

SMOKING CESSATION

What can we do as Providers ?



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Objectives

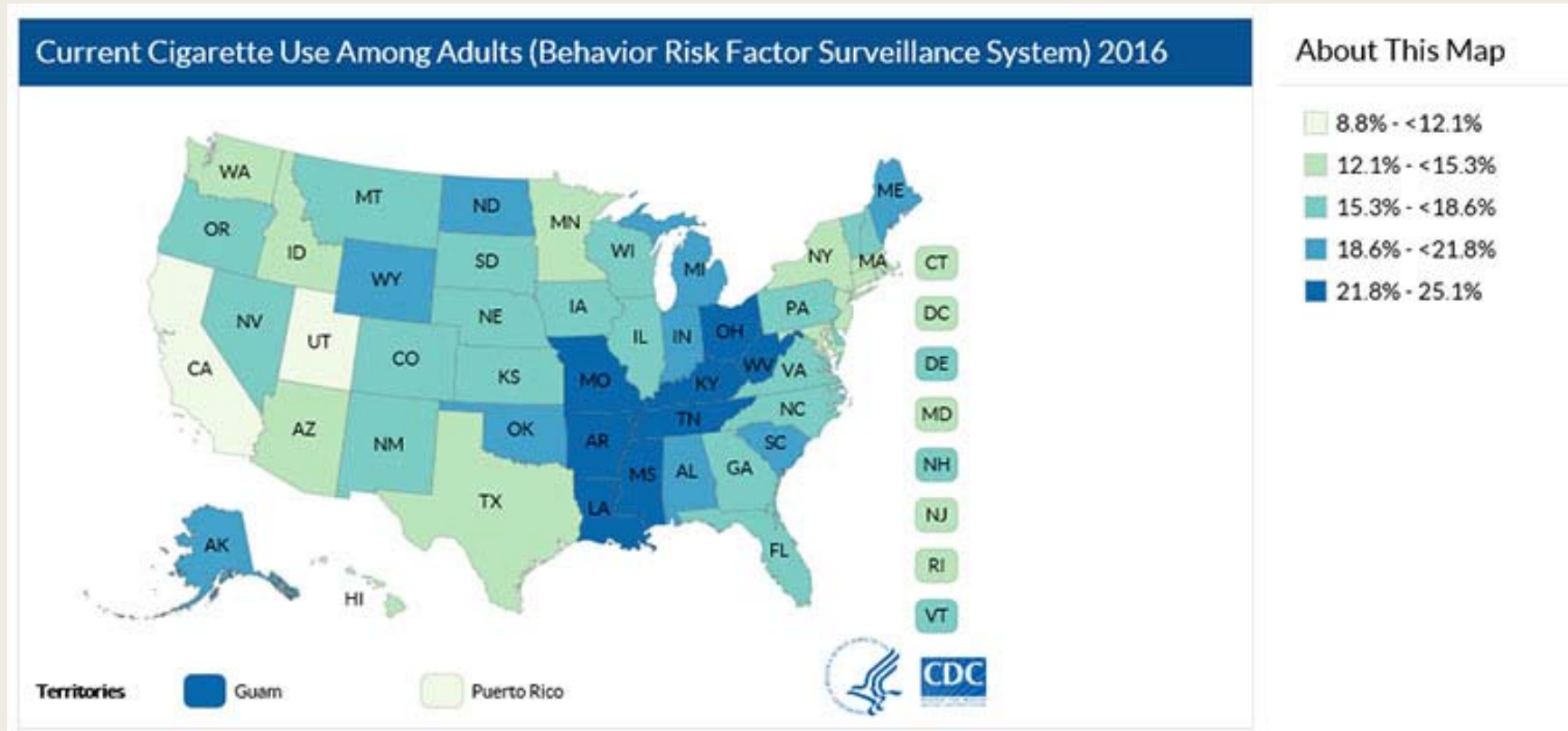
- Identify the current smoking trends in the United States and in Indiana
- Discuss other forms of nicotine use
- Explain dependence to nicotine involving the brain mechanisms
- List ways to assess readiness and motivation to quit smoking
- Name medications used to assist smoking cessation
- Describe behavioral change ideas to quit smoking

Current Smoking Trends in Adults

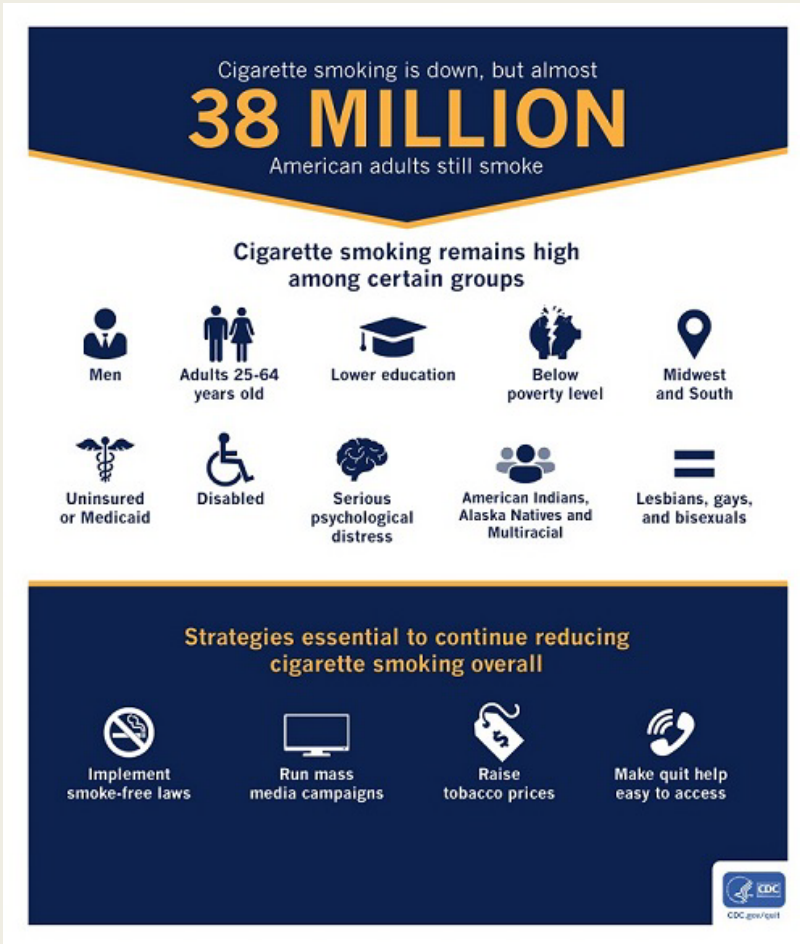
- In 2016 , more than 15 out of 100 US adults age 18 and older currently smoke cigarettes=15.5% . Meaning 37.8 million adults in the US smoke;
- More than 16 million Americans live with smoking related disease
- Smoking is the leading cause of preventable disease and death in the US, it accounts for 480,000 deaths a year or about 1 in 5 deaths, related to smoking
- Current smoking has declined from 20.9% in 2005 to 15.5% in 2016

