



BECOME A TOBACCO CESSATION CHAMPION!

Tobacco and Vapor Product Prevention and Control Program
Washington State Department of Health

Session overview

- Tobacco: The basics
 - Current landscape
 - Nicotine addiction
- Tobacco cessation (quitting)
 - Pathways model
 - Tools/techniques
 - Benefits of smoking/quitting
 - Cessation options
 - State programs
- Discussion & questions



Tobacco: The basics

- **Commercial tobacco is...**
 - ...the single greatest contributor to human morbidity and mortality in history.
 - ...**the leading cause of preventable death and disease** globally, in the US, and in Washington State.
- NICOTINE is the primary addictive ingredient in tobacco...
 - ...and is **as addictive as cocaine**, or even heroin, making it exceptionally **difficult to quit**.
- However, **tobacco companies...**
 - ...know that their products will **kill half of their customers**.
 - ...spend billions of dollars each year to create new customers, increasingly people of color and other **minority populations**.
- **To win the war with Big Tobacco...**
 - ...the world needs tobacco cessation champions, like you!

In case you missed it...

The Vaping Epidemic: The Evolution of Vapor Products in WA State

(yesterday afternoon)

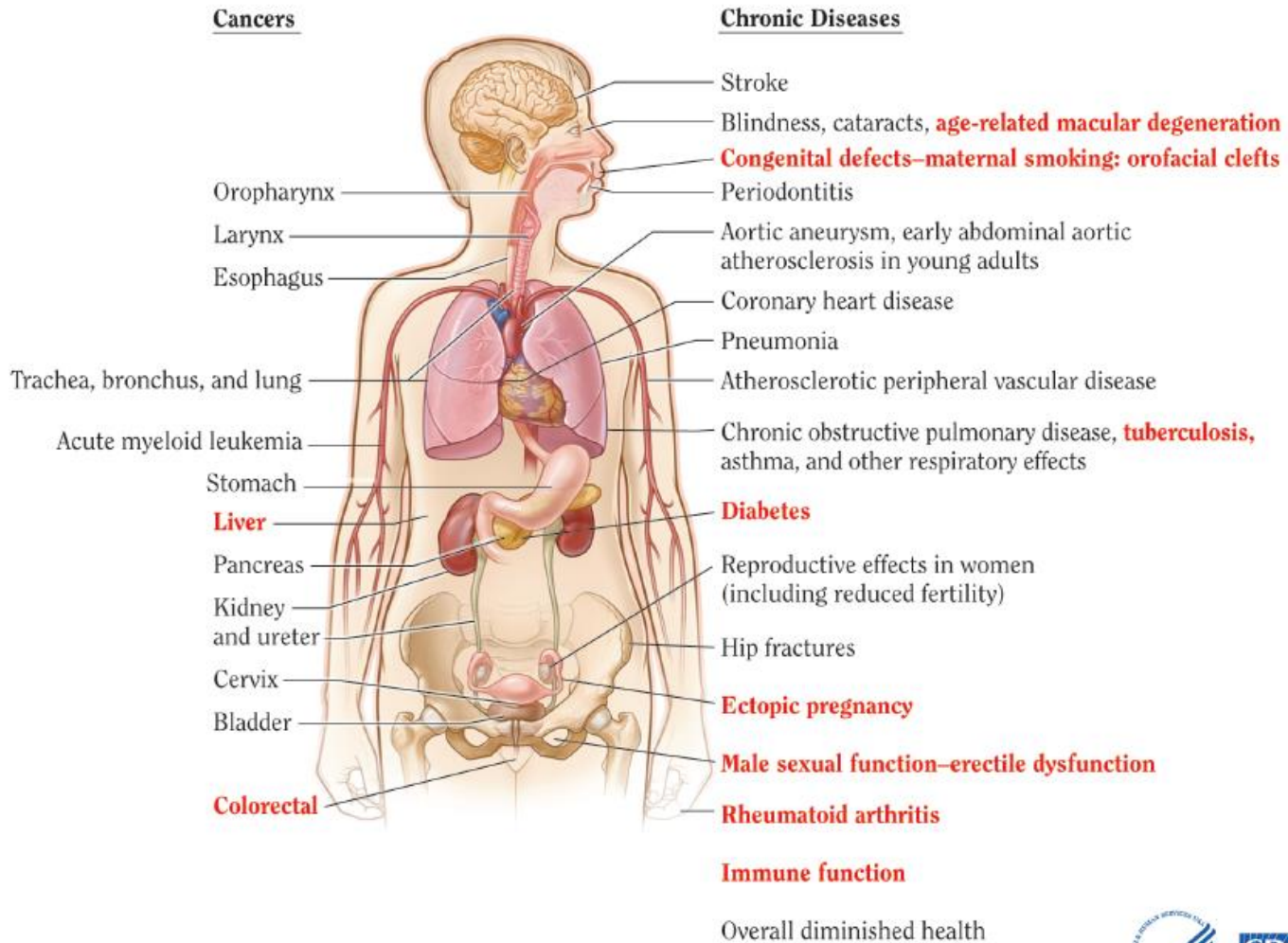
- The vapor industry is growing rapidly and constantly evolving with innovative products.
- Youth addiction to nicotine is especially on the rise due to diversity of, and access to, vapor products.
- **We need community support to help educate and inform about the harms of nicotine and new products.**

