Integrating Tobacco Cessation into Practice

Presented To

Smoking Cessation Leadership Center

PIONEERS FOR SMOKING CESSATION CAMPAIGN

By

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Presentation Objectives

At the conclusion of this program, the participant will be able to:

- Review treatment options in the management of tobacco cessation
- Summarize appropriate tobacco cessation pharmacotherapy
- Incorporate tobacco cessation treatment into substance abuse and mental health clinical practice

His Majesty's Antigua Naval Yard English Harbour Regulations 1725

No person to be suffered to smoke Tobacco in the Yard and every possible precaution to be taken to prevent accidents from Fire or any improper proceedings

Arrangements will be made from time to time with the Admiralty Agents . . . to inform all persons connected with the Ships that Smoking of Tobacco in any part of the Yard is most strictly prohibited by the Lords Commissioners of the Admirals . . .

Epidemiology

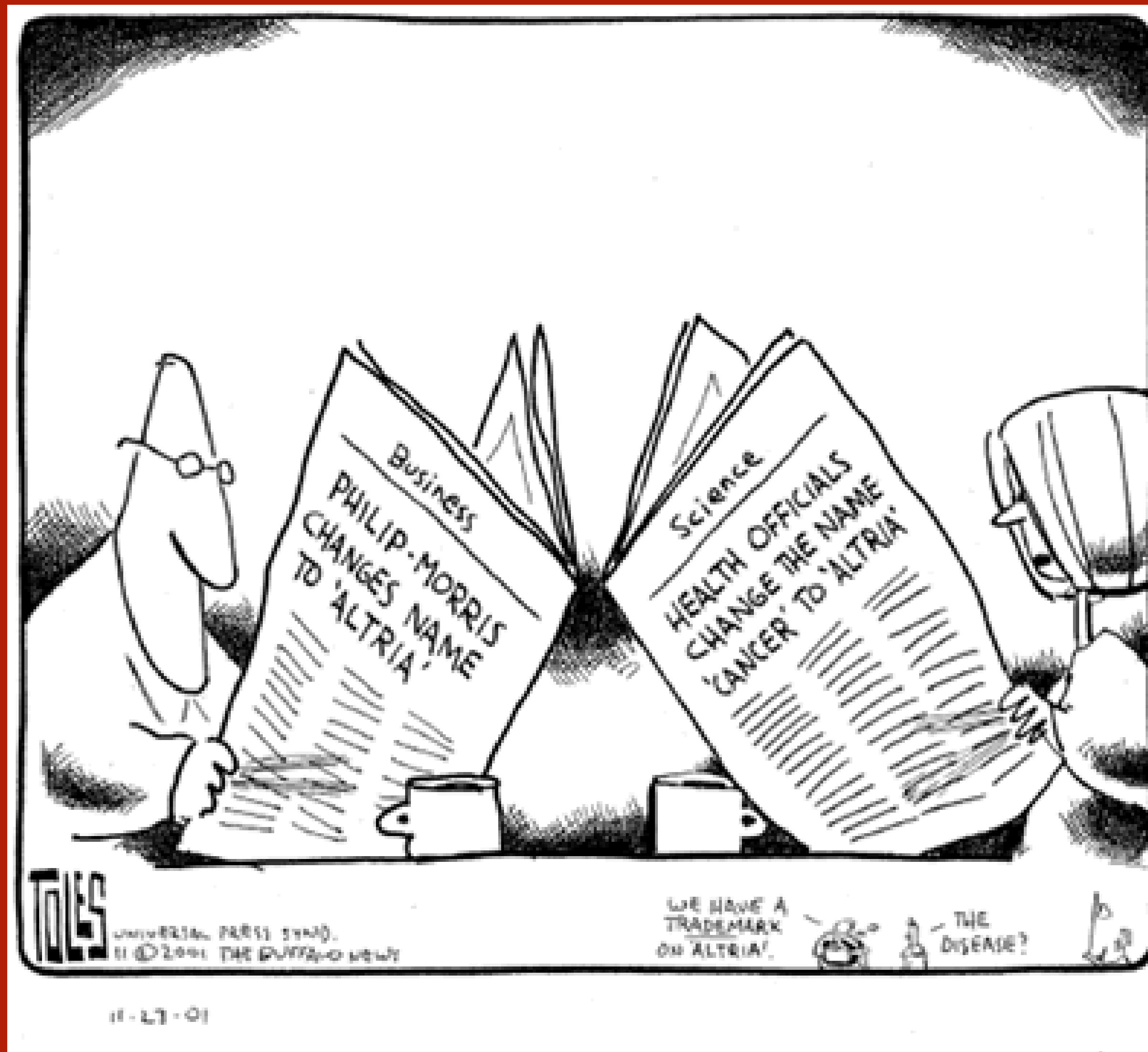
- Smoking is the single most preventable cause of death in mental health and addictive (MHA) populations
- MHA diagnosis is a vulnerability factor for the initiation and maintenance of tobacco use and tobacco dependence
- Smoking prevalence with a psychiatric disorder is 44%
- Smoking prevalence with an addictive disorder is 67.9%
- Nicotine-dependent smokers with mental illness consume 34.1% of cigarettes sold
- People with MHA disorders who smoke may experience more severe psychiatric symptomatology