Center of Disease Control and Prevention

Current Smoking in Adults 2016 by State



Adult Smoking Trends



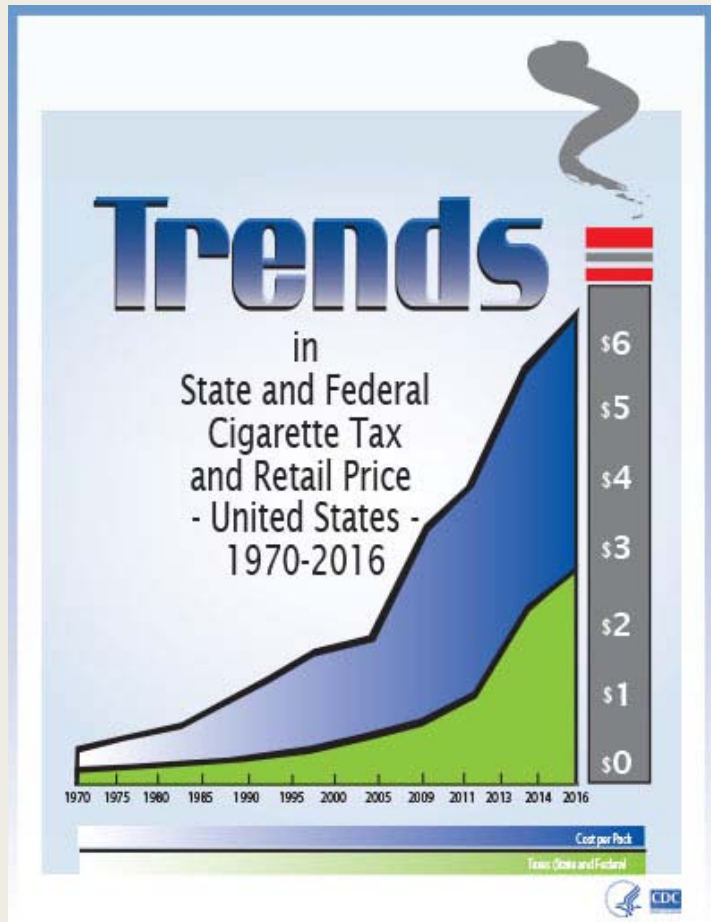
According to the CDC

- Men or more likely to smoke at 17.5% over 13.5% women
- Age 18-24 years =13.%, age 25-44 years = 17.6%, age 45-64 years=18%, over 65 years =8.8%
- 31.8% Non-Hispanic American Indians/Alaska Natives; 25.2% Non-Hispanic Multi-race; 16.5% African American; 16.6% Caucasian; 10.7% Hispanic; 9% Asian

Adult Smoking Trends

- 24.1% had 12 or fewer years of education and no diploma; 40.6% had a GED; 19.7% had a high school diploma; 18.9% some college, no degree; 16.8% had an associates degree; 7.7% had an undergraduate; 4.5% a graduate or higher degree.
- 25.3 % lived below poverty level; 14.3% live at or above poverty level
- 18.5% live in the Midwest; 16.9% live in the South; 13.3% live in the Northeast; 12.3% live in the West
- 21.2% live with a disability/limitation; 14.4% do not have a disability /limitation
- 20.5% LGBTQ; 15.3% straight
- 35.8% serious psychological distress; 14.7% non -psychological distressed

Tobacco Related Spending



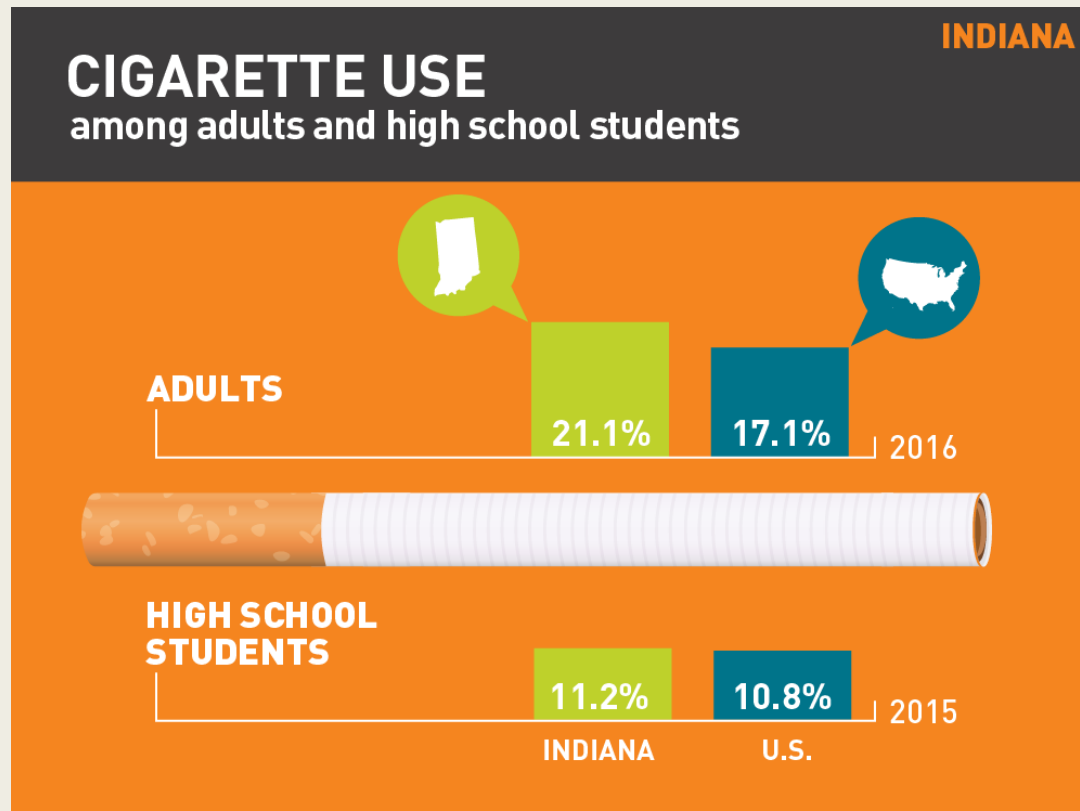
- In 2016 tobacco companies spent \$9.5 billion on marketing cigarettes and smokeless tobacco, this is \$26 million a day or \$ 1 million an hour
- 66.7% or \$5.8 billion of this money was spent on price discounts paid to cigarette retailers to reduce the price of cigarettes to customers
- \$759.3 million was spent on smokeless tobacco advertising in 2016
- Current spending is not available on e-cigarettes, e-cigars and e-pipes