Disparities in Tobacco *(previous session)*

- Certain communities are more likely to experience a disproportionate burden from tobacco use, despite an overall decrease in smoking.
- **CHWs are well positioned in communities to impact tobacco use** while addressing chronic disease and other health concerns that may be worsened by tobacco use or exposure to smoke.
- **Assessing and counseling people who use tobacco in ways that are culturally appropriate, and with cultural humility, is critical.**

Risks from Smoking

Smoking can damage every part of your body

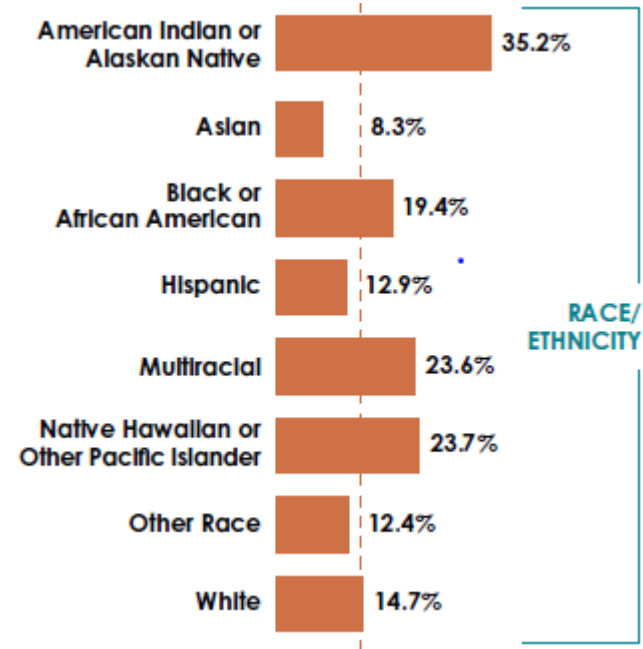
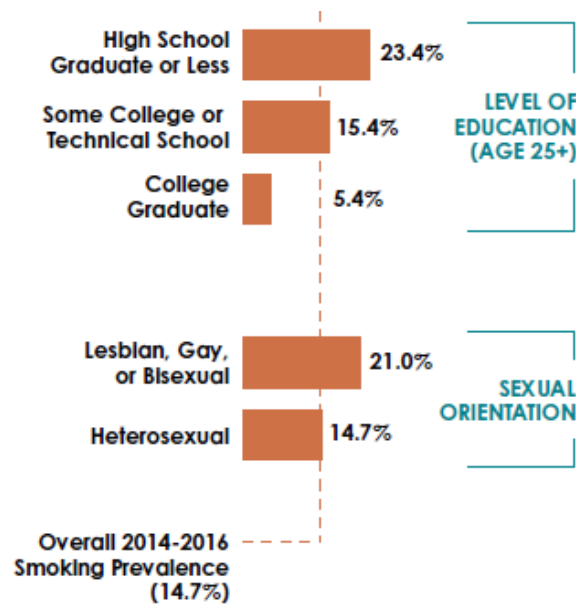
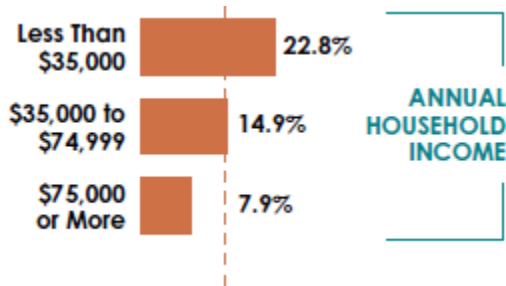


