
Smoking Cessation
Leadership Center



University of California
San Francisco

Nicotine Cessation Across Disciplines, A Team Approach, co-hosted by AARC

Gabrielle N. Davis MPH, RRT-ACCS, NPS, CTTS, CHES

September 25, 2019

Moderator

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Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

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- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
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Visit CABHWI.ucsf.edu for more information.

Tips® Campaign Overview

A TIP ABOUT SECONDHAND SMOKE

LET FUTURE GENERATIONS KNOW THE DANGERS OF SECONDHAND SMOKE.

Nathan, Age 54
Ogala Sioux
Idaho

Secondhand smoke at work triggered Nathan's severe asthma attacks and caused infections and lung damage. If you or someone you know wants free help to quit smoking, call 1-800-QUIT-NOW.

#CDCTips

A TIP FROM A FORMER SMOKER

It's easier to move forward when you're not short of breath.

Rebecca, age 57, Florida

Et qui vobis, nesci ritarum ne fuge ar!

Vid quae molare non parat, vobis, actio,

sic consuetudo evadit a boratibus quanto.

Enant, et ad vobis disarumpeo maun faga sam.

Paibam ar, suar, vobis quocidam ritrad.

You can quit.

CALL 1-800-QUIT-NOW.

#CDCTips

A TIP FROM A FORMER SMOKER

BE CAREFUL NOT TO CUT YOUR STOMA.

Shawn, Age 50, Diagnosed at 46
Washington State

Smoking causes immediate damage to your body. For Shawn, it caused throat cancer. You can quit. For free help, call 1-800-QUIT-NOW.

1. CDC. Current Cigarette Smoking Among Adults—United States, 2005–2014.. MMWR 2015;64(44):1233–40
2. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: HHS,CDC, NCCDPHP, OSH, 2014

Free 1-800 QUIT NOW cards

Take Control
1-800-QUIT-NOW
Call. It's free. It works.
1-800-784-8669
For details on your state services, go to: <http://map.naquitline.org>



- ✓ Refer your clients to cessation services


Presenter

**Gabrielle N. Davis MPH, RRT-ACCS,
NPS, CTTS, CHES**

COPD Educator & Inpatient Nicotine
Cessation Program Coordinator

St. Luke's Health System





Nicotine Cessation Across Disciplines, A Team Approach

Gabrielle Davis MPH, RRT-ACCS, NPS, CTTS, CHES

September 25, 2019

DISCLOSURE

I have no actual or potential personal or professional conflicts of interest in relation to this presentation.

OBJECTIVES

- Identify meaningful ways to build rapport duration cessation facilitation
- Examine biases around nicotine use in marginalized communities
- Demonstrate brief motivational interviewing techniques associated with cessation
- Describe the value in using respiratory therapists and behavioral health clinicians in nicotine cessation

FACTS

Illnesses related to nicotine addiction remains the number one cause of preventable death.



FACTS

Verbiage regarding nicotine addiction and cessation is largely underrepresented in literature due to newer phenomena including nicotine addiction without out use of tobacco.



FACTS

- Big Tobacco fought against making hospitals 'smoke-free'.



FACTS

- People with mental conditions account for more than 60% of cigarette purchases in the United States.



NICOTINE ADDICTION IN MARGINALIZED POPULATIONS

- **35.5% of transgender adults use nicotine**
- **26.9% of LGB adults use nicotine**
- **14.9% of cisgender & heterosexual adults use nicotine**
- **LGBTQIA+ young adults (18-24) are 2x more likely to smoke**

- **Project SCUM**
- **Major sponsors at LGBTQIA+ events**
- **Presented as a way to 'rebel' during early gay rights movements**