Centers for Disease Control and Prevention

ECONOMIC TRENDS IN TOBACCO

- Sales of e-cigarettes grew considerably 2011-2015, in 2014-2015 unit sales for e-cigarettes grew 14.4%, unit sales of disposable e-cigarettes declined 42.7%, unit sales of rechargeable cigarettes increased 5.3%, units sales of e-cigarette liquid refills increased 307.7% and unit sales for prefilled e-cigarette cartridges increased 31.6%
- By state the average retail price for a pack of 20 cigarettes including excise taxes ranged from \$5.12 in Missouri to \$10.66 in New York
- On average federal and state excise taxes account for 44.3% of the retail price
- Smoking related illness in the US costs more than \$300 billion/year which includes \$170 billion for direct medical care cost and \$156 billion in lost productivity, including \$5.6 billion due to second hand smoke exposure

Smoking In Indiana



- In 2016, 21.1% of adults smoked in Indiana compared to 17.1% nationally
- In 2015 in Indiana 11.2% of High school students smoked compared to 10.8% nationally
- In 2015 in Indiana 23.9% of High school students used e-cigarettes compared to 24.1% nationally

Truthinitiative.org/tobacco-use-indiana

Economics of Tobacco Use and Control



- Indiana received \$568 million in tobacco settlement and taxes in 2018 and of this spent 7.5 million in state funds on tobacco prevention
- Indiana spends 1.3% of the tobacco settlement and taxes on tobacco prevention
- Indiana spends 10.2% of the money the targeted money the CDC recommends to prevent tobacco use
- Indiana is ranked 29th of the states in protecting kids from Tobacco
- Tobacco companies spend 296.8 million to market addictive nicotine, this is 40x more than what Indiana spends to prevent it

Economics of Tobacco

- Smoking related health care costs=\$2.93 billion per year
- Smoking related losses in productivity: \$3.17 billion per year
- Indiana does not have a private insurance mandate provision to help quit tobacco
- Indiana is ranked 38th in the U.S. for cigarette tax of 99.5 compared to national average of \$1.73

Truthinitiative.org/tobacco-use-indiana



TOBACCO CONTROL

INDIANA 2018

- Raise the cigarette excise tax by at least a \$1.50 per pack
- Pass a comprehensive smoke free air law that covers bars, taverns, and casinos
- Raise the legal age to sell tobacco from 18 to 21
- Recent poll -73% of respondents in Lake County found second hand smoke to be a health hazard

American Lung Association



What about Vaping

- Vaping is the act of inhaling and exhaling an aerosol produced by an e-cigarette or similar device, no smoke produced but rather an aerosol consisting of fine particles
- Particles can contain varying amounts of toxic chemicals, linked to cancer , respiratory and heart disease
- Vaping devices- vape pens, MODS, JUUL –(resembles USB flash drive) uses an internal heating mechanism and batteries in some.
- e-liquid contains propylene glycol or vegetable glycerin based liquid with nicotine, flavoring , and other chemicals and metals, not tobacco. Also used for THC
- Recent reports highlight youth e-cigarette epidemic, use among high school students up by 78% to 20.8%, in 2018 more than 3.6 million middle schoolers and high schoolers are current users, up 1.5 million since 2017.

Juuling

- To be used by adults only-according to Juul Labs
- JUUL is a closed system, not meant to be refilled
- JUUL is rechargeable via a USB port
- JUUL uses JUUL pod cartridges that contain salt based nicotine e-liquid helps satisfy smokers to transition from cigarettes
- JUUL pod is roughly equivalent to a 1 pack of cigarettes
- JUUL pods come in different flavors
- JUUL is 90% propylene glycol and glycerine , 5% nicotine 5% flavoring

Dangers of Juuling

- JUUL is especially popular among children and young adults, its discreet and sleek.
- JUUL delivers higher concentrations of nicotine, which increases risk of addiction
- Teens often use multiple pods in one sitting
- Different flavors make it attractive to kids-like candy
- Juuls use nicotine salts that are more readily absorbed into the blood stream and makes the vapor less harsh and easier to inhale more nicotine

National Center for Health Research



HOOKAH ANYONE?

- Hookah is a highly social activity, users smoke tobacco filtered through a water pipe, often shared by a group.
- Candy and fruit flavored reduces harshness of smoking looks attractive to kids
- Most commonly used in age 18-24 years old in US
- Hookah bars remain largely unregulated, has same health effects caused by cigarette smoking
- Research suggests hookah smokers inhale larger amounts of smoke due to ½ hour or more sessions subjecting to higher nicotine exposure



SMOKING IS A DISEASE RESULTING FROM ADDICTION TO NICOTINE

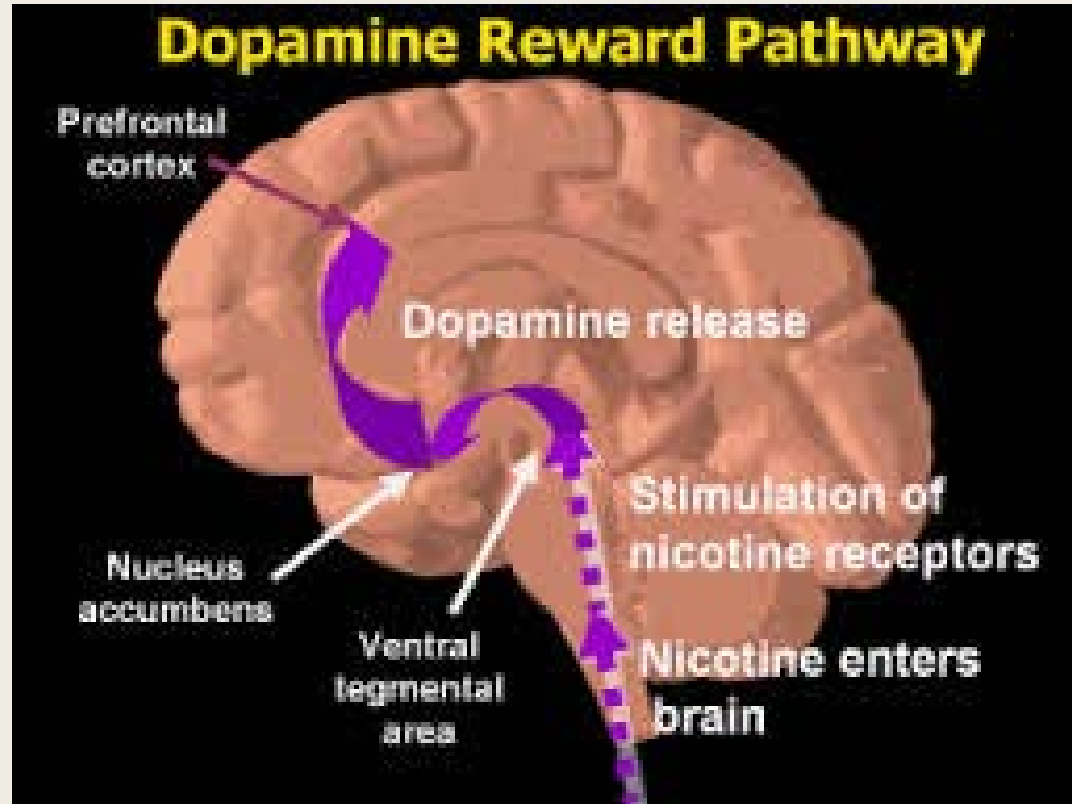
NICOTINE ACTIVATES NICOTINIC RECEPTORS IN THE BRAIN ESPECIALLY THE
REWARD SYSTEM

