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# Treating Tobacco Use & Dependence with Latino Smokers

***Developed by***

Center for Tobacco Cessation

***Presented by***

***Jesus Calleros, Sandra Hernández, Gary  
Tedeschi, and Kirsten Hansen***

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The following have nothing to disclose:

Chih-Wen Shi, MD

Carrie Costantini, MD

Gary Tedeschi, PhD

Kirsten Hansen, MPP

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# Faculty List

- Chih-Wen Shi, MD - Course Director
    - Assistant Adjunct Professor, Department of Family & Preventive Medicine
  - Carrie Costantini, MD
    - Fellow, Divisions of Hematology-Oncology & Bone Marrow Transplantation, UCSD Department of Medicine
  - Gary Tedeschi, PhD - Presenter
    - Psychologist, UCSD Cancer Center
  - Kirsten Hansen, MPP - Presenter
    - Curriculum Development Manager, UCSD Cancer Center
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# Objectives

The purpose of this course is to identify proven interventions for tobacco cessation to be offered during medical visits. As a result of this program, participants should 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

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# Needs Assessment and Target Audience

- The content of this webinar was determined by rigorous assessment of educational need and includes surveys, program feedback, expert faculty assessment, literature review, medical practice and new medical knowledge.
  - Focus groups with Helpline counselors.
  - This webinar is designed for health care providers to address smoking cessation.
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# Cultural and Linguistic Competency

This activity is in compliance with California Assembly Bill 1195 which requires CME courses with patient care components to include curriculum in the subjects of cultural and linguistic competencies. Cultural competency is defined as a set of integrated attitudes, knowledge, and skills that enables health care professionals or organizations to care effectively for patients from diverse cultures, groups, and communities. Linguistic competency is defined as the ability of a physician or surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language. Cultural and Linguistic Competency was incorporated into the planning of this activity. Additional resources on cultural and linguistic competency and information about AB1195 can be found on the UCSD CME website at <http://cme.ucsd.edu>.

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# Treating Tobacco Use and Dependence

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# Annual U.S. Deaths Attributable to Smoking

Percent of all smoking-  
attributable deaths

Cardiovascular diseases	128,497	29%
Lung cancer	125,522	28%
Respiratory diseases	103,338	23%
Other*	50,912	11%
Cancers other than lung	35,281	8%

**TOTAL: 443,595 deaths annually**

Source: Centers for Disease Control and Prevention. *MMWR* 2008;57(45) 1226-1228.

# Smoking & Chronic Disease

	<b>High Blood Pressure</b>	<b>Heart Attack</b>	<b>Stroke</b>	<b>Diabetes</b>
Helpline Callers	30.6%	5.0%	5.0%	12.0%
CA Smokers	24.3%	5.8%	2.6%	8.0%
Latino Callers	26.0%	3.3%	2.9%	11.6%
Latino Smokers	17.6%	4.2%	1.6%	9.0%

