

Tobacco Cessation: What You Need to Know

Stefani Nixon, DrPH(s), MPH, CPH, MCHES

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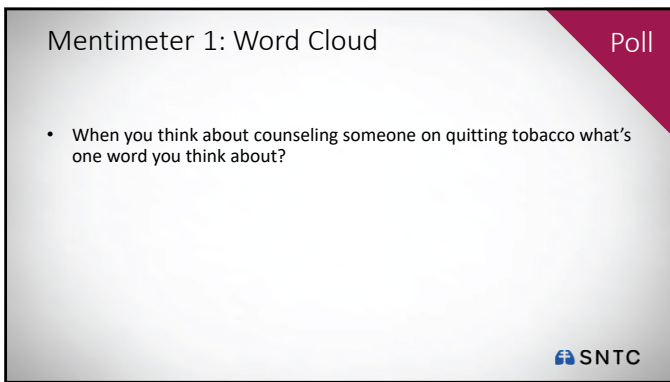
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Mentimeter 1: Word Cloud

Poll

- When you think about counseling someone on quitting tobacco what's one word you think about?

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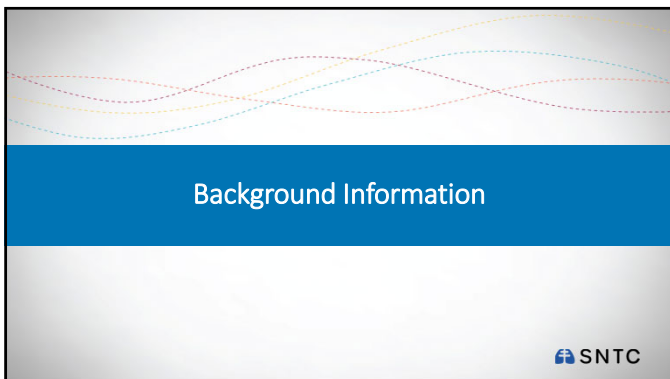
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Background Information

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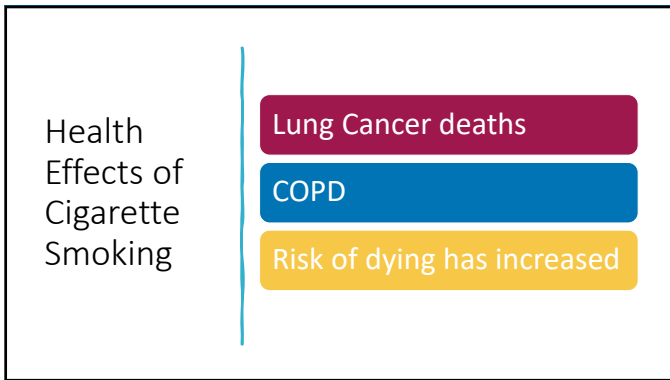
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**Youth and Tobacco Use**

- Tobacco product use is started and established primarily during adolescence
- Flavorings in tobacco products can make them more appealing to youth
- E-cigarettes are the most commonly used tobacco product

[https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/youth\\_data/tobacco\\_use/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm)



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
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**Smoking and HIV**

- People with HIV:
  - Smoke at **twice** the rate of the general population
- More likely to develop heart disease, cancer, lung diseases and infections than those without HIV
- More likely to get HIV-related infections
- More likely to have a poorer response to HIV treatment

<https://www.cdc.gov/tobacco/campaign/tips/diseases/smoking-and-hiv.html#:~:text=about%20one%20in%20five%20Americans%20smoke%20cigarettes.&text=If%20you%20smoke%20and%20have%20HIV%20related%20infections%20%20including%20AIDS&text=Those%20in%20need%20of%20antiretroviral%20drugs%20to%20stay%20healthy%20and%20prevent%20opportunistic%20infections>



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**Counseling Patients on Quitting**



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Mentimeter Question #2: Open Ended Poll

- What has been your experience counseling patients on quitting tobacco?