Nicotine addiction is the main cause of smoking
continuation, and successful abstinence depends a lot on
the dependence level and motivation for behavior change

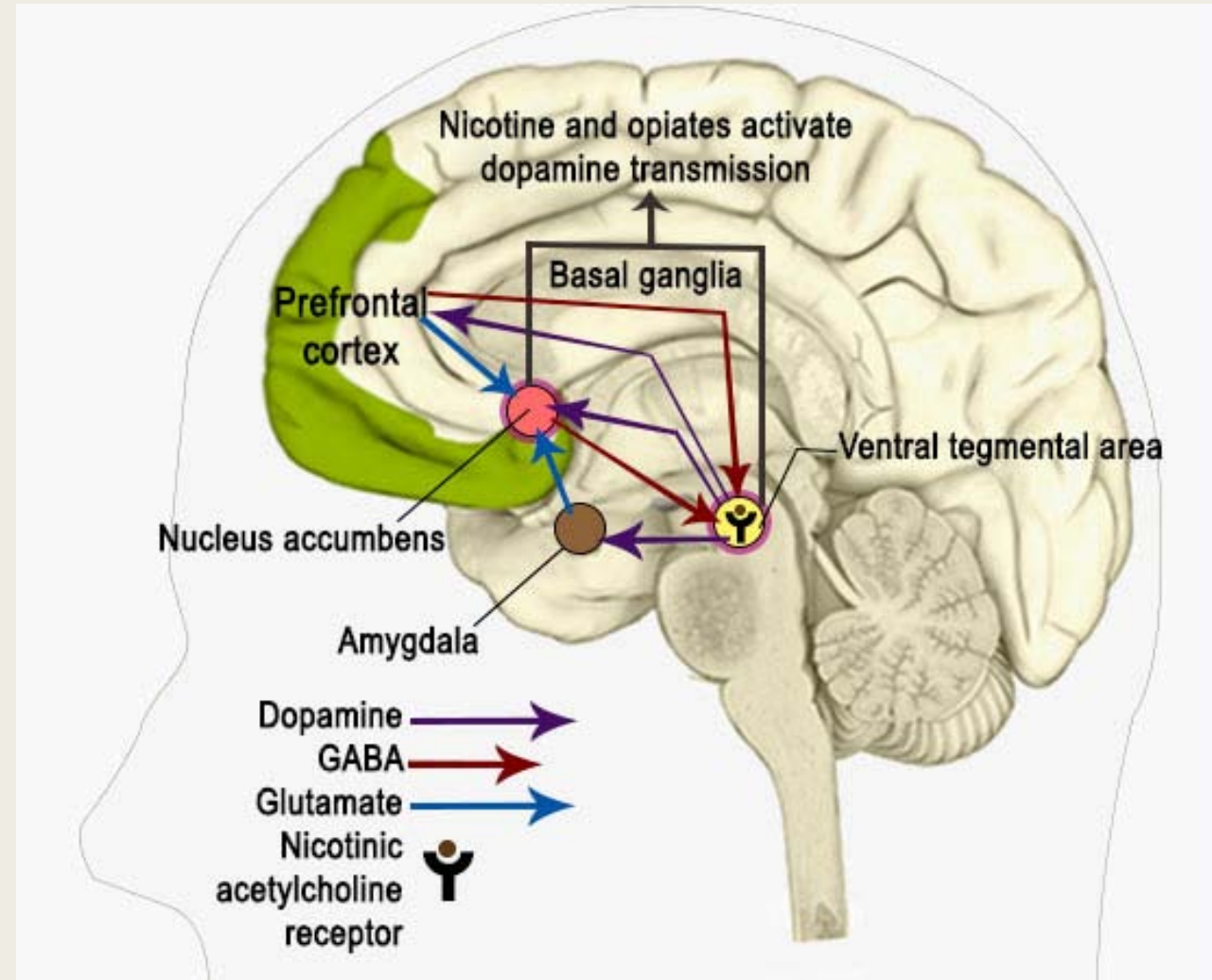
Buczkowski et al.(2014) Dove Medical Press 8:1353-1363

Nicotine Addiction

- Nicotine acts on nicotinic cholinergic receptors, triggering the release of neurotransmitters that produce psychoactive effects that are rewarding
- Repeated exposure develops tolerance to many effects of nicotine reinforcing physical dependence
- Smoking behavior is influenced by pharmacological feedback, environmental factors , smoking cues, friends who smoke, stress and advertising
- Levels of nicotine in the body regulated by intake and metabolism which occurs largely by the liver –CYP2A6 enzyme
- Smoking behavior also influenced by age, sex, genetics, mental illness and substance abuse

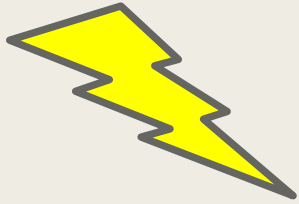


whyquit.com

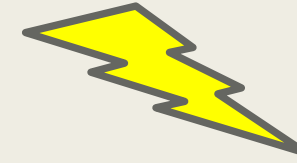


bodytomy.com

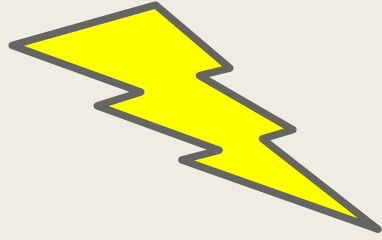
Brain Mechanisms



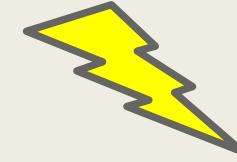
- Nicotine causes the direct effect on the brain by binding to specific types of receptors on neurons
- These receptors exist to bind with acetylcholine – important for cognition, mood, and many other functions
- There are many nicotine receptors in the body, only some contribute to dependence.
- The receptors in the brain of interest are areas involved in reward, motivated behavior, cognition and mood.