\* CSH 2009

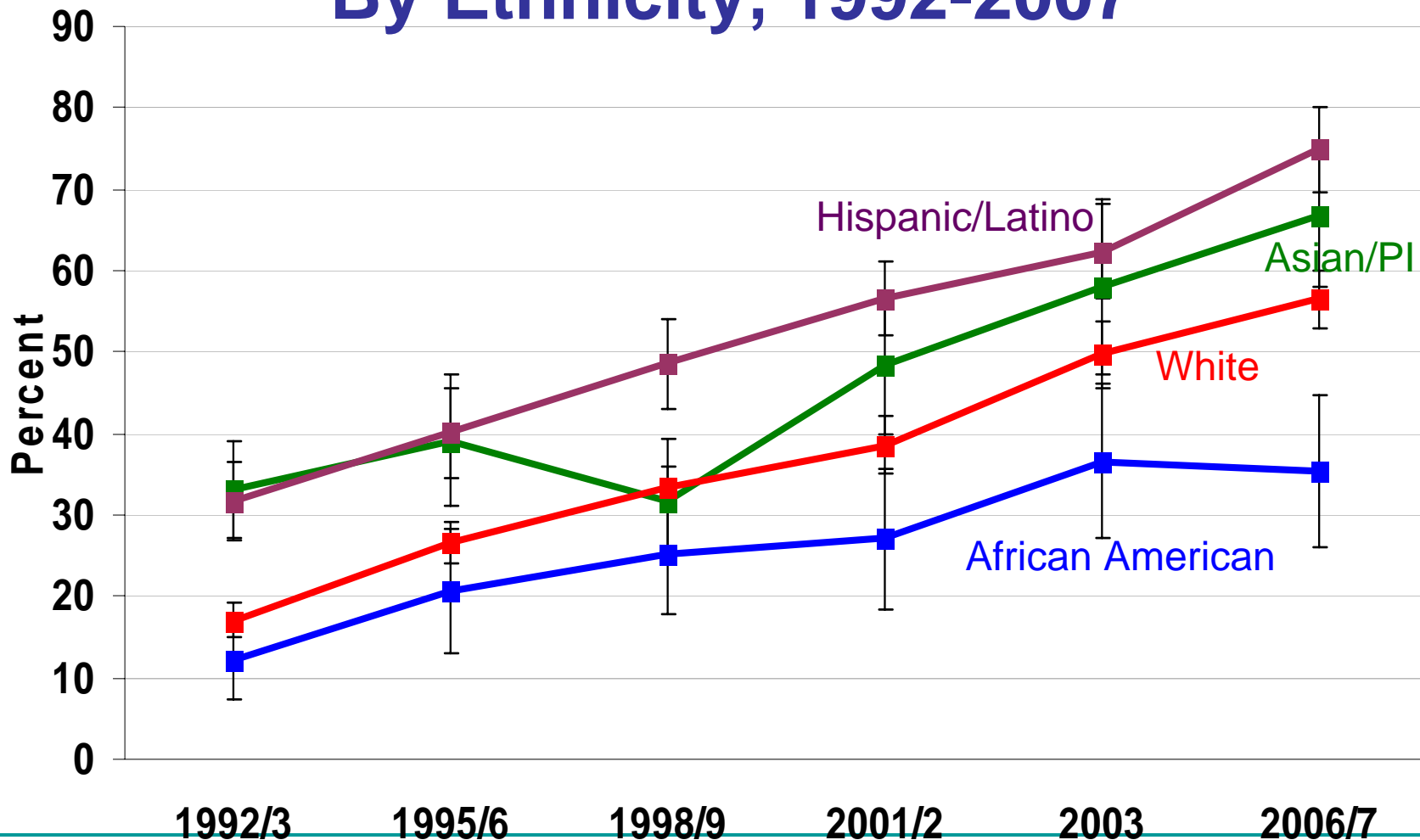
\*\* CHIS 2005

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# Second-hand Smoke (SHS)

- 49,400 deaths annually are attributable to SHS exposure.
- Among the numerous diseases caused by SHS are heart disease, and lung cancer.
- Children who breathe SHS have more ear infections & lung problems
- Babies who breathe SHS have more risk of SIDS
- The Surgeon General has determined there is no safe level of SHS

# Total Home Smoking Bans Among Current Smokers in California By Ethnicity, 1992-2007



Source: Tobacco Use Supplement to the Current Population Survey (TUS-CPS).  
Prepared by: University of California San Diego, May 2009.

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# Who Smokes?

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# 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%\*\*
    - » Men – 15.7%    Women – 7.2%
  - Asian/Pacific Islander – 12.0%\*\*

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\* California Department of Health Services, 2007

\*\* California Health Interview Survey, 2005

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# Hispanic/Latino Smokers

- Over 70% of Latino smokers in CA are low frequency smokers
- Low frequency means they either do not smoke daily or smoke  $\leq 5$  cpd
- About  $\frac{1}{4}$  of these low frequency smokers are low-rate daily, the rest are non-daily

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## Who smokes? (cont.)