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Clinical Intervention Works

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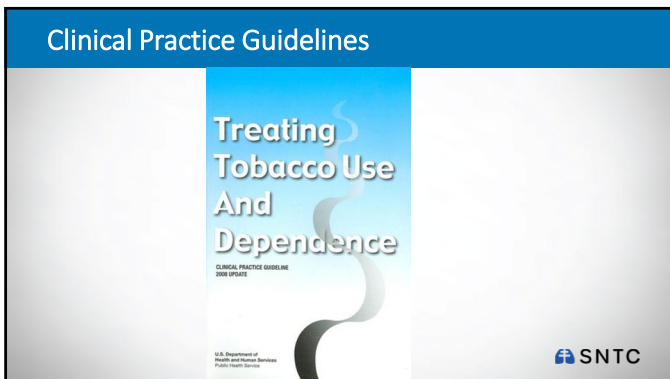
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Clinical Practice Guidelines



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**Clinical Practice Guidelines**



Highly significant health threat      Disinclination among clinicians to intervene consistently      Presence of effective interventions



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**10 Key Guideline Recommendations**

Tobacco dependence is a chronic disease



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**10 Key Guideline Recommendations**

Clinicians and health systems should consistently identify and document tobacco use status



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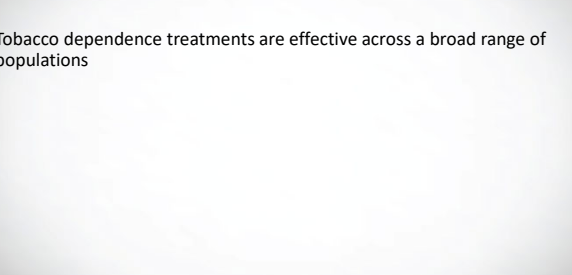
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**10 Key Guideline Recommendations**

Tobacco dependence treatments are effective across a broad range of populations



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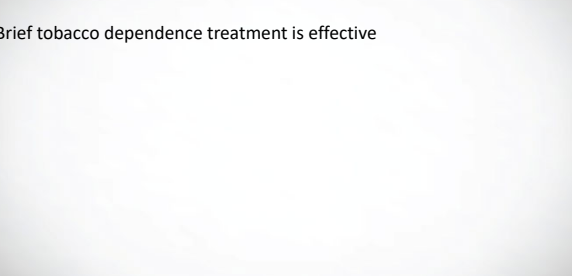
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**10 Key Guideline Recommendations**

Brief tobacco dependence treatment is effective



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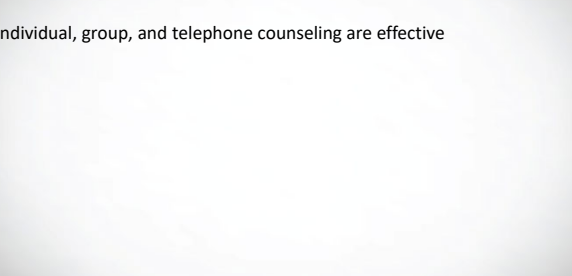
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**10 Key Guideline Recommendations**

Individual, group, and telephone counseling are effective



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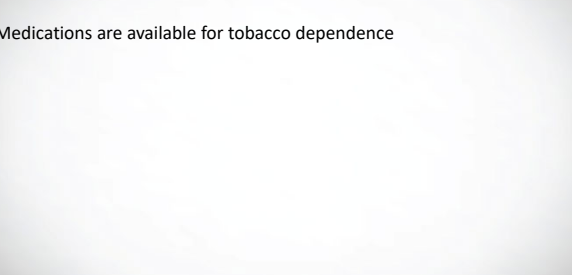
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**10 Key Guideline Recommendations**

Medications are available for tobacco dependence



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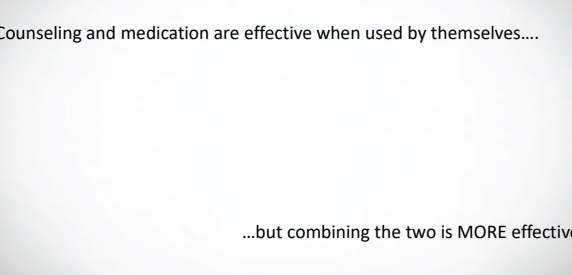
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**10 Key Guideline Recommendations**

Counseling and medication are effective when used by themselves....