- Nicotinic receptors of a certain kinds are important for:
 1. Nicotine reinforcement
 2. Locomotor stimulation
 3. Pain reduction
 4. Information processing
 5. Anxiety stimulation
- Stimulated nicotine receptors lead to increase in dopamine release in areas of brain associated with drug reinforcement



Brain Mechanisms



- Epinephrine and Norepinephrine (stress hormones) heightened by arousal and tension are influenced by nicotine leads to appetite suppression
- Serotonin responsible for mood and anxiety influenced by nicotine
- Endogenous opioid like beta-endorphin affects pain relief and mood are influenced by nicotine
- GABA-Reduction in anxiety and tension
- Glutamine-Learning, memory enhancement
- Receptors become desensitized over time and it requires larger doses to have same effect
- Removing nicotine from the brain causes withdrawal affecting mood, cognition , behavior, energy , metabolism
- The developing brain is much more likely to become dependent, don't start before age 20

Perkins et al (2008) 9-28

TOBACCO DEPENDENCE

Persistence in tobacco use despite knowledge of the harm it causes, use of greater amounts than intended, inability to quit despite desire to do so , presence of withdrawal symptoms soon after quit attempt

- Dependence is a chronic disease meaning it is managed rather than cured
- Medication can help chronic conditions but a varying course of intermittent improvement and frequent setbacks is the rule rather than the exception
- Dependence cannot be eliminated quickly or completely even with the best treatment but rather slowly and with maximum effort
- Persistence on part of the smoker and the provider is key even after abstinence is achieved.
- Tobacco dependence is 50% heredity like other drug/alcohol dependence however other users do so casually , not so in Tobacco
- Tobacco dependence is pharmacological (nicotine) and non pharmacological-multiple cues (sight, smell, favorite place to smoke, activities that go with smoking)

TOBACCO DEPENDENCE

- Tobacco by smoking delivers drug to the brain in less than 20 seconds this makes it addictive
- Tobacco products (NRT) are slower to absorb making them less addictive
- Inhaling tobacco or any drug bypass's the veins goes straight from lungs to arterial system to brain in a matter of seconds. IV drug use goes through venous system taking a minute or more to get to the brain
- Cigarettes have 1 mg of nicotine per cigarette, there are 10-12 puffs per cigarette, which is about 2 puffs per minute: a pack a day smoker takes 200 puffs/hits per day of the drug nicotine-WHAT OTHER DISCRETE BEHAVIOR DO HUMANS DO WITH SUCH FREQUENCY EVERY DAY?



Perkins et al (2008) 9-28

Motivation to quit

- Trans theoretical model:-smoker goes through different stages of behavior before quitting successfully: Intervention should be tailored to stage smoker is currently in. (Pre-contemplation, Contemplation, Preparation, Action and Maintenance)
- PRIME (plans, responses, impulses, motives, evaluations) – smokers beliefs about smoking determine the decision about smoking cessation. –motivation, internal impulses , external triggers and environmental cues will impact behavior

Motivation is key to undertaking a quit attempt- former or current motivations may change

Thus initiatives are taken to motivate smokers to quit- increased cigarette pricing, banning smoking in public places, campaigns to raise awareness of harmfulness

Motivation to quit

Research shows reasons smokers motivated to quit:

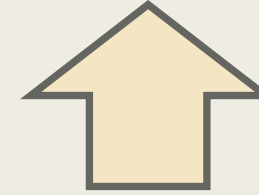
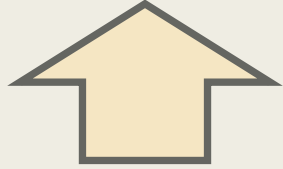
- Ban on smoking at home or work due to others rules or wishes
- High cost of cigarettes
- Unpleasant smell
- Health concerns
- Pregnancy and breastfeeding
- Variety of other factors

Buczowski et al (2014) Dove Press 8 :1353-1363



Great American Smoke out 2013

MOTIVATION

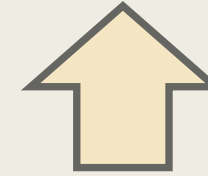


Advising to quit from a Provider can have a modest but significant impact on a smoker quitting:

THE FIVE A's

1. ASK- Do you smoke?
2. Advise to quit? –give one good reason why
3. Assess willingness to quit? If they are not ready –ask why, what stands in the way
4. Assist with an intervention- information for them to look at, app on phone, quit line, classes available
5. Arrange for follow up- keep accountable- phone call, my chart, email, follow up visit, especially if started on medication

MOTIVATION



Ambivalence in QUITTING?

-ASK questions:

What needs to change in order for them to quit

What is the smoker afraid will happen?- get healthier? Die?

Do you know what will happen if you continue to smoke?

Do you know it causes wrinkles, impotence, blindness, infertility, loss of limbs and loss of independence?

Do you know it is never too late to quit?

PROS and CONS of smoking or quitting

-make a list so smoker can see it

-Write down reasons to quit on a card or in your phone -**CIRCLE** the number one reason