Current landscape

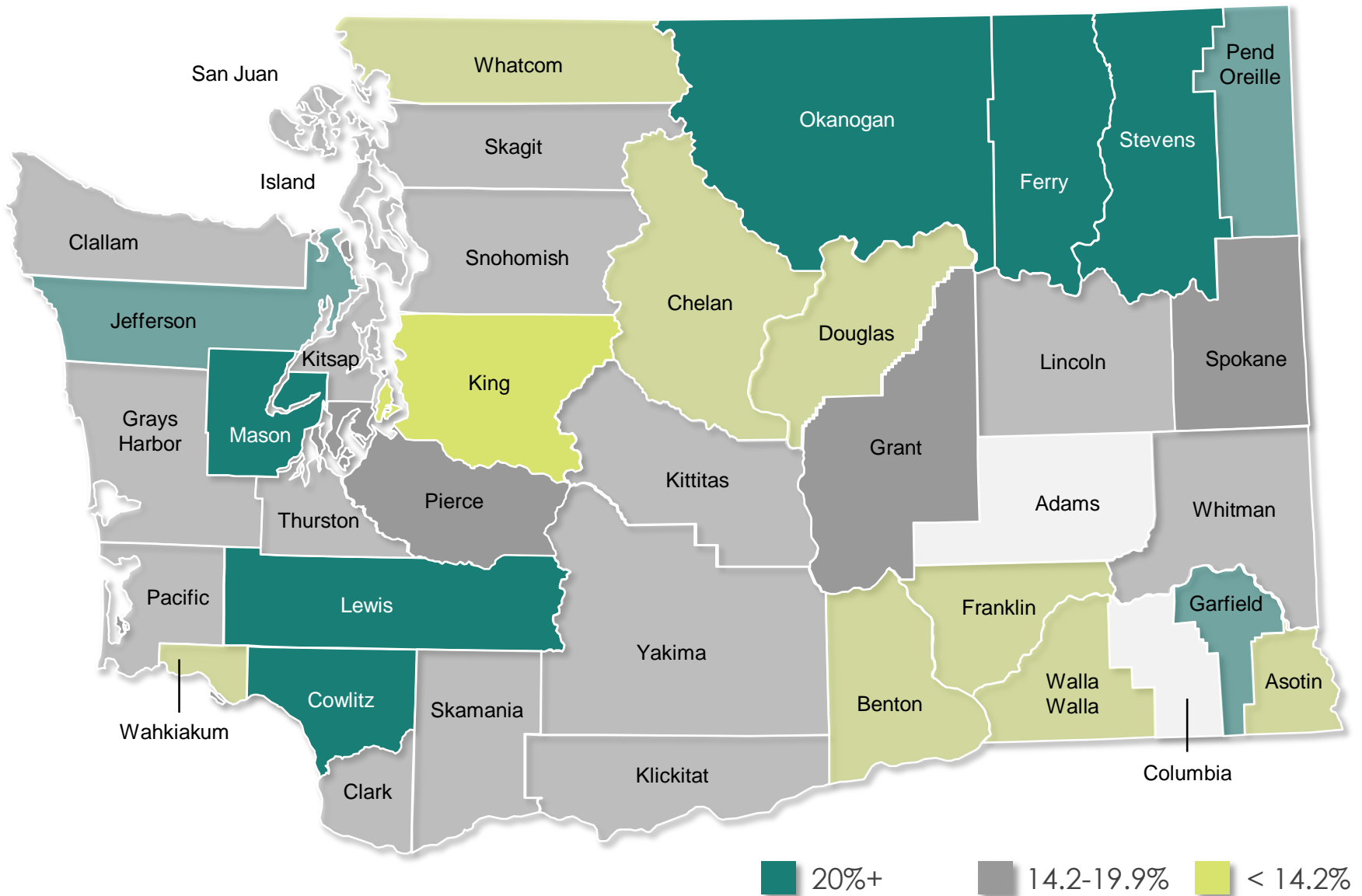
- One in seven (14%) of adults smoke cigarettes in Washington State; these people are more likely to...
 - ...be military veterans (+11%)
 - ...identify as male (+26%)
 - ...*be uninsured* (+39%)
 - ...identify as lesbian, gay, or bisexual (+45%)
 - ...*not have a personal doctor* (+63%)
 - ...report poor physical health (+191%)
 - ...report poor mental health (+222%)
 - ...use marijuana (+306%)
- Also:
 - 4% of adults use vapor products (e-cigarettes)
 - 3% of adults use smokeless tobacco