BREAK
FREE 



TAKE PRIDE IN YOUR FLAVOR

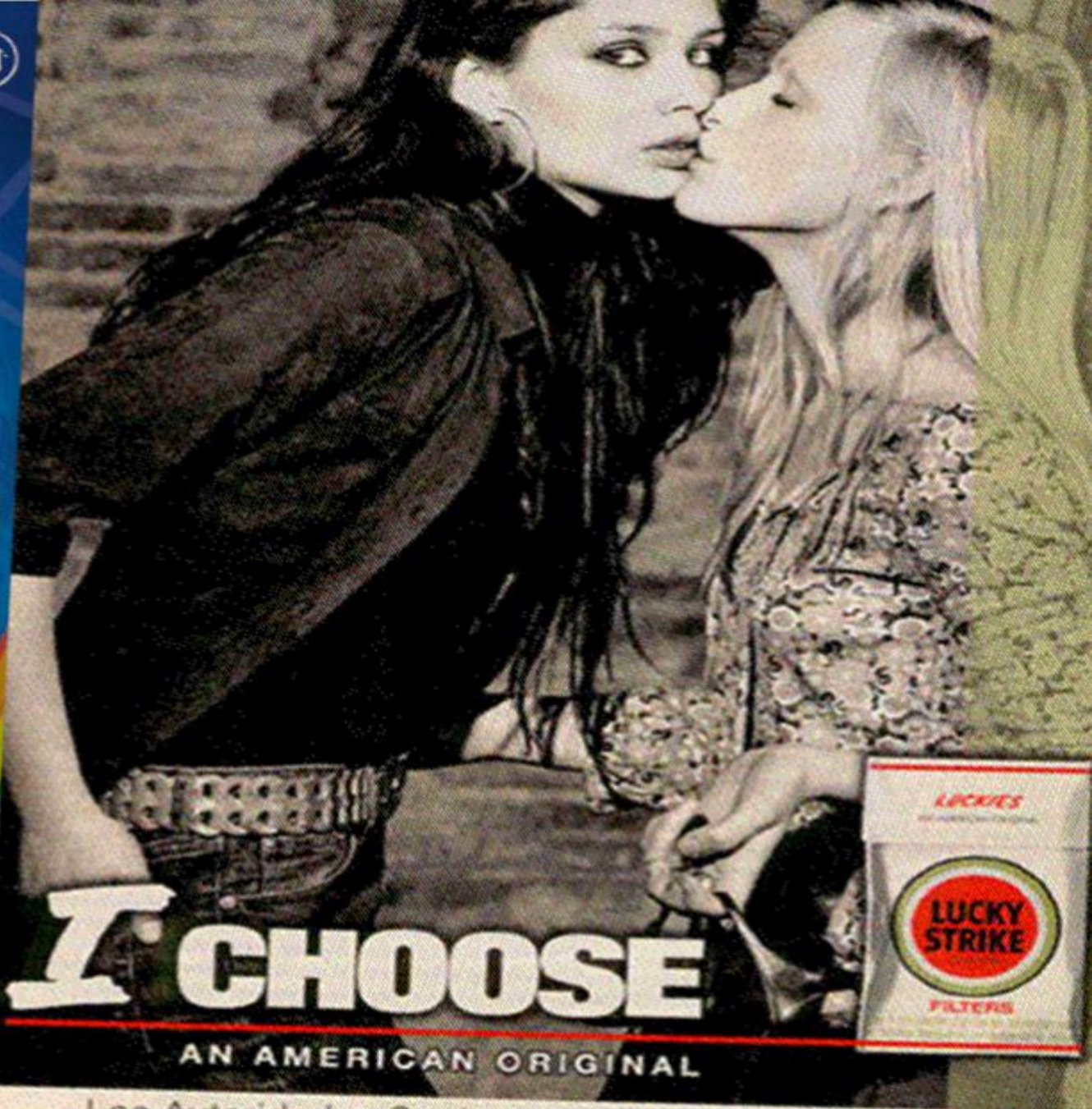
Enjoy smoke-free, spit-free, drama-free tobacco that's packed
in a pouch for great tasting, long-lasting anytime enjoyment.

Camel SNUS—the pleasure's all yours.



com*
D TO AGE 21+ TOBACCO CONSUMERS

WARNING: Smokeless tobacco is addictive.

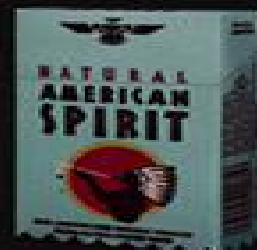


I CHOOSE

AN AMERICAN ORIGINAL

Las Autoridades Sanitarias advierten que el tabaco
perjudica seriamente la salud.