- Set this as your MANTRA and place it where you can see it on a regular basis

- Refute the reasons to not quit-write them down

Perkins et al (2008) 9-28



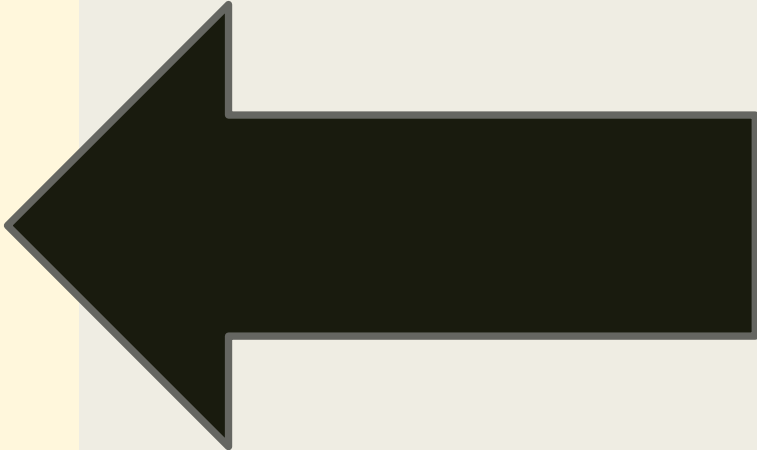
MONEY SAVE BY QUITTING SMOKING

INDIANA=\$3.11-\$7.62 per pack

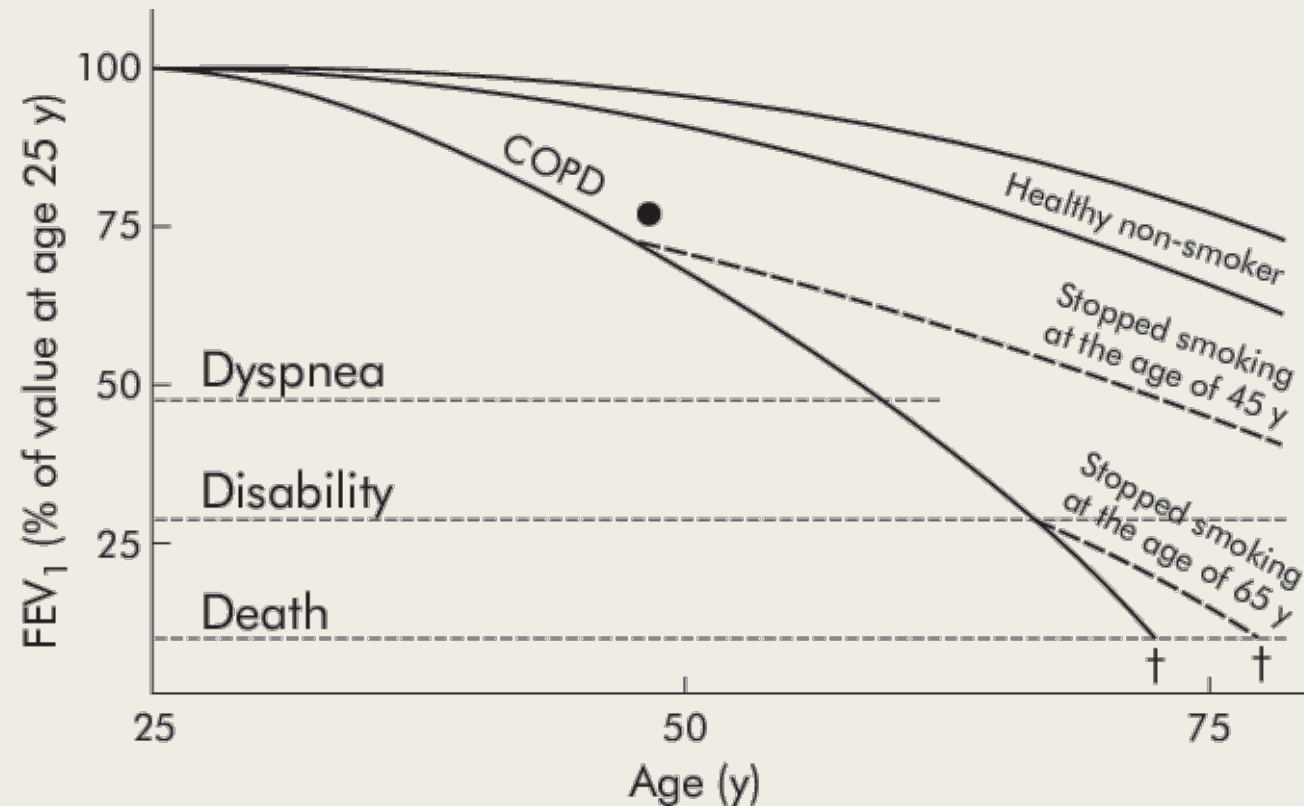
Packs a day	1	1.5	2	2.5	3
Days worth	\$3.11-\$7.62	\$4.66-\$11.43	\$6.2-\$15.24	\$7.75-\$19	\$9.36-\$22.86
Weeks worth	\$21.70-\$53.34	\$32.62-\$80.01	\$43.40-\$106.75	\$54.25-\$133	\$65.52-\$160.02
Months worth	\$93.30-\$228.60	\$139.80-\$342.90	\$186-\$457.20	\$232.50-\$570	\$280.80-\$685.80
Years worth	\$1,135-\$2,781	\$1,700-\$4,171	\$2,263-\$5,562	\$2,828-\$6,935	\$3,416-\$8,343

PHYSICAL BENEFITS OF QUITTING SMOKING

20 Minutes	Your blood pressure will drop back down to normal.
8 Hours	The carbon monoxide (a toxic gas) levels in your blood stream will drop by half, and oxygen levels will return to normal
48 Hours	Your chance of having a heart attack will have decreased. All nicotine will have left your body. Your sense of taste and smell will return to a normal level.
72 Hours	Your bronchial tubes will relax, and your energy levels will increase.
2 Weeks	Your circulation will increase, and it will continue to improve for the next 10 weeks.
3 to 9 Months	Coughing, wheezing and breathing problems will dissipate as your lung capacity improves by 10%.
1 Year	Your risk of having a heart attack will have dropped by half.
5 Years	Your risk of having a stroke returns to that of a non-smoker.
10 Years	Your risk of lung cancer will have returned to that of a non-smoker.
15 Years	Your risk of heart attack will have returned to that of a non-smoker.



Risks of Smoking, Benefits of Quitting



Fletcher and Peto (1977)

Reasons to use Medication

- Relieve withdrawal and craving symptoms
- Blunt pleasurable effects of smoking, make it less rewarding
- Medication helps motivate to quit

DISCLAIMER IN USING MEDICATIONS:

IT IS NOT THE END ALL TO SMOKING , IT IS NOT A MAGIC BULLET

Explain to smoker how to use medications and what to expect –written and oral instruction

Withdrawal Symptoms

Many people quit without any discomfort at all , but some experience these that can last up to 3 to 14 days

- Headaches
- Inability to concentrate
- Sleep disturbances
- Drowsiness or fatigue
- Constipation or diarrhea
- Nausea
- Irritability
- Weight gain

Ways to combat withdrawal:

The 4 D's:

1. Delay – acting on the urge to smoke-3-5 min.
2. Deep breathe -2 deep in and out
3. Drink water –sip slowly-hold and savor
4. Do something else-distract mind and hands

PACE

1. Prepare – know your triggers what can you do instead of smoking
2. Avoid- risky situations and people
3. Confront – the urge and overcome-mantra
4. Escape – situations too overwhelming

Fisher (1998) 7 Steps to a Smoke Free Life

MEDICATION

THREE FDA APPROVED FOR SMOKING CESSATION

■ Nicotine Replacement (NRT)