The facts are:

- Majority of MHA smokers are substance dependent (addicted), and this is a chronic condition
- Mental health providers often do not address tobacco use
- Smokers with current MHA disorders are often excluded from cessation trials
- Cessation efficacy could be enhanced through providing intervention as an *initial* treatment goal
- Stopping smoking or nicotine withdrawal may exacerbate a patient's comorbid condition during the quit phase, smoking cessation has *not* been found to adversely affect psychiatric functioning once permanent quitting is achieved

DSM-IV Substance Dependence (includes Nicotine)

1. **Physiological** (tolerance, withdrawal)
2. **Loss of control** (use more than intended, repeated attempts to control or quit)
3. **Consequences** (social/recreational/ occupational activities given up or reduced, great deal of time using/obtaining/recovering, continued use despite these problems)



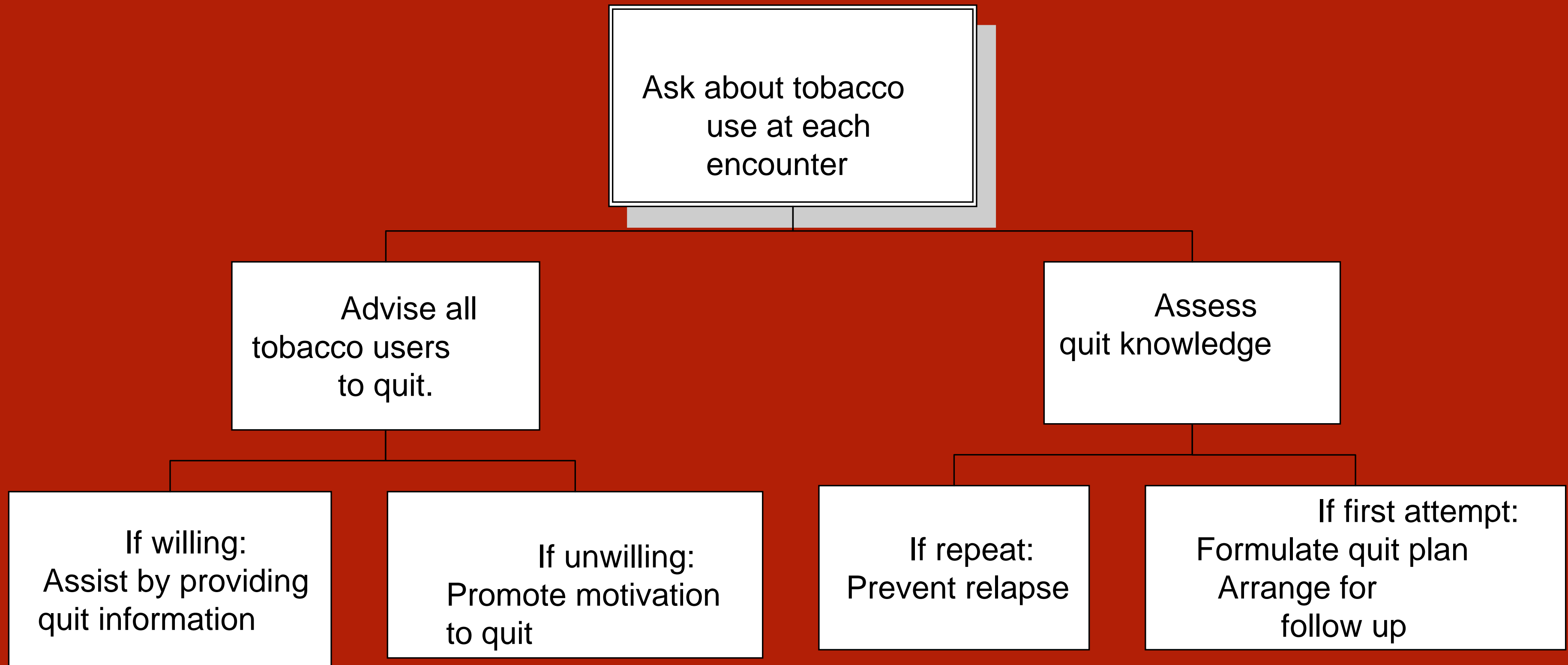
“There is little doubt in my mind that if it were not for nicotine, in tobacco smoke, people would be little more inclined to smoke than they are to blow bubbles or light sparklers”

