Module 5: Tobacco Use

Part 2: Tobacco Screening and Cessation in Healthcare Settings

Okay. Well, this segment is going to focus on tobacco cessation, and particularly screening and counseling in healthcare settings. This was taken from a combined objectives 9 and 10 within the tobacco control unit of Healthy People 2020.

The objective for this section is to improve knowledge of policy and program applications to influence tobacco screening and cessation assessment, advice, and counseling in healthcare settings, involving both traditional tobacco products but also emerging tobacco products, which we'll be talking about.

Okay. So what's the evidence for tobacco, as far as cessation is concerned? Well, we know that tobacco use is a major nicotine dependence, with very strong dependency, both physical and physiologically and psychologically. But we also know what's important is that quitting smoking or quitting the use of tobacco products, no matter when one quits, no matter how long a person has been using tobacco, significantly reduces health risks and various diseases.

Tobacco and nicotine dependence is a chronic addiction that often requires repeated cessation efforts. The first time, most people, in fact, who are addicted do not successfully become lifetime non-smokers. But with repeated cessation efforts, their likelihood for being a successful and longterm, permanent non-smoker increases.

But users, because of the addiction, users often relapse back to smoking at different times, due to stress, weight gain, and withdrawal symptoms. There's other factors, but those are the three main factors that impact on relapse. Some other evidence and information, nicotine withdrawal symptoms, as reported by people who are trying to quit, irritability, anxiety, difficulty concentrating, and increased appetite. These withdrawal symptoms are very important. It clearly is one of the reasons why, for many people, it takes multiple attempts to try to quit smoking and quit using tobacco products.

There are effective treatments and helpful resources, and smokers can and do quit smoking. There's a wealth of evidence showing that people can successfully quit, which is why it's so important for us to continue to work with people to do so.

There are now more former smokers than actual current smokers, showing the evidence that people do successfully quit use. What's really significant is over two-thirds of smokers report that they want to quit completely. Over half of current smokers attempt to quit in some way, they self-report, each year.

So what are the national guidelines? You'll notice the title of this slide says we'll cover both behavioral and pharmacological guidelines. I emphasize the words of smokers who want to quit. We're going to be talking about that in that aspect of motivation and the different strategies that healthcare providers can take, based on the level of motivation.

One is brief clinical interventions. There are brief communication materials and support that can be provided in the clinical setting. There are also individual group and telephone behavioral counseling that is evidence-based, including fairly more recently in the last 15 years, quit lines to help people that do not necessarily have to go in person to longterm sessions, but can actually communicate over the phone at no cost with trained counselors that can tailor assistance and support to them. Finally more recently, online smoking cessation programs, and there's a series of resources. One of those is Betobaccofree.gov, an excellent resource from our federal government.

From a pharmacological perspective, that certainly changed significantly over the past 30 years, from when Nicorette gum was first studied back in 1981. So we call these therapies nicotine-replacement therapies, or NRTs. Those therapies, in a sense, are a harm-reduction strategy to help people over a short period of time to maintain their blood nicotine levels.

Clearly what happens when a person, let's say, goes to sleep, who is, let's say, a pack-a-day smoker, that individual, their blood nicotine level goes down during rest and sleep. So one of the first thing that happens with that low nicotine level is that when they wake up the next day, there are those urges and cravings for raising that nicotine level.

What the NRT strategies do is help level that and reduce those symptoms and anxieties that people have to raise that level. As you can see, there are many forms of that, over the counter with nicotine patch, nicotine gum, and lozenge. Prescriptions, one can get a nicotine inhaler and a nasal spray.

In addition, more recently over the last 10 or 15 years, are non-nicotine medications. You can see two of those listed here, the ones that are the guidelines in research have been shown to be effective. The trade names are Zyban and Chantix. What they do, without going into too much depth of that, they actually replace and target nicotine receptors in your brain. That triggers a brain function to help that person feel less of an urge and desire to smoke.

I also want to mention because these pharmacological therapies, many of them are by prescription, even those that are over the counter often are in an area of pharmacies, where pharmacists are increasing role in helping with cessation. They can assist smokers with these aids and give them information how to do it.

