

Clinical Interventions for Tobacco Dependence Treatment

Presented by the Wyoming Department of Health's *Healthy Together!* program

NATIONAL JEWISH
Medical and Research Center
Global Leader in Lung, Allergic and Immune Diseases



- Motivational and clinical interventions for tobacco dependence treatment
- Strategies for successful tobacco dependence treatment outcomes
- Case scenarios, Q & A

Tobacco Dependence Treatment

- Tobacco dependence is a chronic disease
 - requires ongoing rather than acute care
- Relapse is a component of the chronic nature of nicotine dependence
 - not an indication of personal failure by the patient or the clinician

Why do People Continue to Smoke?

Dependence on Nicotine and Smoking

- Nicotine/tobacco addiction
- Self-medicating with nicotine
- Conditioned behavior

Distribution of Current Smokers

- Approximately 30% are **not** thinking about quitting
- 50% are thinking about quitting
- 20% are planning to quit in next 30 days

Why do People Quit Smoking?

Why do People Change their Behavior?

- They have to
- They want to

How can Health Care Professionals Assist their Patients who Smoke?

Brief Interventions from the PHS Guideline

- 5 A's
 - Ask, Advise, Assess, Assist, Arrange
- 2 A's and R
 - Ask, Advise and Refer
- 5 R's
 - Relevance, Risk, Reward, Roadblocks, Repetition

How to Begin?

Getting your patient engaged

- Motivational Interventions
- Clinical interventions

Motivational Intervention

MI facilitates behavior change

- specialized set of therapeutic skills
- non-confrontational approach
- facilitates transition through Stages of Change

HAVE TO CHANGE → WANT TO CHANGE

Motivational Intervention

- Be non-confrontational, non-judgmental

When a patient responds defensively or shuts down, this response is often shame, feeling of embarrassment and/or fear.

Example

- “I know this can be tough to talk about, Joyce, and I sense that you're worried about getting a big lecture (with a smile). Instead, I'd like to hear more about *your thoughts* about smoking.....”

Motivational Intervention

- Ask meaningful OPEN questions
- Encourage patient to explore Decisional Balance
 - Pros and cons of smoking versus pros and cons of quitting
 - Provides information about the role of smoking and perceived barriers to quitting

Example

- “I work with a lot of people who smoke, Edward, and I know it’s not easy to quit. In fact, nicotine is as addictive as heroin or cocaine. Most smokers need to quit several times before they get the hang of it. I’d really like to hear more about your experiences and thoughts about quitting.....”

Motivational Intervention

- Explore Motivating Factors
 - Intrinsic motivation
 - Beliefs, values, identity
 - Extrinsic motivation
 - Incentives, rewards
 - Personal
 - Cultural values, gender, age
 - Health benefits/concerns for family, self
 - Incorporate secondhand smoke messages

Clinical Intervention

- Assess current tobacco use
 - What brand of cigarettes?
 - Any changes in smoking pattern?

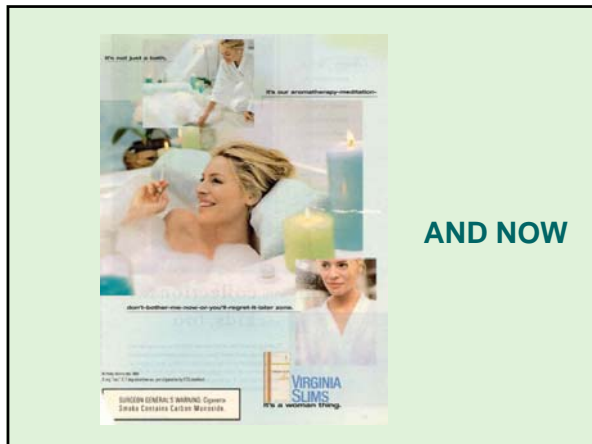
Brand of Cigarettes

- “Light” Cigarettes Not Safer
 - “Low” Nicotine and Tar levels measured by smoking machines
 - People know how to change their smoking techniques to obtain regular level of nicotine
- Menthol cigarettes may be more addictive
- Awareness of Tobacco Industry deceptive tactics



