

Brief Quit Tobacco Interventions Hospitals Can Use

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Objectives

- Participants will be able to identify effective biological, social, and psychological strategies to assist with tobacco cessation treatment
- Participants will be able to describe effective use of the 5A's to facilitate successful tobacco cessation treatment
- Participants will be able to discuss effective use of the Stages of Change model, Cognitive-Behavioral strategies, and Motivational Interviewing strategies to facilitate behavior change



Tobacco Use Dependence

“Tobacco use is a chronic, relapsing condition that requires repeated interventions.”



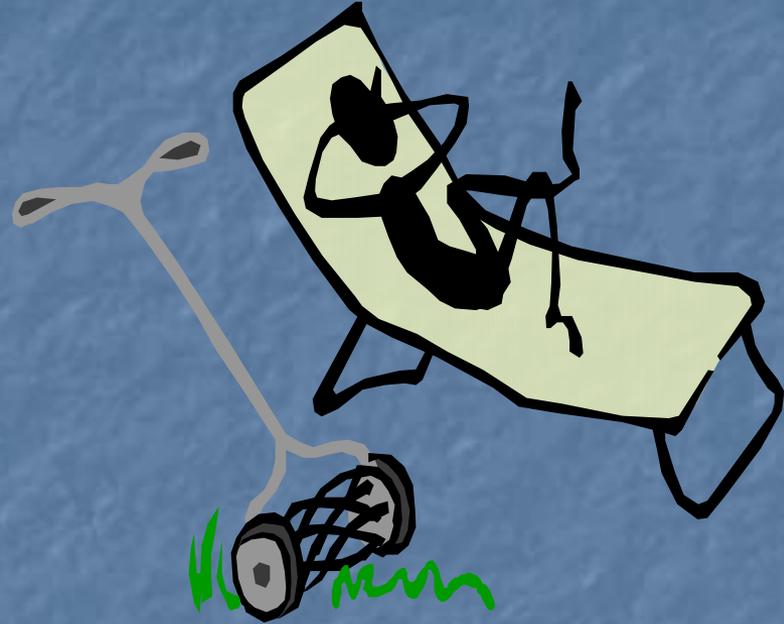
Scope of the Problem

- Rate of tobacco use
- Men
- Female
- Socioeconomic
- Cultural



Scope of the problem continued...

- Years of life lost
- Quality of life
- Cost
- Average number of quit attempts before abstinence = 9 -11



Biological Risks

- Cancer
- Heart disease
- COPD
- Secondhand smoke (ETS)
- Complications with Diabetes
- Less effective medications: beta-blockers, pain medications, some psychiatric meds, benzodiazapines*



*Zevin & Benowitz, 1999

About biological addiction...

- Neurotransmitters:

Dopamine: pleasure, appetite suppression

Norepinephrine: arousal, cognitive enhancement

Acetylcholine: arousal, cognitive enhancement

Glutamate: learning, memory enhancement

Serotonine: mood modulation, appetite suppression

Beta-Endorphine & GABA : reduction of anxiety & tension



NICOTINE!!!

- Active ingredient in insecticide
- Non-carcinogenic
- Only one of over 4,000 chemicals that keeps a person hooked
- Levels increased by tobacco companies



Nicotine Withdrawal

- Depression / Anxiety
- Irritability / Frustration / Anger
- Difficulty concentrating
- Restlessness
- Increased appetite
- Decreased heart rate
- Cravings (will return)
- Usually peak w/in 24-48 hours after quitting



Psychological factors

- Habituation
- Learned behavior
 - 1 cigarette = about 10 puffs
 - 1 pack = 200 puffs
 - 1 pack/day x1 year = 73,000 puffs
 - 1 pack/day x20 years = 1.5million puffs!!
- Rationalization
- Coping skills



Social Factors

- Peer pressure
- Family influence
- Work group (“presenteeism”)

Employees who smoke get about 14-21 extra days off per year



Quick Quiz!!

1. Name some of the effects of nicotine stimulated neurotransmitters.
2. List some of the symptoms of nicotine withdrawal.



Quick Answers !!

1. Cognitive enhancement, arousal, appetite suppression, learning & memory enhancement, mood modulation, and decreased anxiety & tension
2. Depression, anxiety, irritability, frustration, anger, difficulty concentrating, restlessness, increased appetite, decreased heart rate, and cravings



SO WHAT DO WE DO??!!



The PHS 5 A's

- ASK about tobacco use at every visit
- ADVISE all tobacco users to quit
- ASSESS the patient's willingness to quit
- ASSIST the patient in his/her quit attempt
- ARRANGE follow up contact



A word about ADVICE...

The 5 R's

- **RELEVANCE** (individualized) "Your high blood pressure may lead to a stroke,"
- **RISKS** "You are likely to have a second heart attack..." "Your chances of getting tongue cancer are greatly increased with your dipping tobacco."
- **REWARDS** "You might not need the Viagra..." "Your blood sugars may be more stable if you quit."