The bottom line is that both behavioral counseling and pharmacological aid and medications, in combination, the research is clear that in combination that is the best evidence for highest rates of tobacco cessation.

So these are some of the examples, just showing you pictorially, some of those. The first top one is on various nicotine products, and then Zyban and Chantix are the products and medications that are listed and shown below.

What about other aspects of cessation? Well, clearly the quit lines. 1-800-QUIT-NOW, as mentioned earlier, is really an important service. Increasingly people are using the quit line around the country. It's free support from trained counselors. It is personalized. There is self-help materials that provide some good social support and coping strategies, certainly information on cessation medications.

Overall, a tremendous variance of any individual quit attempt by people using tobacco from, on average, a broad range from 5% to 35%. Typically many people try self-help materials or just decide to quit one day on their own. Studies have shown that's going to be in the single digits in most cases, but the intensive interventions can go all the way up to a third of people successfully quitting, in some cases, in multi-year and lifetime behavior for many of them. About a third of people can successfully quit, and that success is measured scientifically by one year of complete abstinence from tobacco use. So that's really significant. Those are really significant success rates.

Also, I want to mention that with increased insurance coverage for cessation counseling and medication, it certainly has helped a lot of people to go ahead and make the effort to try and quit tobacco use.

These are just some examples of cutting back and providing help. That support is important. I do want to briefly mention about that photo about somebody cutting off cigarettes. Cutting back smoking is very important, and that's the process that most people do in a short period of time. I wanted to emphasize that the data shows that people, if they just cut back and still remain a smoker and not completely quit, over time, with stress, changes in one's life, etc., they still have that as part of who they are and part of their makeup, and often will go back, unfortunately, to relapse back, and sometimes even more tobacco use than previously. So it's an important process in the short term, but the goal is to be completely abstinent and see yourself as a non-smoker for smoking cessation.

So what are some key factors? I mentioned some of these already, but just let me highlight those. One is clearly motivation and readiness to quit. We can provide support. Healthcare providers can provide support, information, messages, resources, and materials, but the bottom line is going to be the motivation of the individual and their readiness to quit.

The number of previous attempts, the data is very clear. The more attempts people have made, the more likely at the next attempt to quit tobacco use, they will be successful. So although it can be perceived as failures, they really are success efforts. Some people think, "Oh. Well, I didn't stay quit, but I quit for a week." That is significant. So it's important to recognize that you want . . . Our goal is to get people to continue to attempt to quit smoking.

Obviously the number of cigarettes smoked each day, that shows a level of addiction and habituation. So it is harder for people who are heavier smokers in recognizing that. The timing for first cigarette after waking, it looks at the addiction level. Obviously, as mentioning with the blood nicotine levels, if a person within the first few minutes after waking needs tobacco in their system, that clearly is an indication of a higher nicotine level, and that'll be more challenging.

Self-efficacy or self-confidence to quit, and that's part of the strategy of building that self-confidence, both the healthcare provider, family support systems, etc., the encouragement. Then as mentioned before, the use of both behavioral and pharmacological methods are shown to be the most efficacious. Relapse prevention strategies, follow up, and reminders and the economic incentives, all of which are key factors in helping people to attempt to quit and remain abstinent from tobacco use.

So what is evidence based, as far as healthcare settings, the development of what is called the five As for healthcare providers? We're going to go over that. These are brief assessment and counseling by healthcare providers that have been shown to clearly be effective in motivating tobacco users to at least make the attempt.

What are those strategies? The first thing is to ask and then record, so that when . . . Most healthcare providers do do that in the initial assessment. Are you a current user? Advice, providing advice to urge people to quit for personal and family health reasons, to assess their willingness to determine what are their views about making that attempt to quit? To assist them in providing help and resources and finally, to arrange followup contact to follow up with them and others to support that decision.

So really quickly, going over what are these five As, the first is asking. The ask is ideally in two areas. One is do you currently smoke or use tobacco products? And if so, how much? And to record that on the patient record. But also, if no, to ask the question were you a former smoker, and how long ago did you quit? If somebody says that they were a former smoker, but it was fairly recent that they had stopped using tobacco, ideally that would also be recorded because those people are more likely to relapse.

So the actual evidence and what is requested is to ask about tobacco every time, certainly if that person is currently using tobacco or have quit smoking recently.

