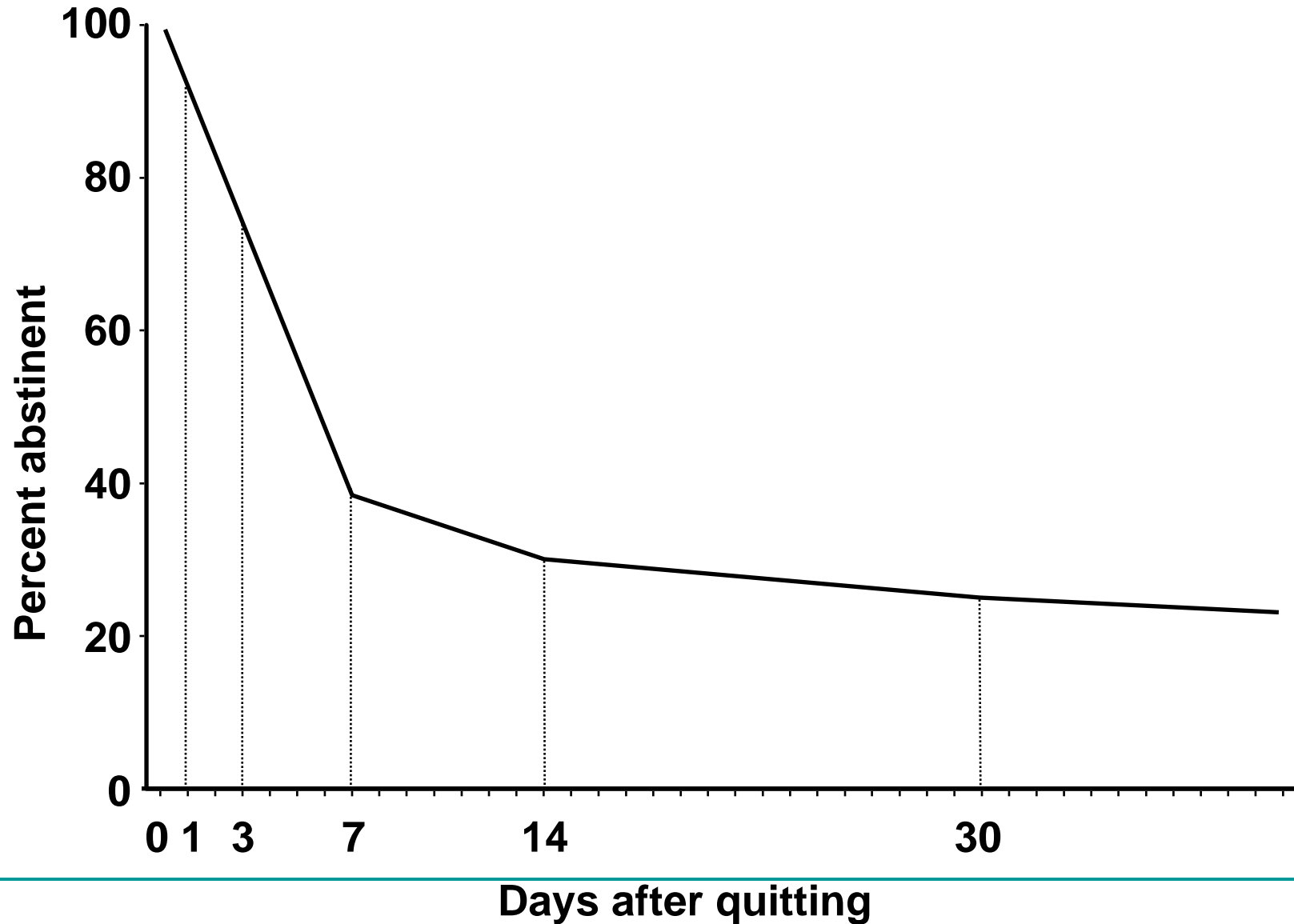
➤ Follow-up sessions

- 10-15 min. calls
 - Relapse prevention
 - Medication review
-

Helpline Intervention Summary

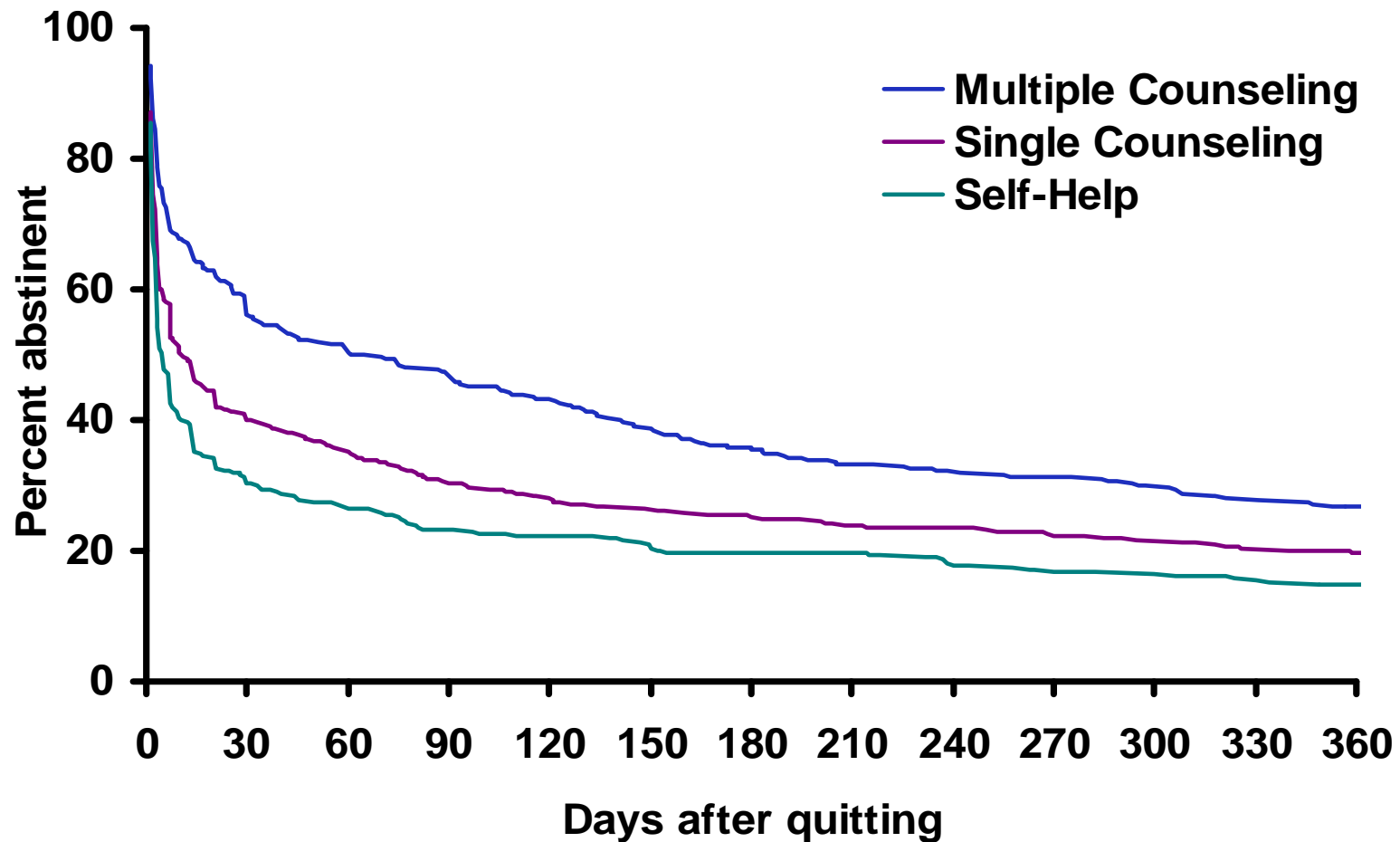
- Identify a strong reason (Motivation)
 - Bolster belief in ability (Confidence)
 - Develop a solid plan (Skills)
 - Adopt a new view of self (Self-image)
 - Keep trying (Perseverance)
-