...but combining the two is MORE effective



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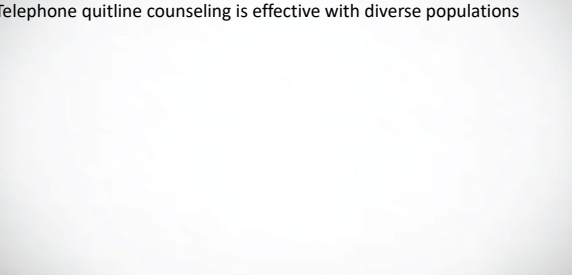
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**10 Key Guideline Recommendations**

Telephone quitline counseling is effective with diverse populations



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### 10 Key Guideline Recommendations

Use Motivational Interviewing if Patient is unwilling to quit

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### 10 Key Guideline Recommendations

Tobacco dependence treatments are clinically and cost-effective

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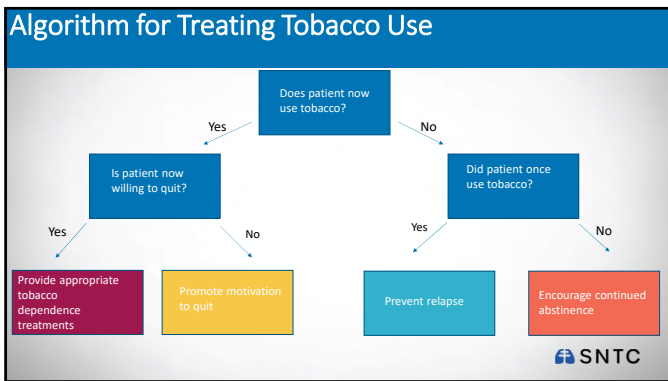
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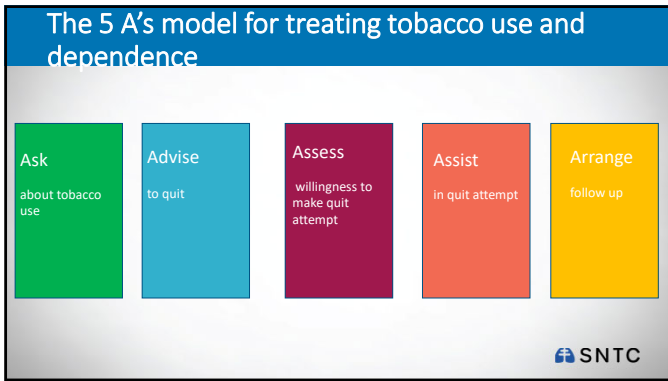
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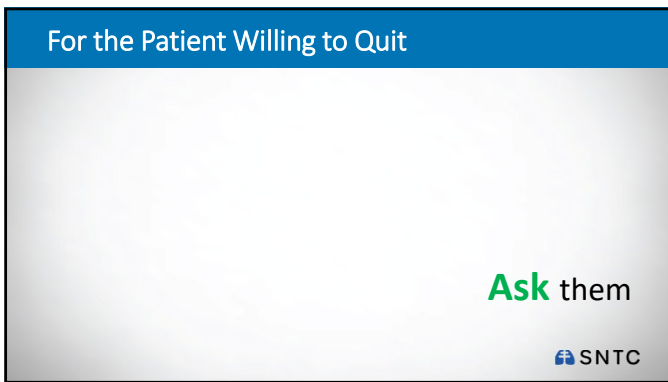
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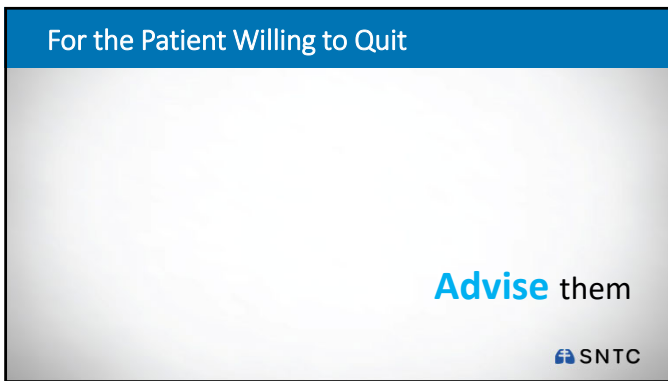
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For the Patient Willing to Quit