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

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# 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%\*

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\* California Tobacco Survey, 2005

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# People with Mental Illness & Substance Use Disorders

- Rates of smoking are 2-4 times higher than among the general population.<sup>1</sup>
- About 41% of people with mental illness smoke.<sup>2</sup>
- 60% of current smokers report having had a mental health diagnosis sometime in their lifetime.<sup>1</sup>
- This population consumes 45% of cigarettes smoked.<sup>3</sup>
- Resource guides – [www.centerforcessation.org](http://www.centerforcessation.org)

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# Smoking Cessation Considerations

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How many times does it take  
to quit for good?

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# 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.

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

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# 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)
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# Keys to Success

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# Keys to Success

- Motivation + Planning = Success
  - Importance of family for Latinos
- 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

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# Other Clinical Considerations

- Nicotine Replacement Therapy (NRT) may not be most appropriate for many Latino smokers
  - » Physical dependency issues
- Psychosocial issues can be emphasized
  - » Social norms
  - » Not labeling self as a smoker
  - » Not carrying cigarettes
  - » Home-bans on smoking
- Heavier smokers may be open to reducing cigarette intake (moving toward the norm)
- Lighter smokers tend to make more quit attempts which can lead to higher cessation rates

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# Public Health Considerations

- Health message - even one cigarette can harm one's health
- Intervention –focus on issues such as:
  - » Social undesirability
  - » Protecting children and other family members from secondhand smoke
  - » Setting a good example for children
- Studies have shown that Latinos respond to such social messages

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# The Health Care Provider's Role

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# Clinical Practice Guidelines

- Comprehensive, evidence-based approach for smoking cessation
  - Released in June 2000 by the U.S. Public Health Service - updated in 2008
  - Systematic approach to tobacco for all healthcare facilities
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# Evidence-Based Model: The 5 A's

**Ask:** Systematically identify all tobacco users at every visit

**Advise:** Advise tobacco users to quit

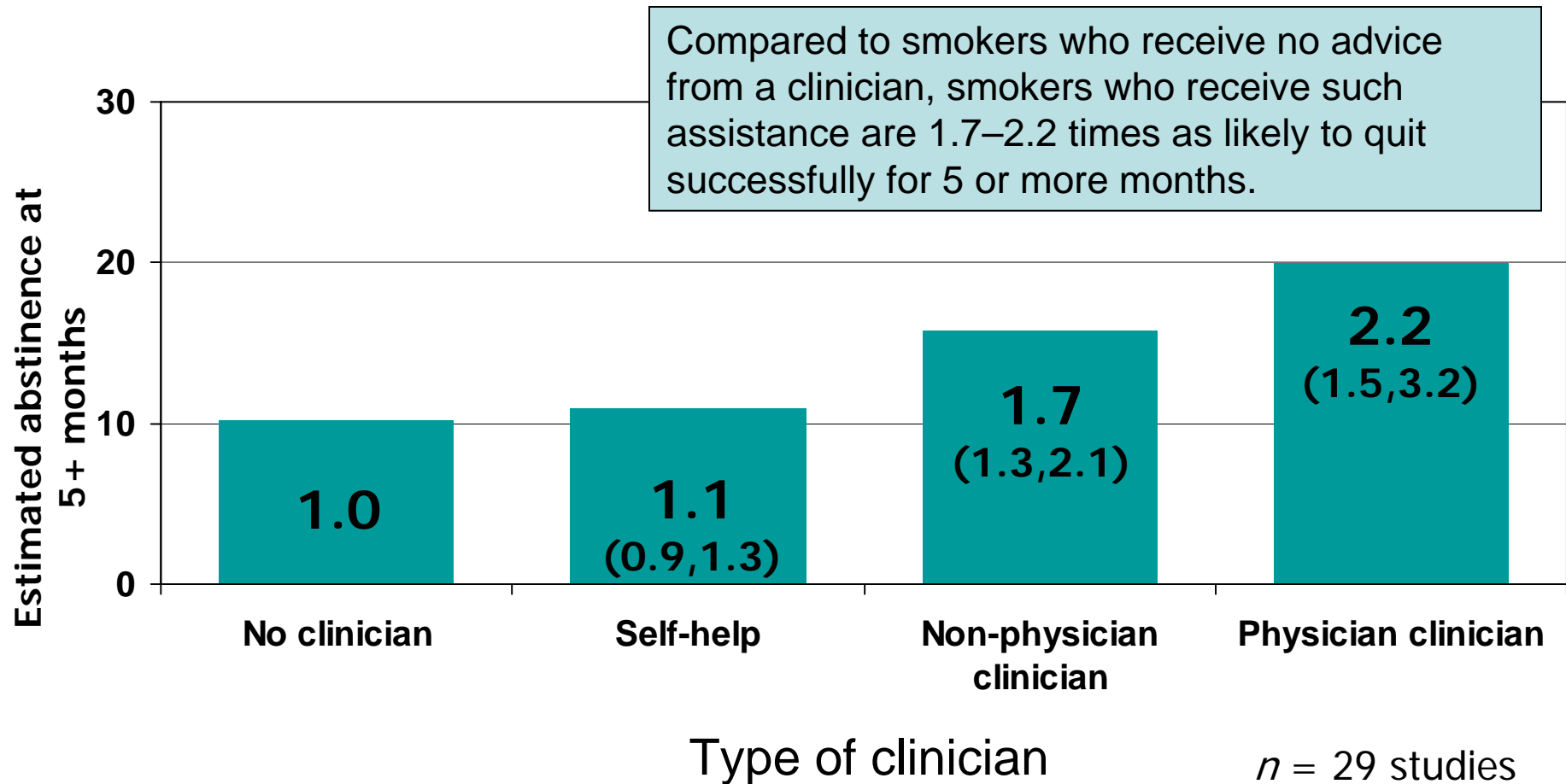
**Assess:** Assess each tobacco user's willingness to quit