Relapse-Sensitive Scheduling



Source: Zhu & Pierce (1995), *Prof. Psych. Res. & Practice*, 26, 624-625

Relapse Curves for 3 Groups

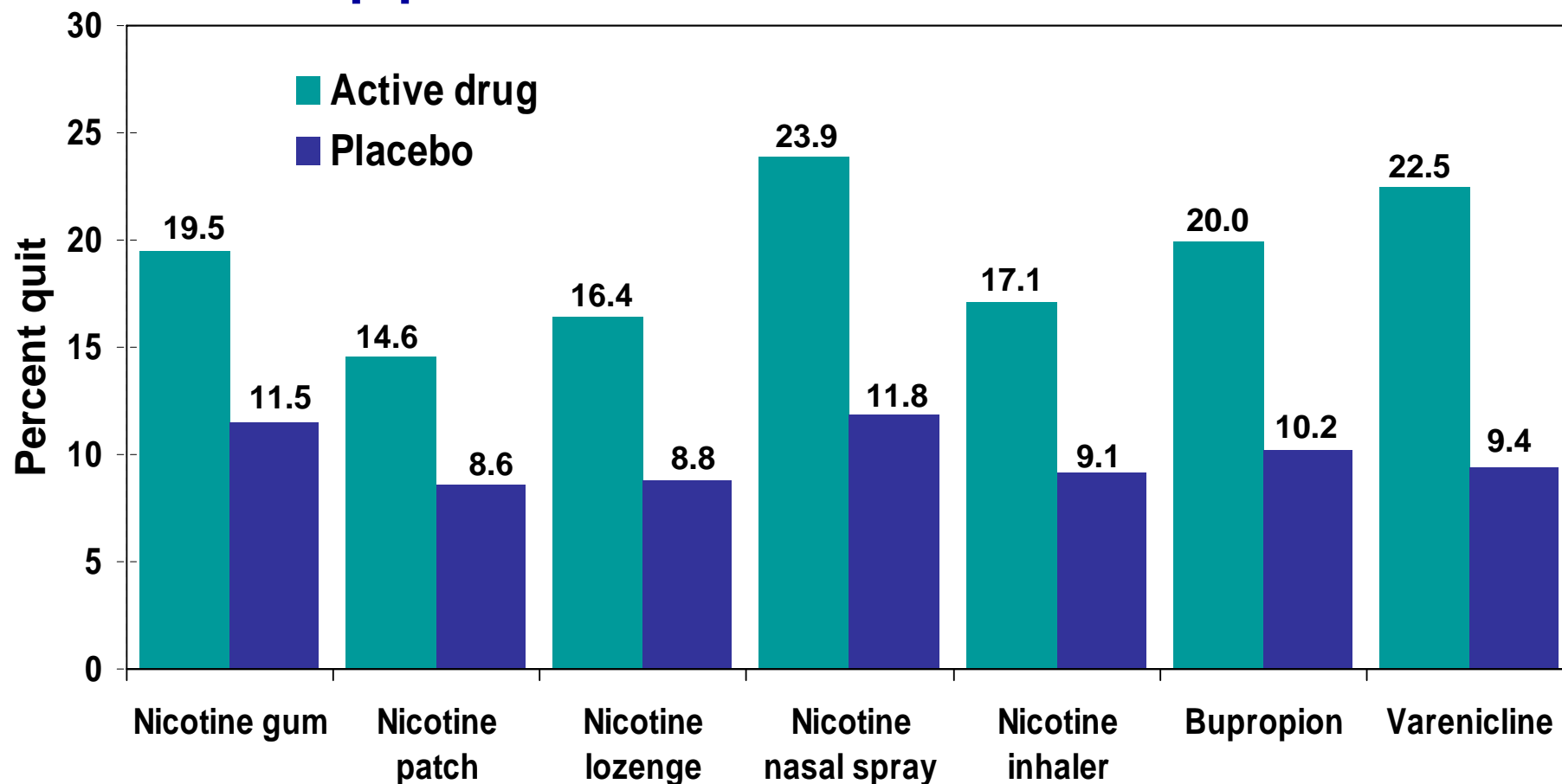


Data source: Zhu et al. (1996), *JCCP*, 64, 202-211

Pharmacotherapy Options

Nicotine Replacement Therapy	Other Medication
Patches (Rx & OTC)	Bupropion SR (Zyban)
Gum (OTC)	Varenicline (Chantix)
Lozenges (OTC)	
Spray (Rx)	
Inhaler (Rx)	

Long-Term (≥ 6 month) Quit Rates for FDA-Approved Cessation Medications



Data adapted from Silagy et al. (2004). *Cochrane Database Syst Rev*; Hughes et al., (2004). *Cochrane Database Syst Rev*.; Gonzales et al., (2006). *JAMA* and Jorenby et al., (2006). *JAMA*
Graph reprinted with permission, Rx for Change, The Regents of the University of California, University of Southern California, and Western University of Health Sciences.

Coverage for Tobacco Dependence Treatments

- Health insurance coverage and requirements vary 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 more information visit:

www.californiasmokershelpline.org/quittingaids.shtml

Summary

- Clinician advice – you make a difference
- Quit attempts – they can be successful
- Referral – you don't have to do it all
- Benefits – you and your patients will be more satisfied

“You miss 100% of the shots you never take.”

Wayne Gretzky