Adult smoking disparities

Adult smoking prevalence,
by subpopulation
WA BRFSS, 2014-2016

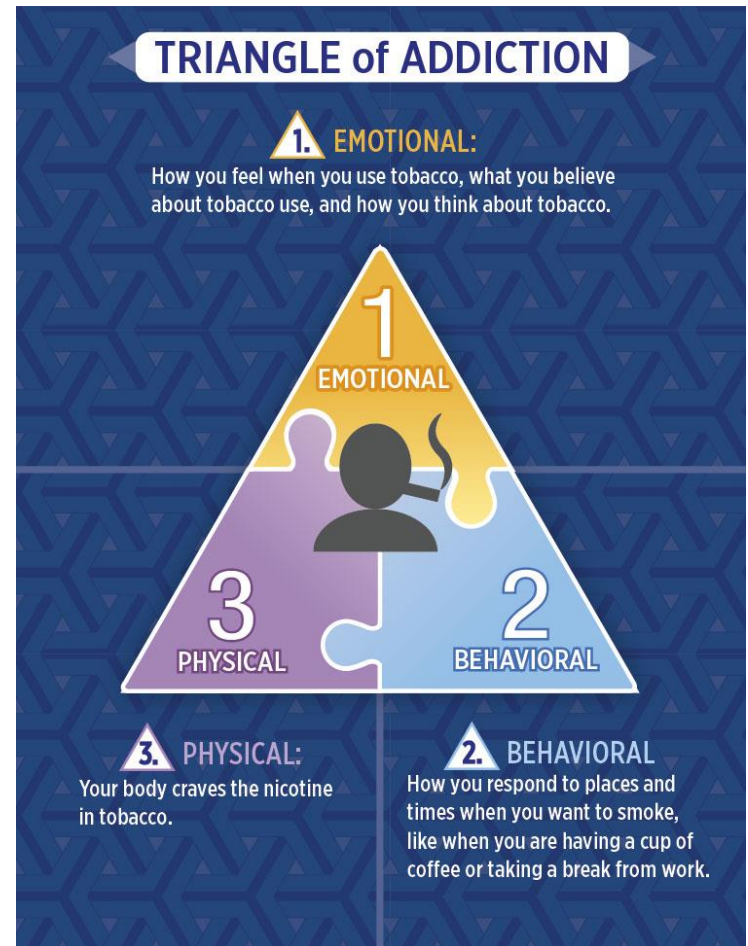


Adult smoking prevalence, by county

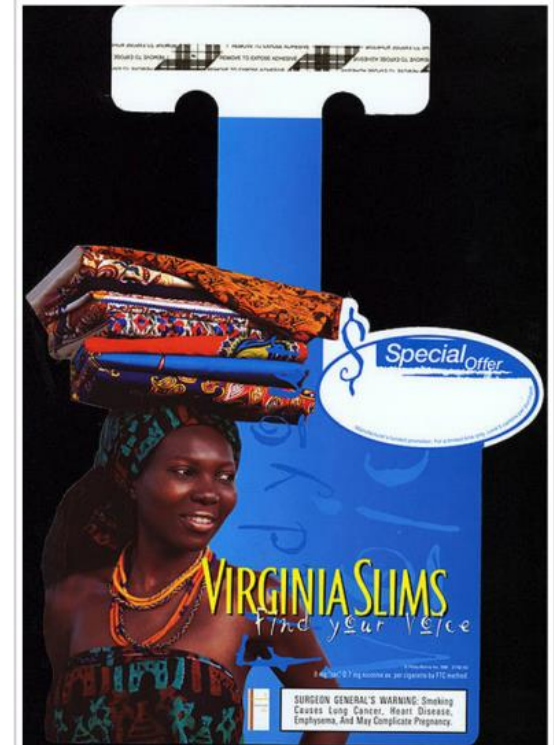
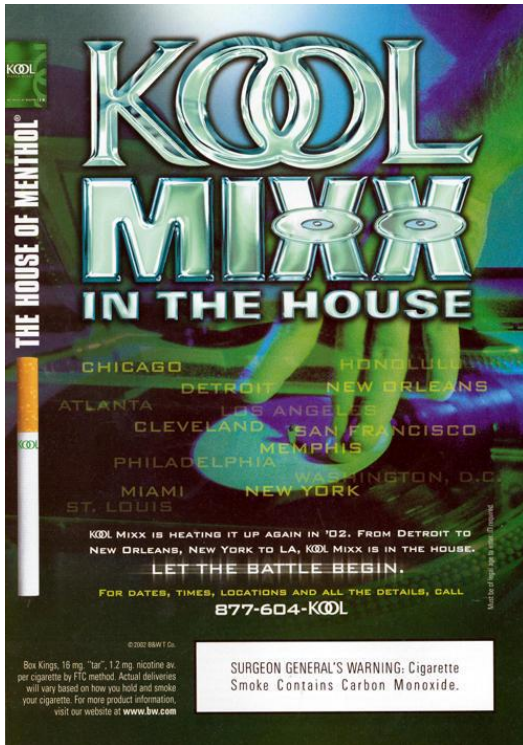


Nicotine addiction

- Nicotine = the most addictive *legal* drug
- Enables dependence on tobacco use
- Impacts brain development of babies, youth and young adults
- Increases risk of adverse cardiovascular events
- Vapor products (e-cigarettes) have made nicotine more affordable and accessible



Industry influence



“ [Tobacco companies] intentionally designed cigarettes to make them more addictive.”