The next phase of the five A's is advise. That's what's so important. The studies are clearly indicating that patients prize and look at the advice of their healthcare provider in a very meaningful way. Some of that advice, some simple messages, one, there are no safe cigarette or tobacco products, no matter what that form is. We'll get more into non-smoking products. Even low exposure is dangerous. So that exposure of tobacco use is dangerous for health, no matter what that level of exposure is.

Products with nicotine, including vapor, we'll talk about, are addictive. Clearly research of the addictiveness of nicotine can be dangerous to one's health. Smoking longer means more damage to one's health, but it is, again, that message of, "It's never too late to quit to improve your health," no matter how long a person has been using tobacco. If one has ever tried before and did not remain quit, one can successfully quit for good. So that encouragement of support of, "Keep trying to quit tobacco use."

Assessment. So this is the process of finding out information about the individual and assessing their level of readiness. Just using an example, there's many ways to assess that, but on a 1 to 10 scale. If a person says

they're not ready to quit at all -- this gets into what you may be familiar with in the transtheoretical model from Jim Prochaska and Carla DiClemente -- that first stage of readiness is pre-contemplation, where the person is not ready at all. They say, "No, I'm really not interested. I'm not ready to do that." These are just some of the things that can be communicated by the healthcare provider.

Understandably many healthcare providers will talk about some barriers, about time. This is ideal. What is talked about, it's certainly with publications, with online resources, to provide more information to help a person see the importance of making that attempt to quit.

If a person says they are ready, they are interested in quitting, oo it might be on a scale of 1 to 10, it might be in the 4, 5, 6 area, but not within the next month, that's considered contemplation. They're thinking about it, but they're not ready to take action to do something about it necessarily.

Then the other part of that, the next level of that stage, is preparation. That's when they might say, "Yeah, I'm really ready. I've thought about this a lot. I've tried before. I wasn't successful. I want to make that effort." That is defined as planning to quit in the next month. So that is that difference.

Now, at the bottom, you'll see that when you have people who are thinking about it but are not ready to consider quitting in the next month or plan or make a phone call or do anything, then what the healthcare provider should be doing is providing a clear message of the importance of quitting, reminder information, talking about the dangers also of second-hand smoke. If it gets to preparation, providing direct assistance and resources to quit.

The next level is assisting, and that is actually providing those resources. So that includes the quit line. It can include materials. It can include online resources and asking about their interest in medication, whether it's over the counter or prescription. You want to encourage healthcare providers to encourage a smoking quit attempt, provide support, emphasize the importance of a quit and maintenance plan, and note that preparation ideally in the chart, so that the next visit can be inquired about their process and their progress in that.

Then finally, arranging for a followup, a lot of offices do that. A lot of healthcare providers may not do that. We want to encourage that. Sometimes sending a reminder card or a support card of providing encouragement and preventing relapse are things that healthcare providers can certainly do.

I want to mention this. So who are we talking about? Well, it's certainly physicians, but it is much more than just physicians. We're talking about all healthcare providers have an important role here to assess and provide the messages and resources for patients to quit tobacco use. Oral health providers certainly, dental health, dental hygienists, and others, nurses, physical and occupational therapists, mental health providers, and others can be important change agents, and the role of pharmacists, as mentioned before, especially because of the evidence of pharmacological agents assisting with cessation for both consumers and for specific patients.

This is just an example of our message. It is not to be silent about smoking. This is an example from the state of New York. There are many resources at the federal level that are both for the providers and strategies and tips for them, but also directly for their consumers, what they can do to ask their doctor, to ask their pharmacist, to ask their nurse, to ask other healthcare providers about tobacco use. It's an important message for both patients and for healthcare providers.

So what does the evidence show about the involvement of healthcare providers? The evidence is showing that just over 50% of healthcare providers provide direct advice to quit smoking, based on surveys. That rate unfortunately has fell off a little bit from the studies back from 2005, to now basically just half of providers are doing that in 2010. This is the reason why it's so important to work with healthcare providers. They understand their important role to do this.

