How to Have a Conversation About Tobacco Use

The 3As Model
Tobacco dependency is the leading cause of PREVENTABLE disease and death in the United States and kills approximately 438,000 people every year.
That’s 1,200 people every day!**

For every person who dies of a tobacco attributable disease, there are 20 more people suffering with at least one serious illness from tobacco use.

There is no safe method of tobacco use.
Smoke or aerosol travels quickly to the lungs, where absorption occurs.

Every Puff:

• Increases heart rate
• Increases breathing rate
• Constricts blood vessels
• Decreases oxygen carrying capacity in the blood
Tobacco use damages every organ in the body.
Environmental Tobacco Exposure

Second-hand smoke is also deadly, killing some 53,000 non-smokers each year according to the CDC. That’s our family, friends and community.

There is no safe level of environmental tobacco exposure.
Thirdhand Smoke

• Residue includes heavy metals, carcinogens and even radioactive materials that young children can get on their hands and ingest, especially if they’re crawling or playing on the floor.

• Substances in thirdhand smoke include
  – hydrogen cyanide, used in chemical weapons;
  – butane, used in lighter fluid;
  – toluene, found in paint thinners;
  – arsenic;
  – lead;
  – carbon monoxide; and even
  – polonium-210,

• Eleven of the substances are highly cancer-causing.

http://www.nytimes.com/2009/01/03/health/research/03smoke.html
Other Tobacco Products (OTP’s)/Emerging Tobacco Products

Other Tobacco Products, or OTPs, commonly refer to any tobacco product that is not a cigarette.
E-cigarette Safety and Quality

- 2009 FDA studied 2 brands of e-cig and found:
  - Carcinogens and heavy metals found in juice and aerosol
  - Quality control was inconsistent or non-existent
  - Nicotine free e-cigs contained nicotine
  - Nicotine levels varied, sometimes twice as high as FDA approved devices
  - Not recognized as quit smoking devices

- **Nicotine** is highly addictive and is a vasoconstrictor meaning it instantly **narrows** blood vessels:
  - Increases heart rate by 10-20 beats per minute.
  - Considered a neurological-toxin and is used as an insecticide.
Secondhand Aerosol

- E-cigarettes do not just emit “harmless water vapor.” **Secondhand e-cigarette aerosol** (incorrectly called vapor by the industry) contains nicotine, ultrafine particles and low levels of toxins that are known to cause cancer.

- Exposure to fine and ultrafine particles may exacerbate respiratory ailments like asthma, and constrict arteries which could trigger a heart attack.

- At least 10 chemicals identified in e-cigarette aerosol are classified as carcinogens and reproductive toxins. The compounds that have already been identified in mainstream (MS) or secondhand (SS) e-cigarette aerosol include: **Acetaldehyde (MS)**, **Benzene (SS)**, **Cadmium (MS)**, **Formaldehyde (MS,SS)**, **Isoprene (SS)**, **Lead (MS)**, **Nickel (MS)**, **Nicotine (MS, SS)**, **N-Nitrosonornicotine (MS, SS)**, **Toluene (MS, SS)**.

- E-cigarettes contain and emit **propylene glycol (PG)**, a chemical that is used as a base in e-cigarette solution and is one of the primary components in the aerosol emitted by e-cigarettes.
  - Short term exposure causes eye, throat, and airway irritation.
  - Little known about long-term exposure PG.
  - Material Safety Data Sheet from Dow Chemical states “inhalation exposure to PG mist should be avoided.”
  - Some studies show that heating propylene glycol changes its chemical composition, producing small amounts of propylene oxide, a known carcinogen.
A substance is considered addictive if:

– there is **compulsive use** despite knowledge of harm

– it is **reinforcing** (the user believes it helps them in some way)

– the user develops **tolerance** over time

– the user becomes **dependent**
3 Link Chain of Addiction

There are three aspects to nicotine addiction:

• Biological (Physical)
• Psychological (Mental)
• Sociocultural (Social)
Nicotine (C_{10}H_{14}N_{2}) Releases Chemicals in the Brain

- **Dopamine**: Pleasure, appetite suppression
- **Norepinephrine**: Arousal, appetite suppression
- **Acetylcholine**: Arousal, cognitive enhancement
- **Vasopressin**: Memory improvement
- **Serotonin**: Mood modulation, appetite suppression
- **Beta-endorphin**: Reduction of anxiety and tension

Nicotine, Benowitz, 1999
MENTAL Addiction

• “Automatic” or “routine” behavior
• Influenced by certain cues/triggers
  – Drinking coffee or alcohol
  – Waking up in the morning
  – Getting into the car
  – After meals
• Coping mechanism for stress & other emotions —
  “It’s how I deal with stress.”
SOCIAL Addiction

- Influenced by peers, parents & other family members who use tobacco
- Becomes part of social & cultural practices
  - Break at work
  - Barbeque
  - Social outing
  - Gathering with friends
- Becomes a ritual or an expected behavior
Breaking Nicotine Addiction