**Assist:** Assist tobacco users with a quit plan

**Arrange:** Arrange follow-up contact

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# Effects of Clinician Advice



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

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# 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.

# Referrals to the Helpline

	Media	Health-care	Family/ Friends	Other
H/L	52%	29%	10%	9%
W	27%	48%	13%	12%
B	42%	41%	10%	7%
A	54%	26%	9%	11%

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# Barriers to Using the 5 A's

- Time
- Respect for privacy
- Support
- Expertise

Hispanic/Latino clients may visit a health care provider less frequently, so it is important to capitalize on the opportunity to intervene.

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# The Team Approach: A, A, R

**Ask:** Systematically identify all tobacco users at every visit

**Advice:** 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.

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# Ask about tobacco use

- Identify tobacco users
  - Ask every patient, every time

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# 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 1<sup>st</sup> hour of waking)
  - » Mod. dep. (10-20 cpd; no smoke in 1<sup>st</sup> 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?
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# Advice tobacco users to quit

## ➤ Recommend quitting

- “As your clinician, I want you to know that quitting smoking is the most important thing you can do to protect your health.”
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# 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
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## 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)**  
**1-800-45-NO-FUME (1-800-456-6386)**
    - An individual or group counseling program in the community
    - Consider medication options
    - The support program provided free with most smoking cessation medications
-

# California Smokers' Helpline 1-800-NO-BUTTS

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

# 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

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# Hispanic/Latino Callers

- 59% are in English
- 41% are in Spanish



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# What Happens in Each Call?