The 5 R's continued...

- **ROADBLOCKS** "What makes it hard for you to quit?" "What would be the first thing that you would notice that would be difficult for you if you decided to quit?"
- **REPITITION** "I have confidence in your ability to make positive changes in your life, no matter how hard it is."

Keep an 'OPEN DOOR'!



Understanding Stages of Change (SOC)

&

Motivational Interviewing (MI)



Miller & Rollnick, 2002
Prochaska & Diclementi, 1984



Precontemplation

- "I have no interest in quitting."
- No ambivalence – wants to keep using tobacco
- Rejects information, defiance, rationalization
- Counseling approach: Acceptance & patience, remember – they are addicted!
- Introduce ambivalence: "Is there any way at all in which you'd be better off if you quit? That might be something to think about."



Contemplation

- “I want to quit, but I really like smoking (dipping, or chewing).” Ambivalent.
- Willing to receive new information, fear of failure, fear of consequences of tobacco
- Counseling approach: Acceptance, patience, ask permission to teach, identify resistance, explore potential barriers to success, explore both sides, review coping skills...



Contemplation continued...

- “What do you like about smoking?”
- “How would you be better off if you quit?”
- “What would you miss about using tobacco?”
- “Which withdrawal symptoms gave you the most trouble in the past?”
- Bottom line – Resolve ambivalence in favor of quitting!



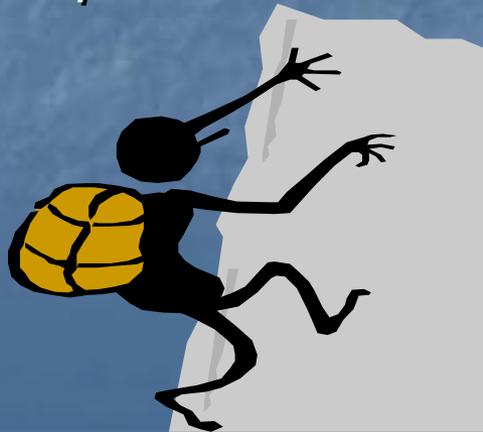
Preparation

- "I am ready to give quitting a try."
- Requesting advice and information, fear of failure
- Counseling approach: Directness, clarity, discuss concrete bio-psycho-social plans, identify sources of support, use approval & praise, help them obtain cessation medications, discuss follow up



Preparation continued...

- "You have made a really good decision."
- "Let's work together – how can I help you?"
- "What problems do you anticipate?"
- Quit lines, Web-based support



ACTION!!!!

- “I don’t use tobacco anymore!” (0-12 months)
- Still experiencing nicotine cravings – more infrequent as time goes by
- Accepts information but can become frustrated with cravings
- Counseling approach: Acknowledge and normalize triggers & cravings, provide support & encouragement, treat depression if needed, encourage continued social support



ACTION continued...

- "How have you done since your last appointment?"
- "Tell me what has worked for you?"
- "How did you deal with wanting to smoke (dip / chew)?"

******* IMPORTANT*******

KEEP THE 'DOOR' OPEN!!!!



Maintenance

- “I am an non-smoker (dip /chew)!”
- Occasionally wants tobacco – but infrequently. Gives info to others.
- Counseling Approach: Praise, reassurance, identify critical relapse times such as major life events.



Maintenance continued...

- “Can you picture anything that would jeopardize your recovery from tobacco?”
- “What issues appeared in your recovery?”
- Would you feel comfortable asking for help if you needed it again?”
- What would you do if you ever had trouble again?”



MI Scaling Questions

- "On a scale of 0 (not ready) – 10 (ready) how ready are you to quit using tobacco?"
- "Why are you a '7' and not a '5'?"
- "On a scale of 0 – 10 how confident are you that you could totally quit using tobacco forever?"
- "Why are you a '5' and not a '3'?"
- ALWAYS pick a lower number – as they cite their rationale, they become more confident in their abilities.



The Spirit of MI

Fundamental Approach

- **COLLABORATION:** partnership honors patient perspectives
- **EVOCAATION:** resources & motivation presumed to lie w/in patient
- **AUTONOMY:** counselor affirms patient's right & capacity for self-direction, facilitates informed choice

Mirror Opposite Approach

- **CONFRONTATION:** overriding patient's perspectives, imposing
- **EDUCATION:** patient is presumed to lack knowledge, skills, insight
- **AUTHORITY:** counselor tells patient what he or she must do



Natural Change & MI

- Positive change often occurs without treatment
- MI facilitates natural change
- Faith, Hope, Self-efficacy
- Counselor style: perceived prognosis influences real outcomes
- Three critical conditions facilitate change: accurate empathy, non-possessive warmth, & genuineness



Motivational Interviewing: Bottom Line...

“A fundamental way of being..”