**EFFECTIVE STRATEGIES**

- **Counseling/Behavior Modification**
  - Intervention programs/Support groups

- **Pharmacotherapies**
  - Medications
  - Nicotine Replacement Therapies (NRTs)
Breaking Physical Addiction

What works

Seven first-line medications (5 nicotine and 2 non-nicotine) have been demonstrated to reliably increase long-term smoking abstinence rates:

- Nicotine Patch—OTC
- Nicotine Gum—OTC
- Nicotine Lozenge—OTC
- Nicotine Nasal Spray
- Nicotine Inhaler
- Bupropion SR (Zyban)—non-nicotine
- Varenicline (Chantix)—non-nicotine

E-cigarettes are an unregulated product and have not been shown to be safe and effective as a nicotine replacement therapy and are not approved for that use by the FDA.

Adherence is important.

Some medications may be used in combination. Not every medication has been proven safe and effective for every population.
One-Two Punch

Either counseling or medication are effective when used alone, but the combination of counseling and medication is more effective than either alone.

Breaking Mental Addiction

EFFECTIVE STRATEGIES

• Identifying behavior chains
• Recognizing incompatible behaviors
• Some use “aversion” or “reward”
• Cognitive restructuring
• Substitution
• Imagery

Dealing with Stress

• Stop—give time to re-think the situation
• Restructure thought process—consider “self coaching” questions and/or positive affirmations
• Recognize and reject irrational stressful thoughts
Breaking Social Addiction

EFFECTIVE STRATEGIES

• Talk to friends/family
• Assertiveness
• Time away
• Try new activities
• Anticipate situations
• Mental rehearsal
• Plan ahead!

HALT

• Hungry – Eat balanced meals and healthy snacks
• Angry – Talk things out
• Lonely – Call a friend
• Tired – Get plenty of rest, nap
Big Tobacco is telling your clients to smoke—You may be the only person asking them to quit!

- The tobacco industry spends over $78.7 million each year to market their products in Nevada.

- In Nevada, the combined monetary toll of tobacco use per each smoker’s lifetime is calculated at $1,413,733.

- In Nevada, $1.08 billion is spent in annual health care costs directly caused by smoking.

*Campaign for Tobacco Free Kids as of 2/6/15
5A’s: An Effective Strategy

(USPHS 2008 Clinical Practice Guideline Update: Treating Tobacco Use and Dependence)

• **Ask** your clients about their tobacco use
• **Advise** them to quit
• **Assess** their willingness to make a quit attempt
• **Assist** them with smoking cessation medicines, counseling or refer to **1-800-QUIT-NOW**
• **Arrange** for follow-up
3A’s: Also Works!
(Recommended by the Agency for Healthcare Research and Quality (AHRQ))

- **Ask** your clients about their tobacco use
- **Advise** them to quit
- **Assist** by referring them to 1-800-QUIT-NOW or other treatment
Change is a Process
(Reference: Prochaska and DiClemente’s Stages of Change Model)
Remember 5
Motivational Interviewing

• **Relevance:** If you did decide to quit, what would be your reasons?
• **Risks:** What do you think the consequences will be if you continue to smoke?
• **Reward:** What benefit will you get right now from quitting?
• **Roadblocks:** What’s keeping you from quitting?
• **Re-Treat:** Every quit attempt is a practice in success. What worked? What didn’t?
Row, row, row your boat

Use OARS (Miller & Rollnick, 2002)

Open ended questions
  “If you did decide to quit, why would you?”

Affirm
  “Those sound like good reasons.”

Reflective listening
  “It sounds like you’re afraid you won’t be able to control your stress if you stop smoking.”

Summarize
  “What I hear you saying is that...Is that right?”
How to Have A Conversation About Tobacco Use
The 3As Model

**ASK** every person every time--

*Tell me about your tobacco use.*

- Make it simple
- Ask because you care
- Don’t judge
How to Have A Conversation About Tobacco Use
The 3As Model

**ADVISE** all tobacco users to quit now.

*Quitting tobacco use now is the most important thing you can do to protect your health and the health of those you love.*

Be clear, direct and personal
How to Have a Conversation About Tobacco Use
The 3As Model

If you have time, assess if a person is willing to quit.

If I told you I could help, would you like to try to quit?

Or jump to **ASSIST!**
How to Have a Conversation About Tobacco Use

The 3As Model

Even if the person says, “I’m not ready to quit.”

Start to **ASSIST** the tobacco user to think about quitting in the future.

*I know you aren’t ready to quit today, but if you did decide to quit, what would be your reasons?*
Stay Positive

Never quit trying to quit.
We support the quitter in you.

quitterinyou.org 1-800-LUNG-USA

AMERICAN LUNG ASSOCIATION
IN NEVADA
How to Have A Conversation About Tobacco Use
The 3As Model

I want to quit!