1. The Patch
2. The Gum
3. The Lozenge
4. The Inhaler
5. The Nasal Spray

■ Bupropion

■ Varenicline



rcwaste.org

NICOTINE REPLACEMENT (NRT)

■ The Patch-OTC

1. Peak blood levels at 3 hours or longer- Nicoderm – 24hour control , Nicotrol 16 hour control(less S/E) during sleep.
2. 20-25% quit rate at 6 months

■ The Gum/Lozenge-OTC

1. Peak blood levels in 30 min
2. Lesser cessation rate than the patch

■ The Nasal Spray-scripted

1. One dose = 1 mg of nicotine in sprays, only half of that is delivered(0.5mg /2sprays)-arterial absorption through nasal passage peaks in 5 min, 10 min if absorbed venous system- Most rapid delivery of NRT-increase dependence rate
2. Cessation rate=30%
3. High side affect rate of nasal irritation

Nicotine Replacement (NRT)

- The Inhaler-scripted

1. Although inhaled is absorbed buccal like gum and lozenge, droplets too large more like water vapor, little nicotine delivered –requires a lot of puffing to get the dose intended
2. It's a mouthpiece containing a cartridge with a reservoir of nicotine, cartridge= 10mg of nicotine of which the equal of 4 cigarettes is delivered over 80 puffs
3. Quit rate-20-25%

- Combination NRT (patch + gum/lozenge or nasal spray)

1. Basal nicotine in the patch and cover the spikes of withdrawal/craving with other quicker forms
2. Doubling of quit rate over patch alone, similar quit rates as Varenicline (up to 44%)

NICOTINE REPLACEMENT (NRT)

- More should use this route to quitting
- There is a misunderstanding of level of risk in using NRT
- NRT has a low potential for addiction related to speed and route
- Long term use of NRT is not a health risk
- Smoking with NRT is low risk
- Failure is due to Lack of enough NRT
- NRT vehicle depends on cost, preference or contraindications
- Can use combination or NRT is more effective than one route

BUPROPION

- Non-nicotine product that enhances noradrenergic and dopaminergic activity, it may also antagonize the actions of nicotine receptors, the specifics are not clear
- It attenuates withdrawal symptoms by modestly stimulating the noradrenergic and dopaminergic activity usually experienced by smokers when taking in nicotine, this results in mild mood elevation
- Blunts the pleasure of smoking
- Doubles quit rate over placebo , 30-35% quit rate
- Start 150mg daily x3 days then bid ,taper back off need to differentiate what prescribing for, stop smoking 5-7 days after starting, check BP a few days after starting



VARENICLINE

- Partial nicotine agonist binds to nicotine receptors like nicotine, does not fully activate the receptor
- It prevents nicotine from binding to those receptors while smoking, reducing smoking satisfaction, reward and cravings
- Up to 54% quit rate at 12 weeks and 30% quit rate at 1 year
- No more black box warning for suicide
- Starter pack while smoking 0.5mg daily x 3 days then 0.5mg bid X 3 days then 1mg bid for duration if tolerated, can start while smoking, set date to quit 1-2 weeks

Perkins et al (2008) 9-28



Treatment

- Treatment is aimed at exchanging negative or self defeating thoughts with positive, neutral ways of thinking
- Identify behaviors that promote smoking and replace them with healthier behaviors that protect against smoking urges and cues
- Keep smoker accountable, encourage and motivated at office visits
- Remind smoker this IS something that they have control over, it IS something they can do, it is difficult but not impossible

Perkins et al (2008) 9-28



inc.com

BREAKING UP IS HARD TO DO

Psychosocial benefits from quitting-freedom from guilt, freedom from control

Social Support- surround with those who encourage and do not judge or condemn, they stay positive and give good ideas to win this battle

Self awareness- ask them – How likely is it in one year, that you will still be a nonsmoker – have them rate this from 1-to 100, 100 being extremely likely

Start changing behaviors before quitting- disassociate with places, moods, habits, things that trigger or bring on strong cravings

Get rid of paraphernalia that is associated with this behavior- ashtrays, lighters, matches

Start eliminating availability of cigarettes and reducing areas to smoke them is the best step toward reducing triggers



Askjoshsmom.com

Perkins et al (2008) 9-28

QUITTING TOBACCO

- Have Smokers think of ways to avoid or change same routines that cause triggers

Example – coffee and cigarette, disassociate the timing

- What's the mood that's present while smoking-have smoker self-monitor- WHY am I smoking? – stress, bored, bad mood, lonely, celebrating, companionship-triggers
- Best chances of quitting are with pharmacotherapy + counseling = individual, group, phone, classes, or self help
- Remind them and have them remember and rehearse-WHY they are quitting-MANTRA

Perkins et al (2008) 9-28



QUITTING TOBACCO

1. Set A quit date- 2 weeks a way at the most, but not today need prep time

Circle it in **RED** on the calendar so they see it coming

2. Smoker needs a preparation plan, review it with the smoker-removing triggers, reducing cues, what situations will need to be avoided, rehearse saying no and be ok with exiting a situation in which tempted
3. Start before quitting making 1-2 changes associated with quitting #1 DON'T SMOKE IN THE HOUSE, #2 QUIT SMOKING IN THE VEHICLE
4. Ask for support from friends and family members, tell them your quitting –accountability and wont smoke around the smoker hopefully-ask smokers to not leave temptation lying around

QUITTING SMOKING

1. Before quit date, narrow smoking locations to 1 or 2 places “allowed” to smoke –places not very comfortable or desirable
2. Learn some relaxation training before hand to help with stress, and withdrawal symptoms- great apps out there or deep breathing exercises
3. Smoker to prepare for ‘smoke break=snack break’ instead, have available healthy snacks
4. Prepare ahead how smoker is going to keep mind and hands busy during the cue, trigger or urge – cross word puzzles, games on phone, taking a walk, chewing gum, lozenges, paper clip, pencils, straws to chew on.
5. Quit day have planned what to do that day to avoid cigarettes, make it a special day if possible doing non smoking activity in non smoking place with a non smoking person
6. Remind and Reinforce to the soon to be ex-smoker **THE URGE WILL PASS IN 3-5 MINUTES**
whether or not they choose to smoke