Importance of humility

- Interpersonal humility
 - Tobacco use is not a pure choice
 - “You’re right, I don’t smoke... but given other circumstances outside of my control, I could very well be smoking.”
- Cultural humility
 - Refraining from judgment, judgmental language
 - American Indian/Alaska Native culture

→ Try to meet people where they are in the quitting process.

Question: How do people feel about the word “smoker”?

(Not so) fun facts about quitting

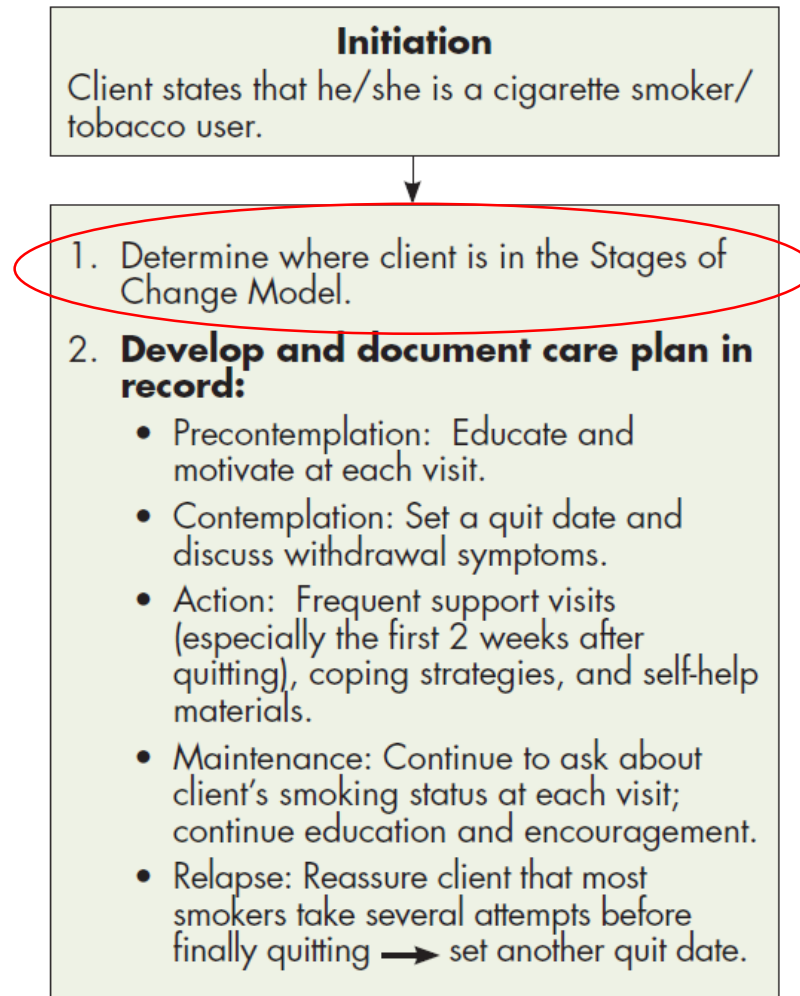
- **It's really hard;** it could take as many as 8-10 tries.