**Assess** them

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For the Patient Willing to Quit



**Assist** them

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For the Patient Willing to Quit



**Arrange** them

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### For the Patient UNwilling to Quit



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### Motivational Interviewing

- A directive, **patient-centered** counseling
- Elicits behavior change by helping clients explore own **ambivalence**
- Resolves ambivalence while **minimizing resistance**
- Minimizes resistance by **empathic listening**



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### Motivational Interviewing

<b>Explore tobacco user's feelings and beliefs</b>	<b>Clinician elicits and supports patient's change talk</b>	<b>Have patients use their own words to commit to change</b>
Uncover ambivalence about using tobacco	Reasons, ideas, needs for eliminating tobacco use	More effective than clinician lectures or arguments for quitting



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- ### Motivational Interviewing
- **Express Empathy**
    - Use open ended questions
    - Use reflective listening
    - Normalize feelings and concerns
    - Support the patient's autonomy
- The SNTC logo is in the bottom right corner.

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- ### Motivational Interviewing
- **Develop Discrepancy**
    - Highlight discrepancy between patient's present behavior and expressed priorities and goals
    - Reinforce and support "change talk" and "commitment" language
    - Build and deepen commitment to change
- The SNTC logo is in the bottom right corner.

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**Motivational Interviewing**

- **Roll with Resistance**
  - Back off and use reflection when the patient expresses resistance
  - Express empathy
  - Ask permission to provide information



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**Motivational Interviewing**

- **Support Self-efficacy**
  - Help the patient to identify and build on past successes
  - Offer options for achievable small steps towards change



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**For the patient who has recently quit**

- Use open ended questions to discuss:
  - The benefits the patient gets from cessation
  - Any success the patient has had in quitting
  - The problems encountered or anticipated threats to maintaining abstinence
  - A medication check-in



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Withdrawal Symptoms and Coping Strategies

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Mentimeter Question #3: Word Cloud Poll

- Name one or two words that come to mind when you think about the reasons people give for not being ready to quit.

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Mentimeter Question #4: Open Ended Poll

- What are some suggestions you give when you hear those worries expressed?

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**Anxiety and Irritability**

- Exercise
- Contact a friend for support
- Take a few slow, deep breaths
- Chew sugar-free gum



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**Insomnia or Sleep Problems**

- Avoid caffeine in the late afternoon and evening
- Exercise
- Go to sleep and wake up on a regular, consistent schedule



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**Restlessness**

- Exercise
- Focus on an existing hobby, or try something new like cooking, drawing, or hiking
- Clean the house, garage, basement, or attic



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### Hunger

- Eat plenty of fruits and vegetables
- Exercise regularly
- Avoid high-calorie foods and beverages
- Carry sugar-free gum or toothpicks
- Drink more water



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### Triggers and Coping Strategies



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### Triggering Situations

- Avoid people who use tobacco, or ask them not to use tobacco around you
- Establish friendships with people who don't use tobacco
- Avoid smoke breaks and other social situations where you use tobacco
- Avoid other situations where you usually use tobacco



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### Triggering Things

- Get rid of cigarettes, matches, lighters, ashtrays, and any other objects that are cues or triggers for smoking or using other tobacco products
- Avoid alcohol (at least for the first month) as it may trigger a desire to smoke
- Develop new ways to manage stress, such as going for a walk



