

## Talking With People About Tobacco



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## Before We Begin...Let me Introduce Myself



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## Learner Objectives

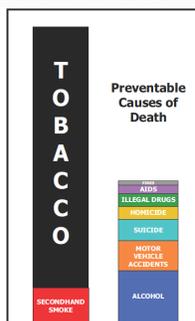
At the completion of this session, participants will be able to:

1. List the components of the 5A's intervention model.
2. Give examples of tailored assistance for people in each stage of behavior change.
3. Explain the benefits and services of the Montana Tobacco Quit Line.
4. Describe three methods to refer people to the Quit Line.
5. Discuss the use of the FDA approved medications to treat tobacco dependence.

## Two Jumbo Jets Collide No Survivors



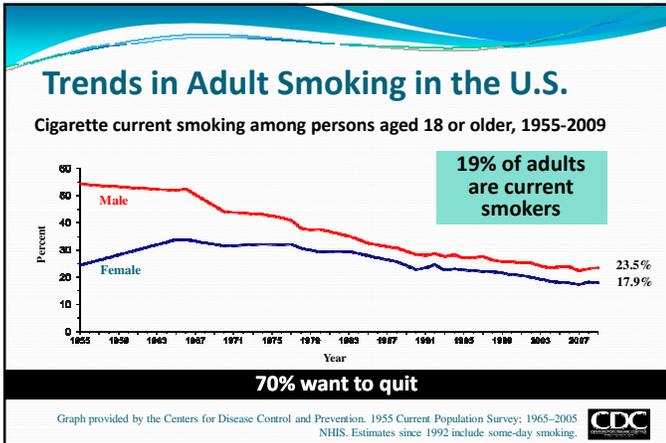
## Scope of the Problem



- Tobacco use is the #1 cause of preventable death in the U.S.
- Tobacco kills 480,000 Americans every year. That is more than twice as many people than alcohol, vehicle accidents, suicide, murders, illegal drug use, AIDS, and fires COMBINED.

## Tobacco Use Causes Disease & Death

- People who smoke die an average of 14 years earlier than nonsmokers.
- 1 out of every 2 smokers will die from a tobacco-related disorder.
- About 1 out of 3 cancer deaths are caused from tobacco.
- About 1 out of 3 of deaths from heart disease and stroke are caused by smoking.
- About 9 out of 10 of all deaths from chronic lung disease are caused by cigarette smoking.



### Montana Statistics

- In Montana, 1,400 people die every year from smoking related illness<sup>1</sup>
- In 2013, 21% of Montana adults currently used some form of tobacco<sup>2</sup>
  - 14.2% cigarette smokers
  - 8.8% smokeless tobacco user
  - 4.3% cigar/cigarillo smokers
- Over 70% of cigarette users want to quit and 30% made a quit attempt in the 12 months

<sup>1</sup>Campaign for Tobacco Free Kids ([http://www.tobaccofreekids.org/facts\\_issues/holl\\_us/montana](http://www.tobaccofreekids.org/facts_issues/holl_us/montana))  
<sup>2</sup>Montana Adult Tobacco Survey, 2013, Montana Tobacco Use Prevention Program

### The Effects of Nicotine

**Why People Like To Use Tobacco...**

- Feeling of pleasure and reward
- Mood regulation
- Decreases anxiety and tension
- Increases alertness
- Improves concentration
- Suppresses appetite
- Increases metabolism
- Increases heart rate and BP