THEN





Changes in Smoking Pattern

- Is smoking allowed in home?
- Is work place smokefree?
- Impact of increasing cost of cigarettes

Clinical Intervention

- Provide accurate and relevant information
 - Personalize feedback
 - Use "gain-frame" messages
 - Clarify misconceptions

Personalize Feedback

- Emphasize relevant health benefits of quitting for self, child, family
 - Disease prevention
 - Improved management of disease and quality of life

2004 Surgeon General's Report—The Health Consequences of Smoking
<http://www.cdc.gov/tobacco>

Clarify Misconceptions

Smoking relieves stress.

Nicotine dependency causes stress

- Regular smoking trains the brain to crave nicotine
- Without nicotine, regular smoker experiences negative mood, irritability and tension
- Stress level decreases after a few weeks

Clarify Misconceptions

Smoking is a bad habit. Quitting is just a matter of willpower.

Smoking/Nicotine addiction is stronger than heroin or cocaine addiction

- Regular smoking changes structure and functioning of brain
- Brain craves nicotine

Clarify Misconceptions

It's too late for me to quit smoking.

There are benefits of quitting at any age

- People who stop smoking before age 35 avoid 90% of the health risks attributable to tobacco.
- Even those who quit later in life can significantly reduce their risk of dying at a younger age.

Motivational and Clinical Intervention

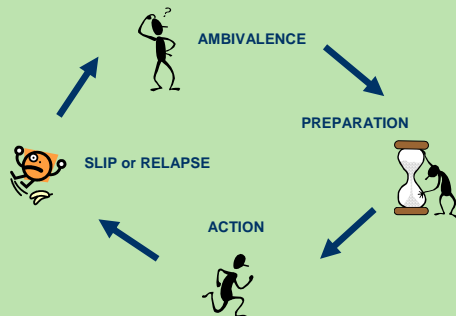
- Use a collaborative approach
 - Review options
 - Reinforce self-efficacy

Options for Change and Reframing Success

Tobacco Dependence

- Tobacco dependence is a chronic disease
 - requires ongoing rather than acute care
- Relapse is a component of the chronic nature of nicotine dependence
 - not an indication of personal failure by the patient or the clinician

Tobacco Dependence Stages of Change



Harm Reduction for Smoking

- Prevention
- **Complete cessation**
- **Substitution of least harmful alternatives**
- **Substitution of moderately harmful alternatives**
- Substitution of most harmful alternatives



Review of Options

- Complete cessation
- Harm Reduction strategies
 - Substitution of least harmful alternatives
 - Substitution of moderately harmful alternatives

Review of Options

- Cessation
 - Spontaneous quitting
 - Planned Quit Date
- Harm Reduction Strategies
 - Cut down to quit
 - Reduce exposure to secondhand smoke
 - Temporary abstinence

Review of Options

Cessation vs. Harm Reduction Strategies

- Harm reduction strategies should be part of overall goal to quit completely
- Begin with small, achievable goals

Change Strategies

Reframe Success

- View past quit attempt(s) as learning experiences to build on
- Any period of abstinence is success
- Smoking reduction is success

Change Strategies

- Change your mind
 - "See" yourself as a non-smoker
 - Think about your values and priorities
- Change your behavior
 - Change your environment
 - Change your routine

Change Strategies

1. Get ready
2. Get support
3. Learn new skills and behaviors
4. Get medication and use it correctly
5. Be prepared for difficult situations or setbacks

Change Strategies

Practice 3A's

- Avoid the trigger situation
- Alter behavior or change the situation
- Use an Alternative or substitute for smoking

Changing behavior takes practice!