To use an example, as a report from the users themselves, that just under 5% of tobacco users receive prescriptions for cessation at their office visits, as compared to about 50%, over tenfold, if they have conditions like hypertension, depression, high cholesterol, and diabetes. So we got a lot of work to do within the healthcare setting. The question for us is how can we increase tobacco cessation? Screening and advice by healthcare providers.

I want to mention a little bit now about emerging tobacco products, that the use of these products, certainly smokeless tobacco products, has remained steady over the past decade, as cigarette use has slowly declined. Some people have switched. Some people are trying other things.

One of the factors of those -- there's many of them -- but one of the factors is the various flavorings. It's not just menthol, but all sorts of fruit flavorings and different things that we're very concerned about because it certainly can be attractive to youth and young adults.

Then here's a common list of different, what we call, emerging tobacco products. As you can see, it includes little cigars, cigarillos, Snus, smokeless or dipped tobacco, roll your own, the use of hookahs, dissolvable nicotine products, and then finally e-cigarettes or ENDS. We'll cover that one a little more specifically.

These are some photos of what these products look like. You can see the little cigars in comparison to the top of cigarettes. You can see an example of Swisher Sweets. Look at the different flavors that exist and look at the products. These are, on the upper right, are various flavors of types of tobacco-related products. They don't often look like tobacco-related products. That's a concern because it's certainly attracting people, especially our young people, to the use of these products.

The photos on the bottom, the use of hookahs, which certainly have concerned about around college campuses and with young adults particularly. Then the tobacco, excuse me, of nicotine vapor and the e-cigarettes. We'll talk more about that.

So about these products. The tobacco industry continues to create these new products. Their goal, of course, is to maintain and expand the customers who might use these products and particularly are concerned with young people starting with these products and then leading to other type of tobacco and nicotine-related products.

As far as regulation, and as far as smoke-free air, of course products that don't emit into the air are not subject to smoke-free air laws. In some of the cases, because they're so new, particularly with e-cigarettes, there are many studies but the FDA regulation of those products is still under investigation and study. So we have little known about some of these and their health consequences. We know that over time, there is more investigation and study about that.

What about e-cigarettes? That's a phenomenon that's occurred much more recently. They're battery-operated devices that contain a liquid nicotine that is converted to a vapor. So it is not a tobacco product. The FDA is looking into regulation because it does have a known addictive substance of nicotine in that.

The users are called “vapers”, often. That's one of the terms used. I want to show this next bullet. The incredible uptake of the use of e-cigarettes, in one year, over double. That is a real concern on many fronts. Certainly we need to look at the studies and do more research on the health implications of that, as far as both short-term and long-term, regarding e-cigarettes, but to-date has not yet been determined.

So, in closing then about this particular aspect of tobacco cessation in healthcare settings, we wanted you to throw some discussion questions to think about, considering that in your community, in your state, how might you obtain information on tobacco cessation practices of healthcare providers in your region or your community and state. Who are the key stakeholder groups that you could work with and involve to enhance the likelihood of healthcare providers playing an important role in tobacco cessation? What strategies might you use to inform healthcare providers about the importance of providing advice and support?

What are some barriers and obstacles you would need to overcome? Clearly the one that we hear all the time, understandably, is the limited time with patients. So because of that time limitation, that certainly has been one that's reported. These are intended to be quick strategies, but certainly that's one of the areas and obstacles that we need to address, to increase the number of healthcare providers recording and providing a clear message about cessation.

What are strategies you might use? And are there incentives or ways to working at the local level with healthcare providers to provide cessation advice?

In summary, what we've talked about is tobacco cessation, behavioral and pharmacological education and counseling programs, the evidence that they are cost effective in helping people quit use of tobacco products. The healthcare provider plays a pivotal role in helping smoking and tobacco-using patients quit. The use of the five A’s, of ask, advise, assess, assist, and arrange, have been shown to be effective tobacco cessation strategies for healthcare providers to motivate their tobacco-using patients to quit.

Only about 50% of healthcare providers are using the five A's, based on the latest surveys. So education incentives, assistance strategies are needed to increase the use of these evidence-based strategies for healthcare providers. The FDA regulation of tobacco products will be addressing tobacco product design and marketing going forward. Emerging tobacco products, with the examples particularly on e-cigarettes, further research is occurring. It is being considered in various regulatory opportunities with those products going forward, to protect the public's health.