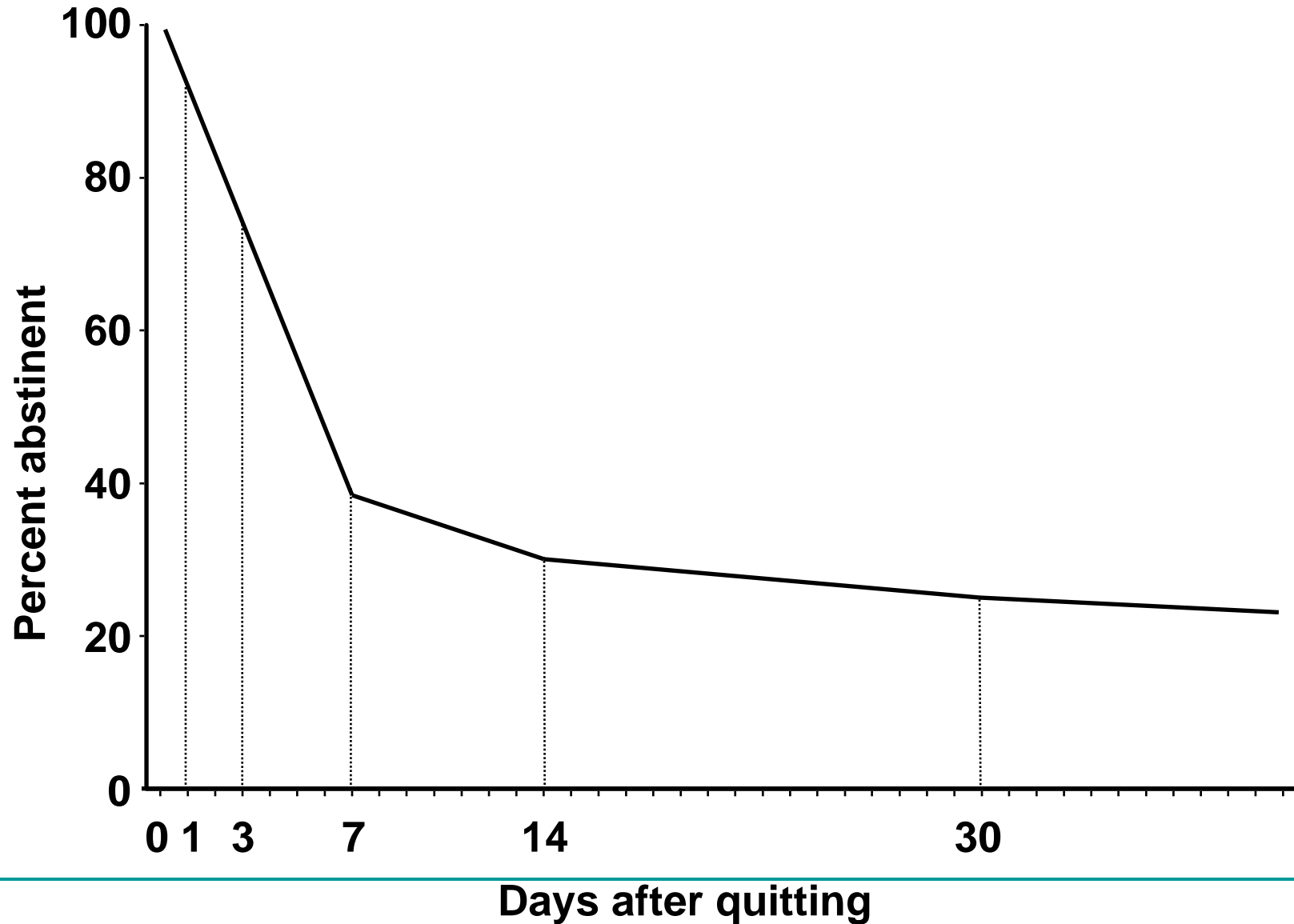
## ➤ Initial session

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

## ➤ Follow-up sessions

- 10-15 min. calls
  - Relapse prevention
  - Medication review
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# Relapse-Sensitive Scheduling