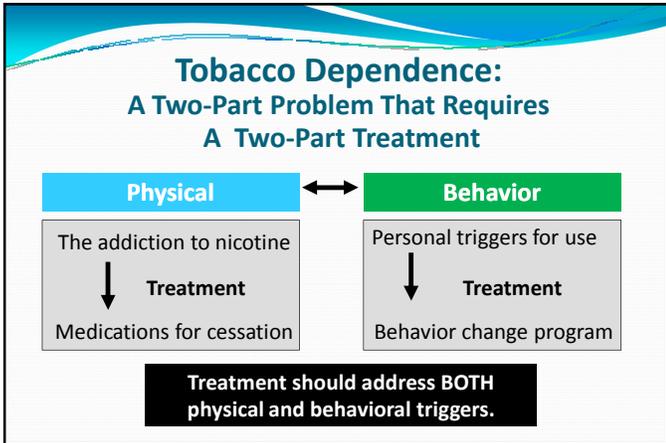
Hughes. (2007). *Nicotine Tob Res* 9:315-327.

### Nicotine Withdrawal Symptoms

**Most withdrawal symptoms occur within the first 1-2 days, peak in the first week, and subside in 2-4 weeks.**

- Cravings and urges
- Depressed mood
- Irritable, frustrated, angry
- Anxiety, restlessness
- Tired, insomnia
- Difficulty concentrating
- Impaired performance
- Increased appetite
- Headache

Hughes. (2007). *Nicotine Tob Res* 9:315-327.



### Clinical Practice Guideline for Treating Tobacco Use and Dependence

#### Key Findings....

- Tobacco dependence is a **chronic disease that often requires repeated intervention and multiple attempts** to achieve long-term abstinence.
- Healthcare providers should **consistently identify and document** tobacco use status and **treat every tobacco user with at least the brief interventions.**

## Key Findings.....

- Using a **combination of counseling and medication is more effective than either alone.**
- The **use of cessation medications should be encouraged.**  
There are seven first line medications:
  - NRT (patch, gum, lozenge, inhaler, nasal spray)
  - Bupropion (Wellbutrin)
  - Varenicline (Chantix)Consider using **certain combinations of medications.**
- Telephone **quit line counseling is effective.**
- If a tobacco user currently is unwilling to make a quit attempt, clinicians should **use the motivational interventions.**

## Helping Patients Quit is Every Clinician's Responsibility

Clinicians have a professional obligation to address tobacco use and can have an important role in helping patients plan for their quit attempts.

**THE DECISION TO QUIT IS THE FIRST STEP**

## The Decision to Quit

- While most people want to quit, many aren't ready to act.
- Change is a process, not a single step.
- Typically, it takes multiple attempts.
- Relapse is common.

### How Can I Live Without Tobacco???

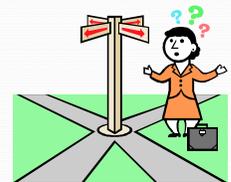


## Many are Ambivalent about Quitting

- Nicotine helps me concentrate.
- I really enjoy using tobacco.
- I feel more relaxed after having a cigarette.

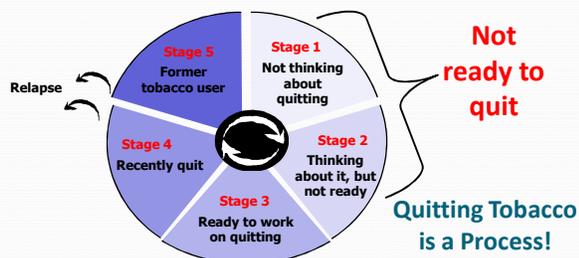
### BUT....

- I am worried about my health.
- I am afraid of getting cancer.
- I don't want my kids to smoke.
- It costs a lot of money.
- I don't like the way I smell.



## Stages of Behavior Change

For most patients, quitting is a cyclical process, and their readiness to quit (or stay quit) will change over time.



## Motivation for Behavior Change

- Motivation for change is based on:
  - **Importance** of the change
  - **Confidence** in one's ability to make the change
  - **Readiness** for making the change
- Exploring and enhancing motivation for a behavior change may be more important than giving a "how to" quit plan
- People tend to support a plan they have a part in making, and resist what is forced upon them.