**freedom. to speak.
to choose. to marry.
to participate. to be.
to disagree. to inhale.
to believe. to love.
to live. it's all good.**



*the people of santa fe natural
tobacco company*

No additives in our tobacco
does **NOT** mean a safer cigarette.

**SURGEON GENERAL'S WARNING: Smoking
By Pregnant Women May Result in Fetal
Injury, Premature Birth, And Low Birth Weight.**

www.nascigs.com

NICOTINE ADDICTION IN MARGINALIZED POPULATIONS



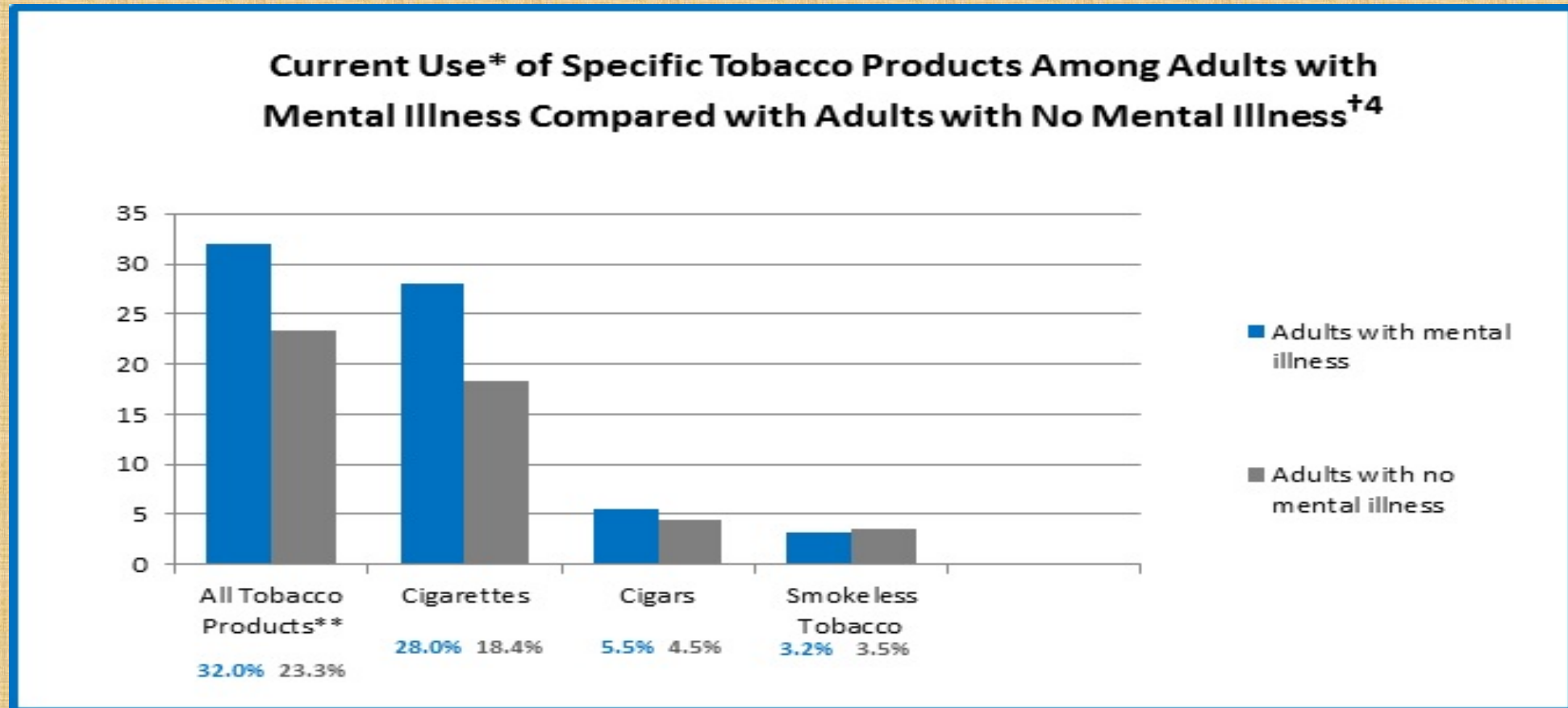
- Stigma regarding seeking out therapy or any help with cessation
- Easier access to convenience stores with nicotinic products stemming from 'redlining'
- Less likely to reach out for assistance due to inherently higher resilience
- Less access to overall healthcare