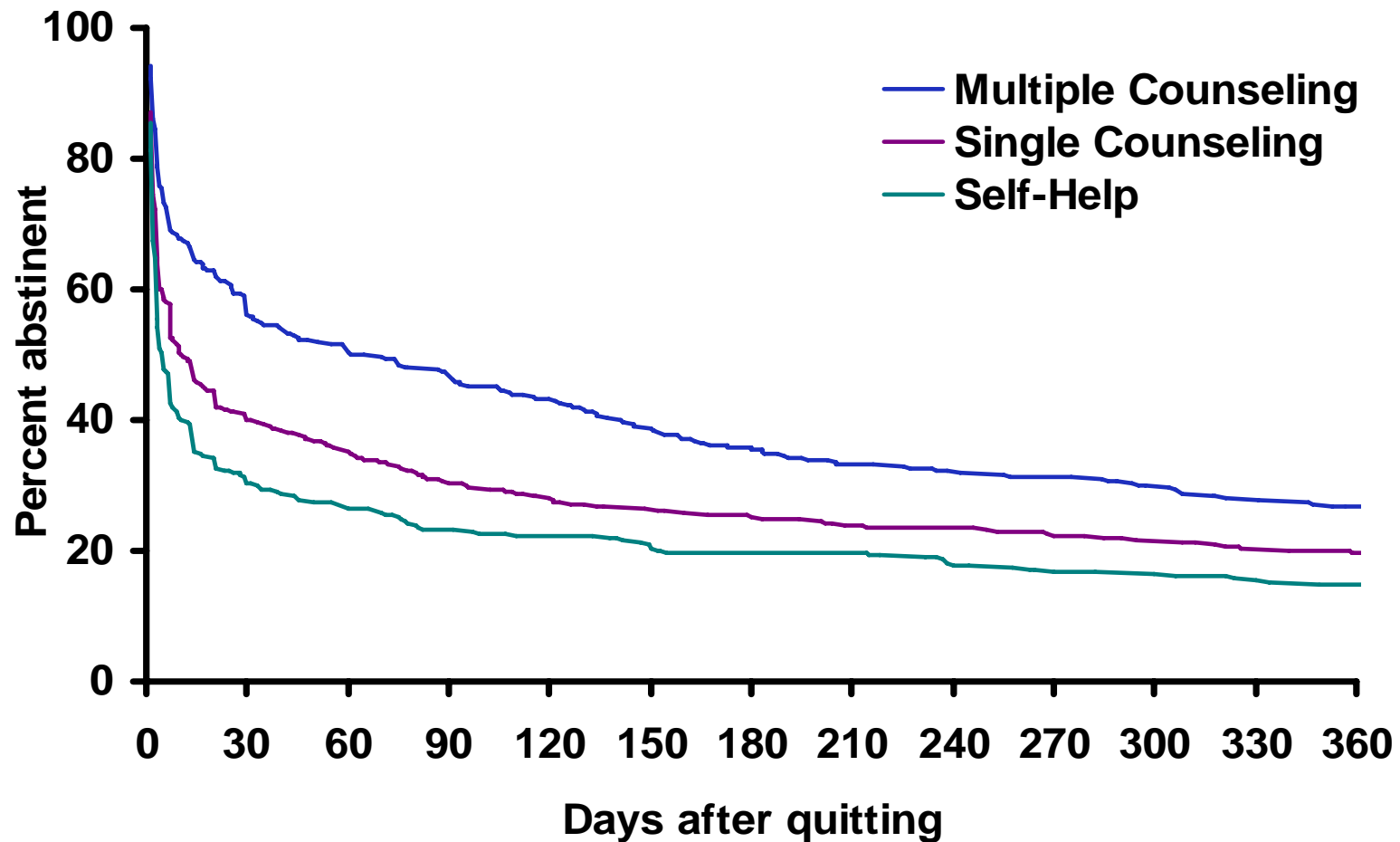
Source: Zhu & Pierce (1995), *Prof. Psych. Res. & Practice*, 26, 624-625

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# 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 Curves for 3 Groups



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

# Pharmacotherapy Options

<b>Nicotine Replacement Therapy</b>	<b>Other Medication</b>
Patches (OTC)	Bupropion SR (Zyban)
Gum (OTC)	Varenicline (Chantix)
Lozenges (OTC)	
Inhaler (Rx)	
Spray (Rx)	

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# Nicotine Replacement Therapy