## Increasing Importance

- **Explore their concerns** about continued smoking and benefits of quitting:
  - Health
  - Money
  - Children
  - Social
  - Other
- How does their tobacco use conflict with their personal **goals and values**?
- What are their **hopes for the future**?



## Building Confidence

- **Explore past efforts** both successes and relapses
  - Applaud any past successes even if short lived
  - Reframe “failures” as learning experiences
- Brainstorm **solutions** for specific issues
- Personal feedback on **strengths and skills**
- Provide information or suggestions – if requested or with the person’s permission



## Recognizing Readiness

- Decreased resistance
- Decreased discussion of the problem
- Increased change talk
- Questions about change techniques
- Verbalizes resolve to change
- Envisioning a future without tobacco
- Taking small steps and experimenting with change



## Communication Techniques

- **Use open ended questions and statements that encourage dialogue.**
  - “What are your thoughts about...?”
  - “In what ways would you like things to be different?”
  - “Tell me more about....”
- **Actively listen and reflect back or summarize what the patient said.**
  - “What I am hearing you say is ....”
  - “So you are worried that....”



LISTEN

## The 5 A’s Intervention Model

- **ASK** about tobacco use at every visit
- **ADVISE** all tobacco users to quit
- **ASSESS** readiness to make a quit attempt
- **ASSIST** ...
  - If ready to get started, assist the person in quitting
  - If the person is not ready to quit, intervene to increase motivation to quit and remove barriers
  - If the person has recently quit, prevent relapse
- **ARRANGE** follow-up

## ASK about Tobacco Use. . . .

- “Do you smoke or use any type of tobacco or nicotine product?”
- **If yes, then follow up with open ended questions or statements:**
  - “Where are you with your smoking (chewing) these days?”
  - “Tell me about your tobacco use.”
  - “It says on your chart that you smoke (chew tobacco). Tell me more about that.”

## ADVISE to Quit. . . .

- **Urge every tobacco user to quit in a strong and personalized manner.**
  - Give a clear message about quitting.
  - Relate it to current health or other problems.
- **Keep it short and nonjudgmental.**
  - “I realize that quitting is difficult. It is the most important thing you can do for your health now and in the future. And I can help you.”
  - “Because of your high blood pressure, quitting is the best thing you can do to protect your health. And I can help you.”

## ASSESS Readiness to Quit. . . .

- **Ask an open ended question about quitting**
  - “What are your thoughts about working on quitting at this time?”
  - “Have you given any thought recently to what you might want to do about your smoking?”
  - “Have you considered cutting back or changing your smoking (chewing tobacco)?”
  - “When we talked last time, you mentioned you were thinking about quitting. What’s happening with your smoking since then?”

## **If NOT Ready To Work on Quitting,** **ASSIST & ARRANGE. . . .** For Stages 1 & 2 of Behavior Change

- Raise the issue of quitting.
- Introduce and explore ambivalence and resolve it in favor of quitting.
- Develop discrepancy in the person’s goals and behaviors.
- Enhance person’s self confidence in ability to change.
- Continue this discussion at future patient interactions.

## Stage 1 of Behavior Change

For most patients, quitting is a cyclical process, and their readiness to quit (or stay quit) will change over time.



## **STAGE 1: Precontemplation** **Not thinking about quitting**

- **The person is often aware of the need to quit, but....**
  - ...doesn’t think he can do it.
  - ...the pros of tobacco use outweigh the cons.
  - ...thinks he has been smoking for too long to have any benefit from quitting.
- **The person can be resistive or defensive and...**
  - ...may not want to talk about it or reject information

**GOAL: Start thinking about quitting.**

## Stage 1: Conversation Starters

- **Help the person to think about his tobacco use.**
- **Introduce ambivalence.**
  - “What do you like about smoking (chew tobacco)? Then ask... “What don’t you like?”
  - “If you were to quit, what might be some of the benefits?”
  - “Is there anything you would like to change about your tobacco use?”
  - “What are your thoughts about cutting back on your smoking (chewing tobacco)?”