**ASSIST** the tobacco user to make a simple plan to quit within the next 30 days.

- Make it real. Fill out a **Quit Plan**.
- Keep it simple. No lectures.
- Suggest nicotine replacement therapy.
My Quit Plan

My Quit Date is __________________; ______/______/______

My support people are ______________________________________
____________________________________
____________________________________

My reasons for quitting ______________________________________
____________________________________
____________________________________

My benefits of quitting ______________________________________
____________________________________
____________________________________

Problem Solving Skills

What helped me in past quit attempts? What didn’t? Get rid of excuses. Anticipate challenges. Look for ways to avoid, alter or find alternatives to smoking triggers. Is nicotine replacement therapy right for me?

Where can I go for help?

1-800-QUIT-NOW

Try the Four+ D’s:
Delay
Deep breathing
Do something else
Drink water
Deliberate Thinking
Just Don’t Smoke!

Learn the 3 A’s of Shared Responsibility:
Avoid cigarettes
Alter the situation
Find Alternatives to smoking

The urge to smoke passes in 3-5 minutes whether you smoke or not—So don’t smoke.

When’s your birthday, anniversary, upcoming holiday?

How can people help?

Make a long list!

Reward yourself for quitting!

My Quit Plan

1-800-QUIT-NOW
How to Have A Conversation About Tobacco Use
The 3As Model

If appropriate, arrange to follow-up as part of your ASSIST.

Call or visit within a week of the person’s quit date. Congratulate quitters, encourage those who slip:

“A slip does not a smoker make.”

Haven’t quit? Relapsed? Stay positive. Support those who relapse to try again. The typical smoker makes many quit attempts before they are successful.

“Every quit attempt is a practice in success.”

Be TRUE to yourself
• Use your slip as a Teachable moment
• Reflect on your slip
• Use it or loose it
• Encourage yourself!
What Happens When a Person Quits?

• As soon as you quit smoking, your body starts to reverse some of the damage done as a result of smoking.
• Withdrawal symptoms are actually signs of healing or recovery!
• There is no intervention available today that can reduce illness, prevent death, and increase quality of life more than effective tobacco dependency interventions.
ASSIST by referring tobacco users to:
Personalized, Culturally Sensitive Coaching
(5 scheduled calls and unlimited inbound calls)
English and Spanish speaking coaches

Nicotine Replacement Therapy
Smoking Cessation Prescriptions

Website
Texting
Educational Materials
Provider Referrals

Note: Due to a technical issue you must access this only website through Google Chrome.

About Our Phone Coaching Program

National Jewish Health provides services for the Nevada Quitline

National Jewish Health has responsibility for all activities associated with the call center, including receiving and processing all intake calls; performing a series of up to five cessation coaching sessions; provision of Nicotine Replacement Therapy (NRT) medications; developing customized educational material in support of the needs of the Quitline and their dependents seeking to quit tobacco use, including pregnant callers, teens, chew/spit tobacco users and Native Americans; program evaluation and outcomes reporting; and participation in marketing planning, media placement and related activities to promote the program.

Learn more about the Helpline and Nevada programs.

Refer a Patient

To refer a Nevada resident to the Nevada Tobacco Quitline please do one of the following:

- Print and fax a referral.
- Fill out and submit a referral online.

Fax Referral  Provider Web Referral
ACA Guidance

“The Departments [implementing the ACA] will consider a group health plan or health insurance issuer to be in compliance with the requirement to cover tobacco use counseling and interventions, if, for example, the plan or issuer covers without cost-sharing:

• Screening for tobacco use; and,
• For those who use tobacco products, at least two tobacco cessation attempts per year.

For this purpose, covering a cessation attempt includes coverage for:

• Four tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and
• All Food and Drug Administration (FDA)-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without prior authorization.”
American Lung Association
Cessation Services

Freedom From Smoking

- Freedom From Smoking® Clinic
- Freedom From Smoking® Online
  - www.lung.org click on the FFS icon

Lung HelpLine  1-800-784-8669

- Staffed by Registered Nurses and Respiratory Therapists
- Cessation counseling
- Questions answered regarding COPD, asthma, allergies and other respiratory diseases
- Air quality and environmental health concerns
Quitter’s Circle is a multi-platform “social media” community anchored by a mobile application, designed to help address some common smoking cessation challenges.

Quitter’s Circle is backed by resources provided by the American Lung Association, including our Freedom From Smoking® program and other cessation assets. Learn more online, download the Quitter’s Circle app, join our Facebook Community and follow us on Twitter.
About the American Lung Association in Nevada

Now in its second century, the American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease. With your generous support, the American Lung Association is “Fighting for Air” through research, education and advocacy. For more information about the American Lung Association or to support the work it does, call 702-431-6333 or visit www.lung.org.
Keep the momentum going!

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