- Used to help smokers get off nicotine slowly. Nicotine is released into the bloodstream (via the type of NRT) in order to help reduce physical withdrawal symptoms.
  - NRT works by replacing some of the nicotine from smoking at the receptor sites with nicotine from less harmful sources.
  - Reduced efficacy for women over time, unless paired with high intensity support.
  - **Contraindications** include: pregnancy or nursing, recent heart attack, irregular heart beat, severe or worsening heart pain, stomach ulcers, overactive thyroid, high blood pressure, diabetes requiring insulin.
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# Bupropion (Wellbutrin S-R, Zyban)

- Bupropion (Zyban) is a non-nicotine prescription drug, the sustained-release form of the antidepressant Wellbutrin.
    - The “pill” is thought to stimulate dopamine and norepinephrine, brain chemicals that give smokers the sensation of alertness & energy.
    - Reduces the withdrawal symptoms such as cravings, irritability and depressed mood.
    - Works equally well for men and women.
- Contraindications:** seizure disorders, cranial trauma, stroke, withdrawing from alcohol, current or prior diagnosis of bulimia or anorexia nervosa, pregnancy/nursing, other meds like MAO inhibitors
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# Varenicline (Chantix)

- Varenicline (Chantix) is a non-nicotine prescription drug developed specifically for smoking cessation. Not an antidepressant.
    - The “pill” releases dopamine, but substantially less than with smoking.
    - Targets the alpha-4 beta-2 ( $\alpha_4\beta_2$ ) nicotinic receptors, blocking the binding of nicotine from smoking.
    - Reduces the urge to smoke and reduces the pleasure derived from smoking.
    - Works equally well for men and women.
- Contraindications:** < age 18, pregnancy/nursing, caution if psychiatric disorder, renal impairment, other meds like insulin, blood thinners, asthma puffers
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# Varenicline (Chantix)

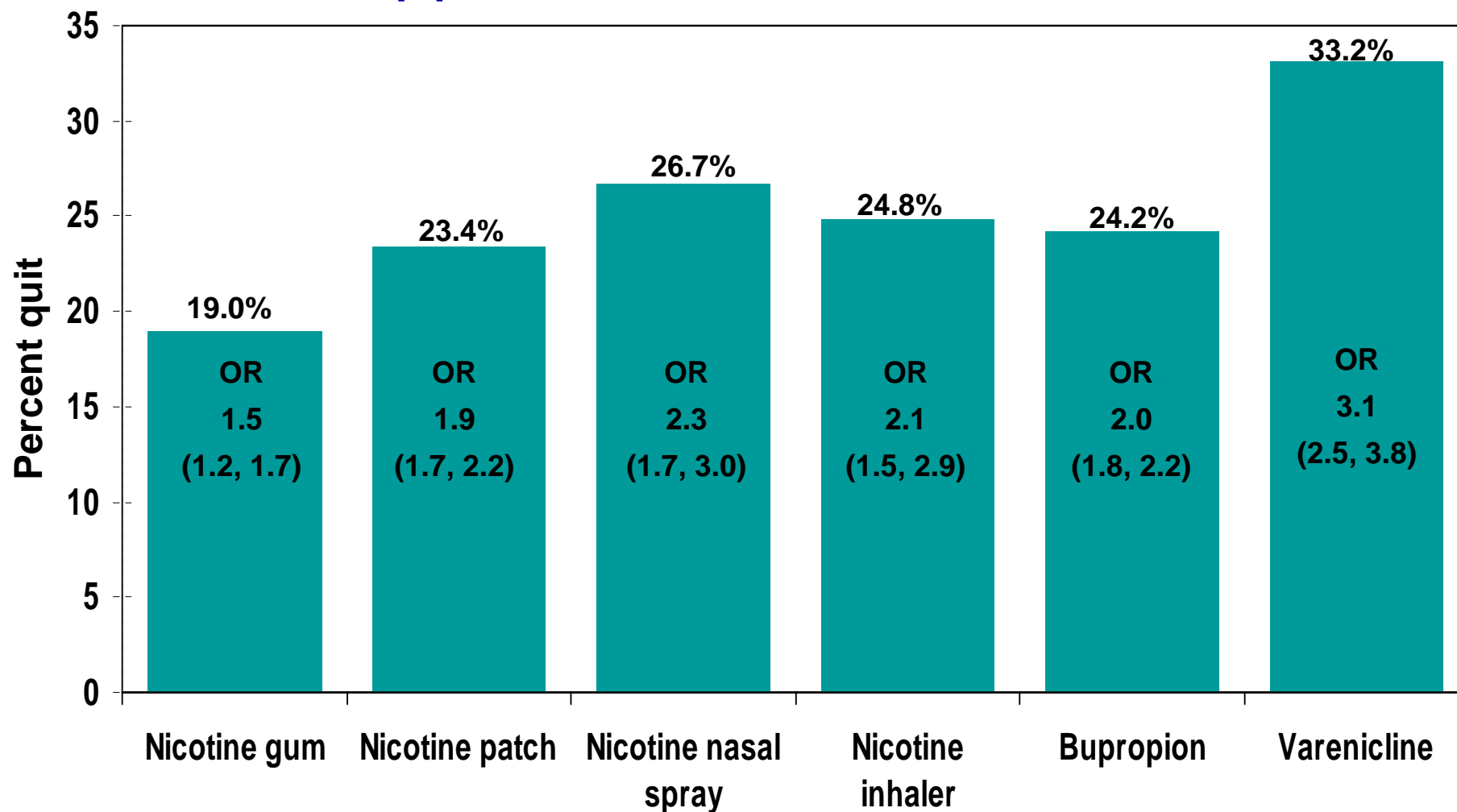
- Post-marketing reports of adverse mood and behavior changes.
  - Available research data has been reviewed and causal links have not yet been established.
  - New warnings are for both patients and providers to closely monitor psychiatric symptoms of anyone taking varenicline to stop smoking.
  - Studies underway to test varenicline in patients with behavioral health issues.
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# Boxed Warning for Chantix & Zyban