## Stage 2 of Behavior Change

For most patients, quitting is a cyclical process, and their readiness to quit (or stay quit) will change over time.



## STAGE 2: Contemplation

Thinking about it, but not right now

- **The patient wants to quit, BUT....**
  - ...it's not the "right time."
  - ...has questions about ways to quit or medications.
  - ...is worried how to handle stress.
  - ...had a bad experience at the last quit attempt.
- **The patient might express....**
  - .... guilt or shame about the inability to quit.
  - .... fear of failure.

**GOAL:** Move the person into preparation stage.

## Stage 2: Conversation Starters

- **Explore ambivalence.**
  - "What would you miss if you quit? How would you be better off?"
  - "What might be some of the benefits of quitting now, instead of later?"
- **Uncover barriers to making a quit attempt.**
  - "What would have to change for you to decide to quit?"
  - "How did things go when you tried to quit before?"
  - "What is standing in the way of working on quitting now?"

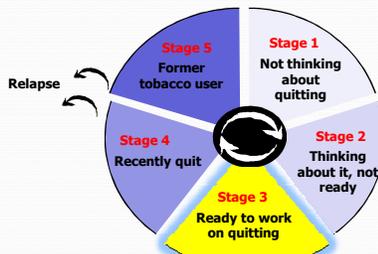
## If **READY** To Work on Quitting, ASSIST & ARRANGE. . . . .

- Build commitment to be tobacco free.
- Enhance confidence in success.
- Help the person develop a plan.
  - Recognize triggers for tobacco use
  - Explore past quit attempts
  - Educate about medications & behavioral strategies
  - Identify social support
  - Recommend calling the Montana Tobacco Quit Line
- Prevent relapse.

**For Stages 3 & 4 of  
Behavior Change**

## Stage 3 of Behavior Change

For most patients, quitting is a cyclical process, and their readiness to quit (or stay quit) will change over time.



## STAGE 3: Preparation

Ready to quit in the next 30 days

- **A patient in this stage has made the decision to quit and....**
  - .... is ready to take action.
  - .... is usually receptive to information.
  - .... may lack confidence in the ability to quit and stay quit.
  - .... may not be realistic about what is ahead.
  - .... may lack a plan.

**GOAL:** Stop using tobacco

### Stage 3: Conversation Starters

- Offer support and encouragement.
  - “You have accomplished a lot in a short time.”
  - “Tell me what has worked for you.”
- Assist with creating & implementing a plan.
  - “What are your plans for getting through cravings?”
  - “How can I help as you prepare for your quit date?”
- Help find solutions for problems.
  - “What situations will be difficult for you?”
  - “How do you plan to cope with....?”

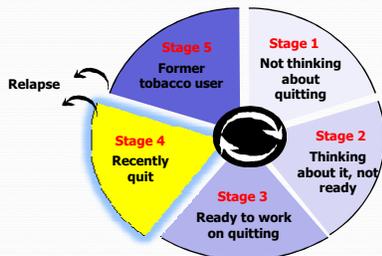
### Key Topics to Discuss

- Tobacco use history and past quit attempts
- Reasons to quit and confidence in success
- Triggers for using tobacco
- Causes of relapse in past attempts
- Making a quit plan
  - Decide on quit date and method
  - Use of medications
  - Sources of support
  - Preventing relapse
- Montana Tobacco Quit Line



### Stage 4 of Behavior Change

For most patients, quitting is a cyclical process, and their readiness to quit (or stay quit) will change over time.



### STAGE 4: Action

In the process of quitting or has recently quit

- A patient is in this stage is actively trying to quit or has quit within the last 6 months and....
  - .... may need to fine-tune their quit plan.
  - ....may be experiencing withdrawal symptoms.
  - ....may lack confidence in the ability to stay quit.
  - ....is at risk for relapse.