Change Strategies

Change smoking behaviors

- Switch brand
- Cut down
- Delay each cigarette
- Smoke ½ of cigarette
- Avoid smoking in certain areas

3 A's - Avoid

Avoid smoking triggers

- Disassociate smoking cues
 - Internal cues - feeling bored, happy, upset, nervous
 - External cues - taking a break at work, after a meal, out with friends who smoke, smoking in movies
- Make changes to routine
- Prepare home, car and work environments

3 A's - Alter

Alter behaviors

- Increase physical activity
- Develop healthy eating habits
- Take up a hobby that uses their hands
- Positive coping skills
- Change situation to lessen risks

3 A's - Alternatives

Explore alternatives/ substitutes for smoking

- Chew on straw, sunflower seeds, breath mints, cinnamon sticks
- Deep breathing
- Dairy products, fruits
- Nicotine Replacement Therapy

Cravings

2 types of cravings

- Background – internal drive caused by chronic nicotine intake
 - similar to hunger
- Breakthrough – cue-triggered craving, experienced as an urge
 - typically lasts 5-8 minutes
 - passes whether you smoke or not

Tips to Manage Cravings

- 4 D's
 - Delay, Deep breathing, Drink water, Do something else
- Tense and relax your muscles
- Do stretching exercises
- Take a short walk
- Change taste in your mouth
 - brush teeth, breath mint
 - eat yogurt, drink milk or orange juice



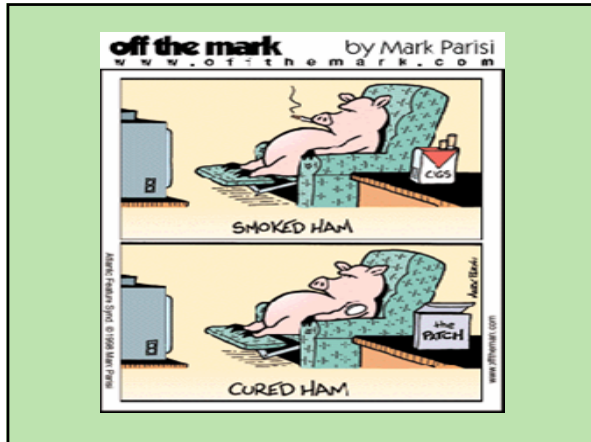
Use of Pharmacotherapy

Quit Smoking Medicines

- Double (or more) your chances of quitting
- Reduce reliance on cigarettes
 - Decrease desire to smoke
 - Reduce cravings
 - Lessen withdrawal symptoms

Quit Smoking Medicines

- 7 FDA approved quit smoking medicines
- 2 Non-nicotine medicines
 - 5 Nicotine Replacement Treatments



Future Quit Smoking Medications

- Nicotine vaccine – produces antibodies to nicotine and prevents crossing the blood brain barrier
- Rimonabant (Accomplia) – blocks reinforcing effects of nicotine and suppresses appetite

Alternative Treatments

- Acupuncture
- Hypnosis
- Herbal Supplements
- Laser Therapy
- Quit Smoking “Shot”

Laser Therapy

- Laser beam directed to specific energy points
 - on hands, ears, nose, wrist
- Helps “reduce cravings, stress, and restores balance to the body”

Quit Smoking “Shot”

Medical provider prescribes

- Combination of anticholinergic drugs
 - block nicotine receptors in brain, reducing cravings and withdrawal symptoms
 - atropine, scopolamine, hydroxyzine (Atarax), chlorpromazine (Thorazine)
- Promoted as “one-time” treatment; some programs provide tablets for a few additional weeks

- 2 Case Scenarios
- Q & A

Resources

Quitlines

800.QUIT.NOW
(800-784-8669)

- Free cessation services
- Available in all states

References

- <http://www.ctri.wisc.edu/HC.Providers/healthcare.htm>
- <http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/toolkit.html>
- <http://www1.tobaccocme.com/TopicReq?id=1>
- <http://www.medscape.com/viewprogram/3607?src=mp>