Philip Morris Researcher 1976

Tobacco Treatment Guidelines

- US Public Health Service Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update states that smokers with a psychiatric comorbidity or chemical dependency should be offered guideline-based treatments
- Emphasizes counseling elements such as problem solving, stress management, coping skills, psychosocial support
- MHA smokers are associated with higher relapse rates warranting tailored counseling, pharmacologic support and repeated follow up
- Key recommendations
  - Behavioral counseling for at least 10 minutes at each visit
  - Pharmacotherapy for those attempting to quit

MHA Modified 5 A's Model Systematic Approach



Elements of a Counseling Intervention

- Even with for clients with “low readiness” provide elements of a realistic cessation plan
- Quit date
  - Set a stop date, preferably within 2 weeks
  - Starting on the quit date, total abstinence is essential
- Past quit experience
  - Identify what helped and what hurt in previous quit attempts
- Anticipate triggers or challenges in upcoming attempt
  - Discuss challenges/triggers and how patient will successfully overcome them

Ambivalence

Patient's task to articulate and resolve ambivalence.

Clinician's role to help him/her examine and resolve ambivalence

Pharmacotherapy

- Seven first-line FDA approved therapies reliably increase long-term smoking abstinence rates
  - Nicotine Gum
  - Nicotine Patch
  - Nicotine Inhaler
  - Nicotine Nasal Spray
  - Nicotine Lozenge
  - Bupropion (Zyban, Welbutrin)
  - Varenicline (Chantix)
- All approximately double the rate of cessation when compared to placebo
- All help with symptoms of withdrawal

Metabolic Effects

Potentiates Metabolism of:

- Beta-blockers
- Insulin
- Caffeine
- Adrenergic antagonists
- Acetaminophen
- Oxazepam (Serax)
- Imipramine (Tofranil)
- Propoxyphene napsylate (Davocet, Darvon)
- Theophylline

Antagonizes Metabolism of:

- Adrenergic agonists

Stopping smoking may affect the pharmacokinetics of certain psychiatric medications – levels should be monitored during and subsequent to quitting

Program Agenda

Session 1	- Orientation & Introductions - Understanding addiction - Preparation
Session 2	- Benefits of Quitting - Withdrawal Symptoms - Cessation Strategies
Session 3	- QUIT DAY
Session 4	- Motivation Reinforcement - Support Systems

Program Agenda

Session 5	Lifestyle issues:
	Nutrition/Weight
	Exercise
Session 6	Stress Management
	Relaxation Skills
	New Self-image
Session 7	Ex-smokers panel
Session 8	Graduation & Celebration
	Relapse Prevention

Health professionals shouldn’t grade themselves on how many people they can “get” to quit, but rather how many times they give the message when the opportunity arises.

Under these criteria, there is no reason not to have an intervention success approaching 100%

Dr. Gro Harlem Bruntland, Director General, World Health Organization:

"If we do not act decisively, a hundred years from now our grandchildren and their children will look back and seriously question how people claiming to be committed to public health and social justice allowed the tobacco epidemic to unfold unchecked."

US Department of Health and Human Services. Women and Smoking: A Report of the Surgeon General. Washington, DC: Public Health Service, 2001.

In Summary

- Treatment efficacy is enhanced through promoting smoking cessation as an initial treatment goal
- Mental health care providers are in a position to impact prevalence
  - Ongoing therapeutic alliance
  - Clients return for treatment
  - Cost efficient (delivered within planned mental health care visits)
- Evidence based psychological and pharmacological interventions should be offered to MHA people who smoke
- Intensive interventions should be provided whenever possible
  - There is a strong correlation between amount of cessation counseling and abstinence
  - Psychiatric disorders are more common in smokers than the general population and carry a higher rate of relapse
  - Smoking cessation does not appear to interfere with recovery from chemical dependency