- July 1, 2009 – FDA announced it is requiring manufactures to use a Boxed Warning
  - It will highlight the risk of serious issues including:
    - Changes in behavior
    - Hostility & agitation
    - Depressed mood
    - Suicidal ideation, behavior, & attempts
  - The FDA also stated - the risk of serious adverse medication events must be weighed against significant health benefits of quitting smoking
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# Six Month Point Prevalence Quit Rates for FDA-Approved Cessation Medications



Nicotine lozenge: (single study results) 2 mg = OR 2.0 (1.4, 2.8) 4 mg = OR 2.8 (1.9, 4.0)

Source: *Treating Tobacco Use and Dependence: 2008 Update*. Public Health Service. May 2008

# 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](http://www.californiasmokershelpline.org/quittingaids.shtml)**

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# Case Study

- 29 year old Latina, no insurance, smokes 5 cpd, referred by clinic
  - Wants to try gum but can't afford it
  - Thinks she is depressed but is not diagnosed
  - Primary motivation is her children including her baby with asthma
  - Smokes due to stress, is alone, feels desperate and bored
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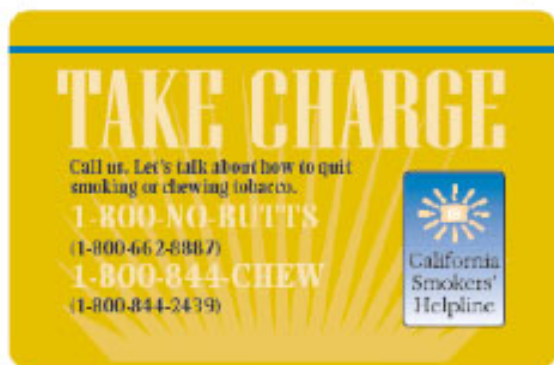
# Summary

- 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
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# Resources

Order pocket guides,  
and cards from the  
Tobacco Education  
Clearinghouse of  
California

[www.tobaccofreecatalog.org](http://www.tobaccofreecatalog.org)



[www.nobutts.org](http://www.nobutts.org)

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# Contact

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