NICOTINE ADDICTION IN MARGINALIZED POPULATIONS



- 10x more tobacco advertisements in Black neighborhoods
- More tobacco retailers near schools in low-income areas
- Increased amounts of advertising budgets in place for use with Black publications
- Believed to be a stress reliever, and is more affordable

NICOTINE ADDICTION IN MARGINALIZED POPULATIONS



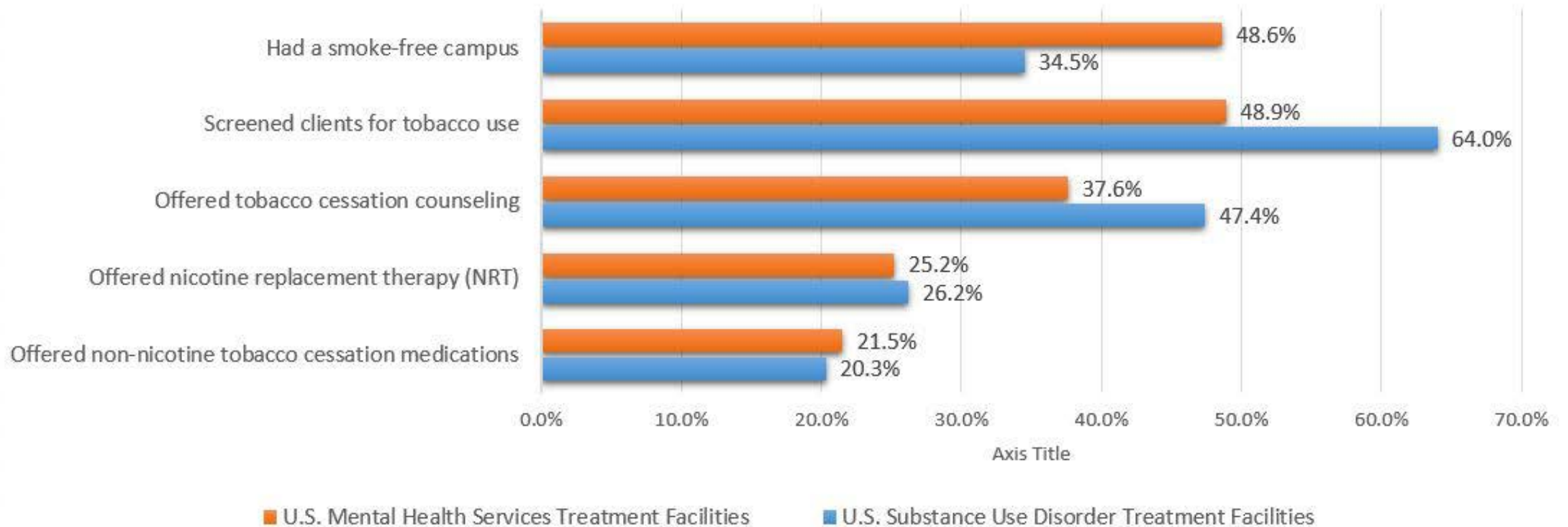
NICOTINE ADDICTION IN MARGINALIZED POPULATIONS

Current Illicit Drug and Alcohol Use Among Adult Cigarette Smokers Compared with Non-Smokers

	Smokers	Non-Smokers
Current illicit drug use (in past month)	25.3%	7.1%
Marijuana	21.8%	5.9%
Cocaine	2.5%	0.3%
Heroin	0.8%	0.0%
Hallucinogens	1.5%	0.3%
Inhalants	0.4%	0.1%
Non-medical use of prescription drugs	5.9%	1.5%
Current alcohol use (in past month)	63.5%	52.8%
Binge drinking [§]	43.5%	21.7%
Heavy drinking [¶]	14.6%	4.5%

NICOTINE ADDICTION IN MARGINALIZED POPULATIONS

Policies and Practices in Behavioral Health Treatment Facilities, United States, 2016⁷