Smoking (Tobacco) Cessation Pathway

Client's Name _____	Date of Birth _____
Community Care Coordinator _____	Agency _____
Smoking Cessation Pathway	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;">Initiation</p> <p style="margin: 0;">Client states that he/she is a cigarette smoker/tobacco user.</p> </div>	<p>Start date _____</p>
<p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>1. Determine where client is in the Stages of Change Model.</p> <p>2. Develop and document care plan in record:</p> <ul style="list-style-type: none"> Precontemplation: Educate and motivate at each visit. Contemplation: Set a quit date and discuss withdrawal symptoms. Action: Frequent support visits (especially the first 2 weeks after quitting), coping strategies, and self-help materials. Maintenance: Continue to ask about client's smoking status at each visit; continue education and encouragement. Relapse: Reassure client that most smokers take several attempts before finally quitting → set another quit date. </div>	<p>Tobacco product _____</p> <p>Amount _____</p> <p>Stages of Change Model – check stage:</p> <p><input type="checkbox"/> Precontemplation</p> <p><input type="checkbox"/> Contemplation</p> <p><input type="checkbox"/> Action</p> <p><input type="checkbox"/> Maintenance</p> <p><input type="checkbox"/> Relapse</p>
<p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>For all clients - at EACH visit, stress the need to quit smoking:</p> <ul style="list-style-type: none"> Discuss short- and long-term health, social, and economic benefits of quitting. Discuss and document any barriers identified. Discuss and document all options and refer if appropriate: <ul style="list-style-type: none"> – Self-help materials – Drug therapy – Smoking cessation programs </div>	<p>Completion date _____</p>
<p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;">Completion</p> <p style="margin: 0;">Client has stopped smoking/using tobacco products.</p> </div>	<p><input type="checkbox"/> Self-report</p> <p><input type="checkbox"/> Lab test confirmation</p>
<p>Record reason if Finished Incomplete: _____</p> <p>_____</p>	

Which stage of change is the client in?



Stages of Change (Theory)



Pre-contemplation

- Knows tobacco is unhealthy, and they should probably quit
- Not thinking about quitting anytime soon

Preparation

- Feels ready to make a quit attempt within next 30 days and can set a quit date

Maintenance

- 6+ months post-quit
- Focus is nicotine withdrawal & relapse prevention

Contemplation

- Realizes health effects on a personal level, knows they need to eventually quit
- Six-month horizon for quit attempt

Action

- Planned quit date
- Often receiving cessation support

Stages of Change (Practice)

Pre-contemplation

- Knows tobacco is unhealthy, and they should probably quit
- Not thinking about quitting anytime soon

Preparation

- Feels ready to make a quit attempt within next 30 days and can set a quit date

Maintenance

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Contemplation

- Realizes health effects on a personal level, knows they need to eventually quit
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Action

- Planned quit date
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What are the benefits of quitting?



For all clients - at EACH visit, stress the need to quit smoking:

- Discuss short- and long-term health, social, and economic benefits of quitting.
- Discuss and document any barriers identified.
- Discuss and document all options and refer if appropriate:
 - Self-help materials
 - Drug therapy
 - Smoking cessation programs



Completion

Client has stopped smoking/using tobacco products.

Reasons to smoke (pros)

- “Helps control my weight.”
- “Calms me down.”
- “I like the first cigarette after I wake up.”
- “Tastes good with coffee / alcohol.”
- “Tastes good after eating / sex.”
- “It’s what I do with my friends.”
- “It’s too hard to quit.”

Reasons to quit (cons)

- “Makes my clothes / home stink.”
- “Unable to smoke in my apartment.”
- “Costs money that I don’t have / could use elsewhere.”
- “My doctor told me I had to quit.”
- “It is bad for my health. I have (CPOD, cancer, diabetes, atherosclerosis, etc.)”
- “I want to be able to breathe better.”
- “I want to be able to taste food.”
- “My family wants me to quit.”
- “I will be able to _____ (run, dance, walk, work out for example).”

Health benefits of quitting

- Immediate benefits
 - **20 minutes:** HR & BP have dropped
 - **12 hours:** Blood CO level has returned to normal
- Short-term benefits
 - **2-12 weeks:** Circulation & lung function improve
 - **1-9 months:** Coughing, respiratory infection risk decreases
 - **1 year:** Excess risk of CHD has dropped 50%, heart attack has dropped dramatically
- Long-term benefits
 - **2-5 years:** Stroke risk returns to normal
 - **10 years:** Cancer risks have dropped by 50%
 - **15 years:** CHD risk has returned to normal

→ **People who smoke die 10 years sooner than people who don't smoke, on average**

Source: American Cancer Society

What cessation options are there?



For all clients - at EACH visit, stress the need to quit smoking:

- Discuss short- and long-term health, social, and economic benefits of quitting.
- Discuss and document any barriers identified.
- Discuss and document all options and refer if appropriate:
 - Self-help materials
 - Drug therapy
 - Smoking cessation programs



Completion

Client has stopped smoking/using tobacco products.