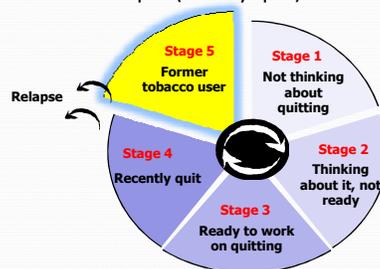
**GOAL:** Remain tobacco free for at least 6 months

### Stage 4: Supporting Continued Success

- “How are things going?” Discuss relapse prevention
  - Identify ongoing temptations and triggers for relapse (negative mood, smokers, alcohol, cravings, stress)
  - Encourage healthy behaviors to replace tobacco use
- Medication compliance and effectiveness
  - Are the medications being used properly?
  - Are withdrawal symptoms being alleviated?
  - How and when should pharmacotherapy be stopped?
- Establish smoke-free environments
- Reinforce all successes

### Stage 5 of Behavior Change

For most patients, quitting is a cyclical process, and their readiness to quit (or stay quit) will change over time.



## STAGE 5: Maintenance

Tobacco free for 6 months or more

- A patient in this stage has been successful in achieving and maintaining a tobacco free lifestyle and....

....may still have cravings for nicotine.

....may miss certain aspects of prior tobacco use.

....is still vulnerable to relapse.

**GOAL:** Firmly establish a tobacco free lifestyle

## Stage 5: Reinforcing Permanent Change

- Reinforce relapse prevention
  - Have there been any slips (or near slips) recently?
  - If so, what were the circumstances? How did you get back on track?
- Discuss the benefits of being tobacco free
  - Health
  - Finances
  - Social
- Encourage other healthy behaviors
- Celebrate continued success



## Principles for Talking About Tobacco

- Accept people where they are. Help them move forward.
- Work on building their skills and confidence to prepare for quitting.
- Help the person discover the discrepancy between their present behavior and their broader goals.
- Keep the patient in the driver's seat. Foster their ownership of the problem and the journey.

MONTANA TOBACCO



1-800-QUIT-NOW

1-800-784-8669

Visit their website... [www.QuitNowMontana.com](http://www.QuitNowMontana.com)

MONTANA TOBACCO



## The Montana Tobacco Quit Line

- Free service for all Montana residents since May 2004
- Helps people quit **all forms** of tobacco including e-cigarettes.
- Callers talk with a Quit Coach who can help create a **personalized quit plan** and discuss medication options, behavioral modification, and relapse prevention strategies.
- Initial intake session then **follow-up phone calls** to support them throughout the process.
- Tailored **educational materials** are mailed to caller.
- Free or reduced-cost **medications** are available

## Special Populations

- Special program for **pregnant and post partum women** that provides a personal Quit Coach, extended medication options and incentives.
- Trained staff that offers culturally appropriate services for **Native Americans**.
- Staff are very knowledgeable about **smokeless** tobacco.
- **Adolescents** can receive help from the quit line but they must be 18 years or older to receive medications.
- FREE educational materials for **friends and family** of tobacco users

## Free Nicotine Replacement Therapy

- **Three types of NRT** are available:
  - Nicotine patch
  - Nicotine gum
  - Nicotine lozenges
- **Free** two month supply if appropriate
- Combination therapy is available
- Physician authorization may be needed for:
  - Patients with high blood pressure, cardiovascular disease, or complex medical conditions
  - Pregnant women

## Discounted Prescription Medications

- **Chantix** is available for only \$25/month (for up to 3 months)
- **Bupropion** for only \$5/month (for up to 3 months)
- Four step process:
  1. Person sees physician and obtains prescription.
  2. Health care provider / clinic faxes the prescription to Ridgeway Pharmacy in Victor, Montana. (Fax: 1-800-261-6259)
  3. Person must call the MTQL and enroll in the counseling program.
  4. Person pays Ridgeway Pharmacy. (1-800-630-3214)
- For second and third months, person must take part in additional **coaching sessions** & pay Ridgeway Pharmacy.