1-800-QUIT-NOW

<http://www.indianaquitline.net>

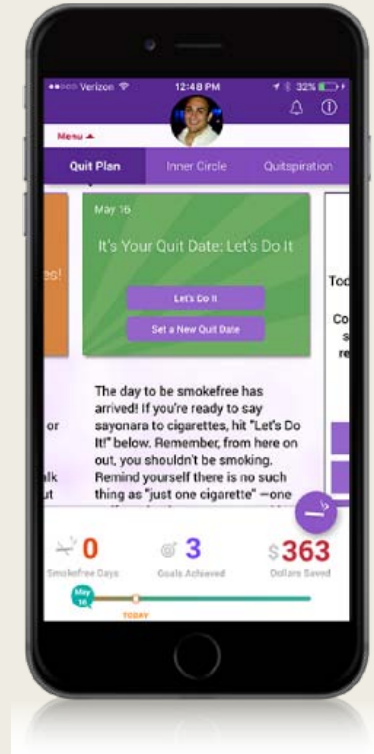
- Hours 8:00am -3:00am Monday – Sunday
- Multiple call to all adult users ready to quit in 30 days
- Youths age 13-17 can receive counseling through youth program
- Medication available for uninsured, Medicaid and Medicare
- Medications available Nicotine gum and Nicotine patch
- OR text “QUIT” to 47848 to use SmokefreeTXT



APPS to QUIT

- Designed to guide quitters through their Quit Plan
- Supporters can use resources to send encouragement
- Family and Friends are invited to provide support to quitter
- Plan guides prior to the quit date and throughout the journey to becoming smoke free
- Check in daily to keep track of savings, days smoke free, and daily reflections
- Read inspiring content and Quit Tips to keep on track
- Earn badges to celebrate milestone successes

www.quitterscircle.com/quit-smoking-app



Relapse Reasons

Research reveals relapse is a very relevant issue, smokers make enormous efforts to stop smoking and then under certain conditions they return to smoking: WHY?

- Stress and need to lessen it by smoking cigarettes
- The wish to experience the pleasure connected with smoking
- The smoking environment both at home and at work
- Family environment in which there were smokers

Tobacco Counseling Coverage

CPT codes:

99406- smoking cessation counseling visit 3-10 minutes, document what discussed, any information given, time counseled

99407-smoking cessation counseling visit over 10 minutes, document what discussed, any information given, time counseled.

Multitude of ICD-10 codes – Nicotine dependence F17.20 or Chewing Tobacco-T65.211A

Indiana Insurance Coverage

Indiana Medicaid Covers:

- All medication -7 pharmacotherapy options, Individual, group and phone counseling. There is a duration of 10 units of counseling per year and copays, counseling for medication required

Health Insurance Marketplace Coverage:

- Specific coverage varies by plan, state employee coverage includes: NRT gum, patch, lozenge, Chantix, Zyban, phone counseling, duration of 180 days per year for treatment, may require prior authorization for counseling and medication

Private Insurance Coverage:

- The state does not require coverage and it varies by plan smokers need to contact their plan for coverage.

Medicare Coverage

- Medications: Nicotine nasal spray, Nicotine inhaler ,bupropion, varenicline
Part D plans may opt to cover other medications
- Individual counseling – 4 sessions, up to 2 quit attempts per year

SUMMARY

(What do I do in the visit I have)

- Asses – do you smoke, how much, are you interested in quitting, why or why not
- What have you done before, what worked what didn't and why
- What are you interested in- which med, and what kind of counseling- it takes 2
- Write down your reasons to quit- Motivating factors, not motivated?- write down pros- cons of smoking, motivated- keep this as Mantra, and keep pics and words close by to remind why you are doing this
- Educate on meds, health risks , what to expect when quitting, what to do before quit
- Start eliminating triggers and avoiding cues, changing behaviors BEFORE quitting
- Set a date to quit 1-2 weeks

SUMMARY

(What do I do in the time I have)

- Asking about what they can do with themselves when the urge comes
- Reinforce the urge will pass in 3-5 minutes whether or not you smoke, get distracted
- Asking about goals, what will they do with their smoke free selves- get active? Spend money on something?
- Talk about rewards, what to look forward to when they have success how can they pat themselves on the back after 1 day, 3 days 7 days, 1 months-goals, rewards to look forward to
- Talk about staying positive – I Can quit
- The more they put into quitting the more they get out of it and success

SUMMARY

(What do I do in the visit I have)

- Prepare for the day, get rid of reminders the night before
- Have their support persons available or support line
- Plan the day they quit to stay busy and in places smoking is difficult
- Know how to use any type of medication they may be using
- Have information or smoking cessation material available to read and reread in those tough moments-health benefits, money saved
- If a slip occurs, learn from it- what caused the slip , what can be done next time to guard or keep from happening again, just get back to quitting, NEVER give up, success is only one more attempt away
- Talk about some of these things every time they come in until they quit and if available give them any kind of information about quitting to reinforce the need and the ability to quit

REFERENCES

- American Lung Association (2018). State of Tobacco Control. Retrieved from <http://www.lung.org/our-initiatives/tobacco/reports-resources/sotc/state-grades/highlights.html>
- Benowitz, N.L., MD (2010). Nicotine Addiction. *New England Journal of Medicine*, 362(24), 2295-2303.
- Buckowski, K., Marcinowicz, L., Czachowski, S., & Piszczek, E. (2014) Motivations toward smoking cessation, reasons for relapse, and modes to quitting: results from a qualitative study among former and current smokers. Dovepress. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4199752/>
- CDC (2018) Current Cigarette Smoking Among Adults in the United States. Retrieved from <http://www.cdc.gov/tobacco>.
- Fisher, E.B.Jr. Ph.D. (1998). Your First Two Non-Smoking Weeks. *7 Steps to a Smoke-Free Life*. (pp.130-131) Canada: Life Time Media, Inc.
- Fraga, J-A.(2019). The Dangers of Juuling. Retrieved from <http://www.center4research.org/the-dangers-of-juuling/>

REFERENCES

- Horwitz, E. (2017). Executive Summary. Retrieved from <http://www.tobaccofreekids.org/fact-issues/fact-sheets/toll/tobacco-kids/marketing/>.
- Perkins, K.A, Conklin, C.A., Levine , M.D.(2008). The Consequences of Smoking and the Nature of Dependence. *Cognitive –Behavioral Therapy for Smoking Cessation*.(pp.9-28) New York: Taylor and Francis Group.
- TruthInitiative (2018) Tobacco use in Indiana. Retrieved from <http://www.truthinitiative.org/tobacco-use-Indiana>.

Handouts

- RX for Change (1999-2017).Retrieved from <http://www.Rxforchange.ucsf.edu>
- American Thoracic Society (2017). Why Do I Smoke and Why Do I Keep Smoking? Retrieved from <http://www.thoracic.org>
- Prescribers Letter (2018), E-cigarette and Vaping FAQs. Retrieved from <http://www.prescriber.therapeuticresearch.com>



QUESTIONS



Thank you!!!