Cessation methods (and quit rates)

- Self-help (9-12%)
- Counseling (13-17%)
 - Telephone, individual (face-to-face), or group
 - New technologies (e.g., text messages, apps)
- Medication
 - Nicotine replacement therapy (19-26%)
 - Over-the counter patches, gum, lozenges
 - Prescription inhaler, nasal spray
 - Non-nicotine prescription
 - Bupropion/Zyban® (24%)
 - Varenicline/Chantix® (33%)
 - Combination NRT, combination NRT/bupropion (26-36%)
 - Coordinate medication plan with doctor
- Counseling + medication (26-32%)
- Problem: Insurance coverage varies

Washington State Tobacco Quitline

○ 1-800-QUIT-NOW / 1-855-DEJELO-YA

- Telephone counseling from Quit Coaches
 - 5-call program for uninsured, underinsured clients
 - Cognitive Behavioral Therapy (CBT)
- 2-week nicotine patch (NRT) starter kit
 - Clients with Medicaid/other insurance should have insurance card ready (may be eligible for more NRT)
- Self-help materials (mail & online)
- Text message support
- Community cessation resource referrals
- Special programs
 - Pregnancy and Post-Partum Program
 - Youth Support Program (ages 13-17)
- Referral program
 - Quitline will call clients consenting to referral

Washington State Department of Health

Tobacco Quitline

1-800-QUIT-NOW

toll-free

1-800-784-8669

QUITLINE.COM

**Línea Para Dejar el Tabaco
del Estado de Washington**

1-855-DEJELO-YA

llamada gratuita

1-855-335-3569

QUITLINE.COM

2Morrow Health

- **doh.wa.gov/quit**

- Smartphone app download

- iPhone, Android

- English, Spanish

- Acceptance & Commitment Therapy

- Teaches willingness to *accept* cravings, urges; mindfulness

- Helps client create and *commit* to their quit plan

- **Free for all Washingtonians**

- Available while supplies last

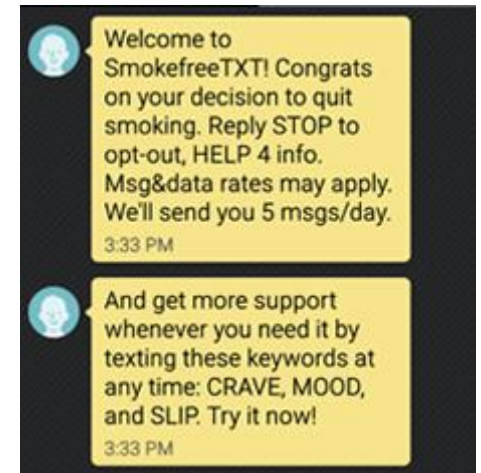
- **Private, individualized**



SmokefreeTXT

○ Text START to 47848

- Clients receive text messages with tips, advice, and encouragement
 - Help them overcome challenges
 - Help them stay motivated to quit
- 6-8 week program
- 3-5 messages per day
- Tailored programs
 - SmokefreeMOM
 - SmokefreeTeen
 - SmokefreeTXT en español
 - DipfreeTXT
- More info: <https://smokefree.gov/tools-tips/text-programs>