## Three Ways to Connect to the Quit Line

1. **Call 1-800-QUIT-NOW to talk with a Quit Coach**
  - Open 7 days a week 6am-11pm
  - Open every day except Thanksgiving and Christmas
  - At other times, callers can leave recorded message and the Quit Line will call them back.
2. **Fax referral from health care providers (1-800-261-6259)**
  - With the patient's consent on a FAX Referral form, the Quit Line will call them for their initial coaching session.
  - Healthcare providers can also call for free information or assistance in helping their patients quit tobacco.
3. **Enroll online at ...[www.quitnowmontana.com](http://www.quitnowmontana.com)**

## Quit Line Website

[www.quitnowmontana.com](http://www.quitnowmontana.com)

- Sign up for text messages, emails, or phone coaching
- Schedule and view phone appointments online
- Track NRT shipment
- View educational materials and tools
- Participate in Message Board

## MTQL Promotional Materials

- Items available:
  - Pamphlets
  - Posters
  - Magnets
  - Stickers
  - Signs
  - Fax referral forms
- Online Store accessible from MTUPP's website:  
[www.tobaccofree.mt.gov](http://www.tobaccofree.mt.gov)

**FREE!!**

## Medications to Help People Quit



## NICOTINE REPLACEMENT THERAPY (NRT)

- Reduces physical withdrawal from nicotine
- Eliminates the immediate, reinforcing effects of nicotine that is rapidly absorbed via tobacco smoke
- Allows patient to focus on behavioral and psychological aspects of tobacco cessation
- The person is already taking in nicotine via a toxic delivery system. This is a “clean” form of the same drug taken in a lower dose for the purpose of quitting.

**NRT products approximately double quit rates.**

## NICOTINE PATCH

- Nicotine is well absorbed across the skin and the patch is easy to use.
- Initial dosage determined by amount of tobacco use 21mg or 14mg , then taper down over 8-12 weeks
- Side effects: localized irritation, Vivid dreams or sleep disturbances
- Plasma nicotine levels are lower and fluctuate less than with smoking
- Patients cannot titrate the dose to acutely manage withdrawal symptoms.
- Can augment with short acting nicotine products or use with Bupropion.

## NICOTINE GUM and LOZENGES

- Sugar-free and available in many flavors.
- Contains buffering agents to enhance absorption of nicotine across the oral mucosa.
- Available in 2mg and 4mg. Initial dosage determined by time to first cigarette (if TTFC is <30 min, use 4mg).
- Patients can titrate therapy to manage withdrawal symptoms.
- Side effects: Hiccups, dyspepsia, mouth irritation, headache
- Patient education : Chew and “park” over 20-30 min.
  - If not used correctly: dizziness, nausea, vomiting
- Do NOT eat or drink for 15 minutes BEFORE or while using gum/lozenge.
- Can use with NRT patch or bupropion.

## BUPROPION SR (Wellbutrin, Zyban)

- Does not contain nicotine. Can use with NRT.
- Affects levels of various neurotransmitters in the brain to reduce cravings and symptoms of nicotine withdrawal
- Dosage: Begin therapy 1 to 2 weeks before quit date
  - Start with...150 mg po, q AM x 3 days
  - Then... 150 mg BID (at least 8 hours apart)
- Common side effects:
  - Insomnia (avoid bedtime dosing)
  - Dry mouth
  - Nervousness/difficulty concentrating
- Duration 7-12 weeks (up to 6 months in select patients)
- May be beneficial for people with depression

**Prescription required**

## BUPROPION: Contraindications

- Patients with a seizure disorder or medications that reduce the seizure threshold.
- Patients taking
  - Wellbutrin, Wellbutrin SR, Wellbutrin XL
  - MAO inhibitors in preceding 14 days
- Patients with a current or prior diagnosis of anorexia or bulimia nervosa
- Patients undergoing abrupt discontinuation of alcohol or sedatives (including benzodiazepines)
- Caution with patient with severe hepatic cirrhosis
- Caution with pregnant and breastfeeding women and adolescents (<18 years)