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### Triggering Places

- Avoid places where you usually buy tobacco products
- Avoid locations where you usually use tobacco
- Take a different route to work or school



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### Medication



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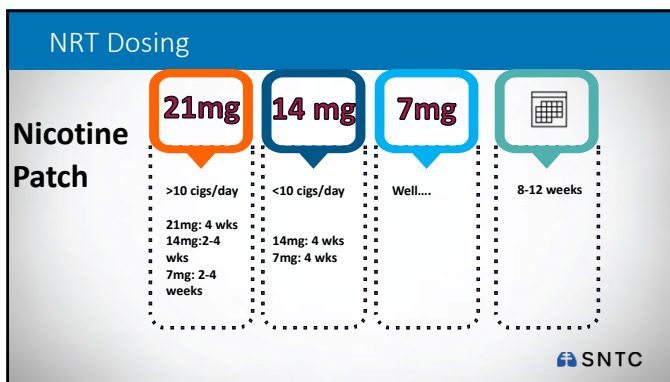
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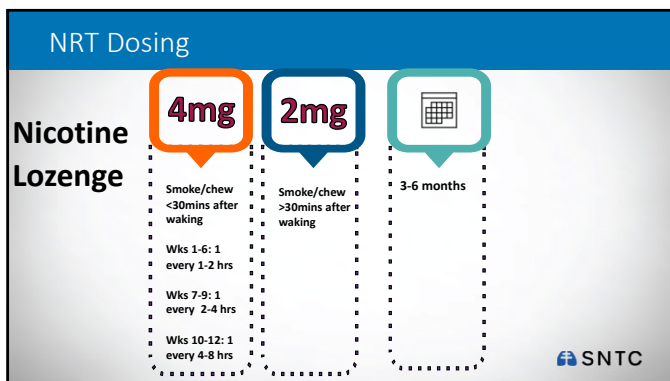
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### NRT Dosing

**Nicotine Gum**

<b>4mg</b> Smoke/chew <30mins after waking 1 piece every 1-2 hours	<b>2mg</b> Smoke/chew >30mins after waking 1 piece every 1-2 hours	 Up to 12 weeks or as needed
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### Prescription Only Non Nicotine Pharmacotherapy and NRT

- Burpoprion SR (Wellbutrin)
- Varenicline (Chantix)
- Nicotine nasal spray
- Nicotine inhaler

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### Combination Therapy

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### Combination Therapy



**Bupropion**

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### Mentimeter Question #5: Ranking

Poll

- Rank these in the order you would like to learn more about:
  - Tobacco Dependence Medicine/Pharmacotherapy
  - Motivational Interviewing
  - Clinical Practice Guidelines

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### Mentimeter Question #6: Scales

Poll

- Please rate the following statements.
- I feel confident that...
  - I can explain the health effects of tobacco to my patients
  - I can explain the importance of quitting tobacco to my patients
  - I can use some counseling techniques to help my patients
  - I can counsel my patients on tobacco cessation medication

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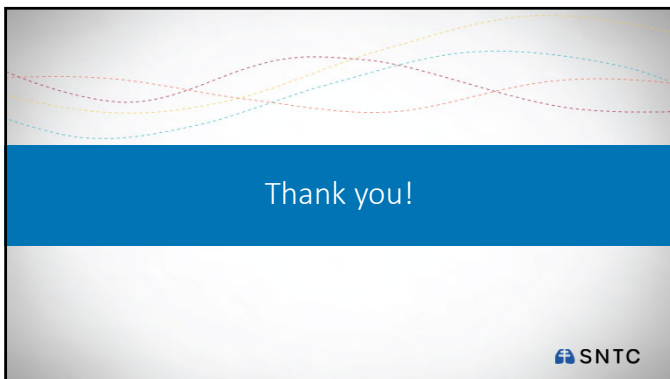
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