Face-to-face counseling: The 5 A's

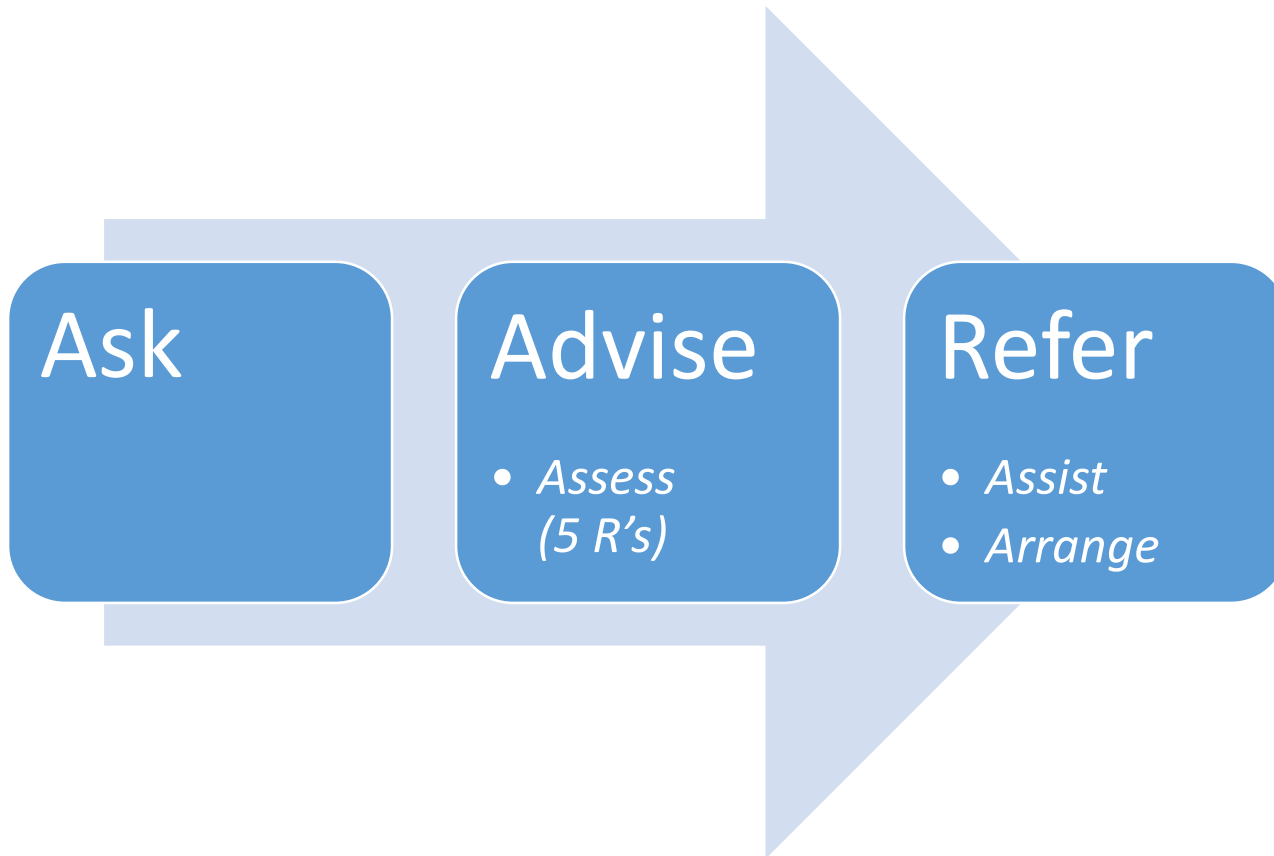
- 1. Ask** each patient about tobacco use
 - “Do you currently smoke or use tobacco?”
- 2. Advise** the patient to quit
 - “Quitting tobacco is one of the most important things you can do to protect your health.”
- 3. Assess** the patient's willingness to quit
 - “Are you willing to try quitting tobacco?”
 - If not ready to quit, help identify reasons to quit and build their confidence to make an attempt [use the 5 R's]
- 4. Assist** the patient with their quit attempt
 - Coordinate treatment with patient's physician, providers
 - At a minimum, refer them to a cessation resource
- 5. Arrange** follow-up visits
 - If a relapse occurs, encourage them to try again

Assess: The 5 R's

- **Relevance** - Encourage your client to indicate why quitting is personally relevant
- **Risks** - Ask your client to identify potential negative consequences of tobacco use
- **Rewards** - Ask your client to identify potential benefits of stopping tobacco use
- **Roadblocks** - Ask your client to identify barriers or impediments to quitting
- **Repetition** - Repeat the motivational intervention every time an unmotivated client has an interaction with a clinician; tobacco users who have “failed” in previous quit attempts should be told that most people make repeated quit attempts before they are successful

Source: Agency for Healthcare Research and Quality (AHRQ)

Intervention simplified: 2 A's & 1 R



What about e-cigs/vapes?

- National Academies of Sciences (January 2018):
 - Completely substituting e-cigarettes for combustible cigarettes reduces exposure to numerous toxicants & carcinogens
 - Reduced short-term adverse health outcomes
 - E-cigs contain highly variable amounts of nicotine, and most contain and emit other potentially toxic substances
 - Inhaled **nicotine** increases heart rate and blood pressure
- **Bottom line: E-cigs are almost definitely safer than regular cigarettes, but they are not safe. Rely on FDA-approved cessation medications.**



Other resources

- Cessation resources
 - Freedom From Smoking[®] (American Lung Association)
 - Nicotine Anonymous
 - BecomeAnEX
 - Smokefree.gov

- Continued education for providers
 - Community Health Worker Training Program (WA DOH)
 - Q3: September 18-27 (registration opens August 30!)
 - Rx for Change (UCSF)
 - Tobacco Treatment Specialist certification

Summary

- **Most people who use tobacco want to quit**, but cessation is uncommon and people continue to smoke because **nicotine is extremely addictive** and difficult to quit on one's own.
- **Anyone can provide tobacco cessation counseling**; doctors are typically no more qualified to provide cessation counseling than CHWs.
- There are several low- or no-cost cessation resources to which CHWs can refer clients, notably the Washington State **Tobacco Quitline (1-800-QUIT-NOW)**; e-cigarettes are not recommended for cessation.

Questions? Contact:

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Local or community partners

www.doh.wa.gov/YouandYourFamily/Tobacco



handle: WADeptHealth