**“As I hear myself talk,
I learn what I believe.”**



Quick Quiz!!

1. What are the Stages of Change?
2. What are some things you can say to a person who is in the Precontemplation stage that might help move him/her into the Contemplation stage?
1. What are the three fundamental approaches in the Spirit of MI?



Quick Answers!!

1. Precontemplation, Contemplation, Preparation, Action, Maintenance
2. "It sounds to me like your job is pretty stressful and it is pretty important to you to be able to use chewing tobacco right now. Let me show you how to check your mouth for pre-cancerous spots so you can check yourself every week." (others)
3. Collaboration, Evocation, & Autonomy



Practical Solutions

Planning for Success!!



Biological Strategies

- Exercise
- Adequate fluids
- Citrus
- Rest
- Choose quit day wisely
- Foods to avoid at first
- Foods that can help
- Sugar-free gum/candy
- Deep breathe
- Tai Chi
- Clean out car
- Wash clothes
- Massage
- Warm baths
- Brush teeth
- Try to get 8 hours sleep
- Ask your provider about tobacco cessation medications



Psychological Strategies

- Cognitive-Behavioral Therapy (CBT): emphasizes the important role of thinking in how we feel and what we do.
- CBT is based on the idea that our thoughts cause our feelings & behaviors, not external events and people.
- Goal of CBT is to help patients unlearn unwanted reactions and learn new ways of reacting!
- Challenge irrational thoughts: 'need to smoke vs. want to smoke.



Psychological strategies cont....

- WELL THOUGHT OUT PLAN!!
- Track tobacco use prior to quitting to learn patterns
- Change patterns
- Identify triggers
- Plans for strong emotions
- Humor
- Learn stress relieving techniques
- Meditation
- Breaking habituated behaviors (after meals, coffee, sex, socializing, boredom, etc.)
- 5 D's (Delay, Distract, Deep breathe, Do something, Drink water)



Social Strategies

- ASK friends and family for support!
- Quit lines like :American Lung Association:
1-866-784-8937
- American Cancer Society: "Helping a Smoker Quit: Do's and Don't's" www.cancer.org
- Web based sites: www.becomeanex.org
- Sit in the non-smoking sections!
- Go places where you can't smoke (movies, library, etc) early in your quit attempt
- Find a group to take a 'fresh air' break with you



Quick Quiz!

1. Name two biological strategies you can suggest to a potential tobacco quitter.
2. Name two social strategies you can suggest to a potential tobacco quitter.
3. Name three psychological strategies you can suggest to a potential quitter.



Quick Answers!!

1. Exercise, cessation meds, Tai Chi, brush teeth, massage, choose quit day wisely, adequate fluids, sugar-free foods, etc.
2. Quit line, Internet sites, ask for support, give out, "Helping a smoker quit," etc.
3. WELL THOUGHT-OUT PLAN! Identify patterns and change them, challenge irrational thoughts, meditate, humor, 5D's, break habituated behaviors, etc



Summary Review

- Tobacco users are at a higher risk for health problems (their pets too!)
- Some medications are less effective
- Quitting is hard: average attempts = 9 -11
- Nicotine stimulated neurotransmitters: decrease appetite anxiety, tension, increase cognition, memory, learning
- W/D symptoms peak in 24-48 hours



Summary Review continued...

5 A's:

- Ask
- Advise
- Assess
- Assist
- Arrange

5 R's:

- Relevance
- Risks
- Rewards
- Roadblocks
- Repetition



S.O.C., M. I., & CBT

- Counseling Approach: patience, acceptance, respect their decisions
- Stage-matched approach: don't provide (push) information if they are not ready for it (resistance)
- Encourage them to challenge their own thinking: "need" vs. "want"
- Unlearn unproductive reactions and learning new reactions



Suggested Readings

- Motivational Interviewing: Preparing People for Change, 2nd ed. 2002. Miller & Rollnick. The Guildford Press.
- Motivational Interviewing in Health Care: Helping Patients change Behavior. 2008. Rollnick, Miller, & Butler.



References

- Belperio, P., & Chen, T. (2009) Pharmacology for tobacco use cessation (TUC): 2008 Clinical Practice Guideline Update. Conference: 2/25/09.
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- Prochaska, J. O., & DiClementi, C. C. (1984). The transtheoretical approach: Crossing the traditional boundaries of therapy. Malabar, FL: Krieger.

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- VA/DoD Clinical Practice Guideline for the Management of Tobacco Use: Update 2004. U.S. Army Medical Command, & The Veterans Health Administration. Authors.
- Zevin, S., & Benowitz, N. L. (1999). Drug interactions with tobacco smoking: An update. *Clin Pharmacokinet.* 36(6). 426-437.

Training Evaluation

<http://www.zoomerang.com/Survey/survey-intro.zgi?p=WEB228YAKZFKD>

THANK YOU!