## VARENICLINE (Chantix) **Prescription required**

- Does not contain nicotine
- Works at the  $\alpha_4\beta_2$  nicotinic acetylcholine receptor sites in the brain and inhibits the binding of nicotine (partial agonist)
- Excreted in kidney (half life 24 hours)
- Clinical effects
  - ↓ symptoms of nicotine withdrawal
  - Blocks dopamine stimulation responsible for reinforcement & reward associated with smoking
- Precautions: severe renal impairment (adjust dose), pregnancy and breastfeeding, adolescents (<18 years)

## VARENICLINE: Dosing and Side Effects

- Begin therapy 1 week PRIOR to the planned quit date. Person should quit smoking between day 8-35 of treatment.
- Dosage: increase gradually to minimize nausea and insomnia.
  - Day 1-3: 0.5mg by mouth in the morning
  - Day 4-7: 0.5mg by mouth, twice a day
  - Weeks 2-12: 1 mg by mouth, twice a day
- Doses should be taken after eating, with a glass of water
- Common side effects: nausea, vomiting, constipation, flatulence, insomnia, vivid/strange dreams
- Usual duration, 12 weeks (additional 12 weeks may be used)
- Dose tapering not necessary when discontinuing treatment

## BUPROPION and VARENICLINE

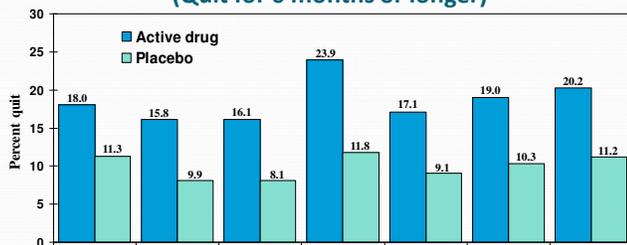
**Black Box Warning**

- **Neuropsychiatric symptoms and suicide risk**
  - Changes in mood (depression and mania)
  - Psychosis/hallucinations/paranoia/delusions
  - Homicidal ideation/hostility
  - Agitation/anxiety/panic
  - Suicidal ideation or attempts
  - Completed suicide



If agitation, hostility, depressed mood or changes in thinking or behavior (including suicidal ideation) are observed, patients should stop Bupropion or Varenicline and contact a health care provider immediately.

## QUIT RATES for Cessation Medications (Quit for 6 months or longer)



Data adapted from Cahill et al. (2008), *Cochrane Database Syst Rev*; Stead et al. (2008), *Cochrane Database Syst Rev*; Hughes et al. (2007), *Cochrane Database Syst Rev*

## E-Cigarettes - NOT a Quit Medication!

- They are designed to maintain addiction, not help people quit.
- No regulation and standardization of ingredients.
- No reputable studies show it is more effective than NRT and other quit medications that are FDA approved.
- Contains harmful chemicals to both user and bystander.
- Long term health effects have not been studied, especially for dual users who vape and continue to smoke.
- Safety concerns about poisonings, especially young children.

**Promote evidence-based FDA approved cessation medications!**

Questions?



## Acknowledgements



- Thank you to the University of California, San Francisco, for creating and providing free on-line access to the Rx for Change curricula materials, which were utilized in this presentation. <http://rxforchange.ucsf.edu/>
- "Treating Tobacco Use and Dependence: 2008 Update" Public Health Service Guidelines and other information from the US Dept of Health and Human Services, go to: [www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco) or [www.ahrq.gov](http://www.ahrq.gov)
- Montana Tobacco Use Prevention Program: [www.tobaccofree.mt.gov](http://www.tobaccofree.mt.gov)
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