REMOVE IMPLICIT BIASES

- Explore your biases alone.
- People who smoke are just weak
- Only [insert stereotype] type of person smokes
- Nicotine addiction is a choice and not a disease
- Quitting is easy
- Nicotine replacement therapy (NRT) doesn't work

VALIDATION AS A REQUIREMENT

- Acknowledge their addiction and the difficulty that comes with it
- Congratulate past or current successes with cessation
- Listen to their path and what they have tried in the past for cessation



USE PERSONHOOD AS A TOOL

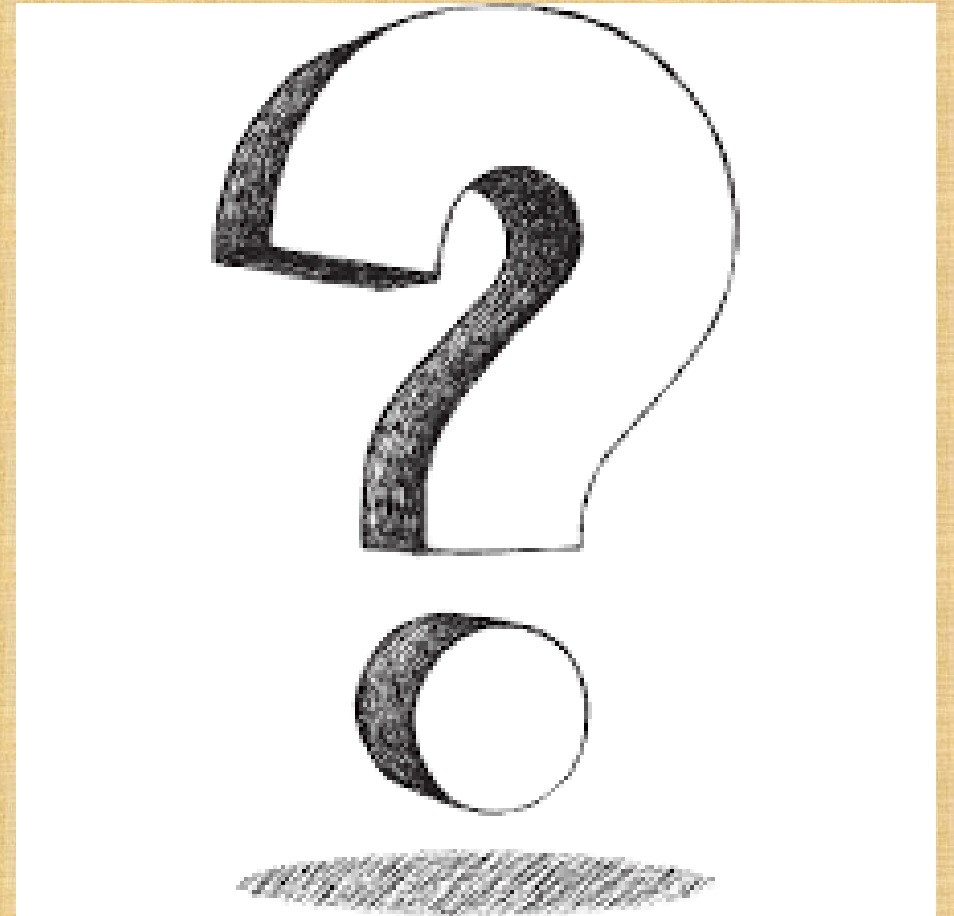
- Self-disclose when able, safe and appropriate
 - Previous addiction
 - Attempting cessation currently
- Connect your goal to the patient/client's goal
 - Continuous cessation vs 'I want a job in the hospital'
 - Continuous cessation vs 'My wife quit and I have to quit too to help her'

USE PERSONHOOD AS A TOOL

- Use anecdotes from other clients or patients
 - Positive cessation story you've heard or helped with
 - Story with resilience
- Provide encouragement
 - Explain lapse versus relapse

THE ASK

- Ask if any nicotinic products are being used.
- Any clinician can ask about addiction and interest in quitting in any setting with any age group.



THE ASK

- Always avoid fear-based tactics when talking to a patient or client about cessation.
- Offer health outcomes if the patient or client brings it up. Don't lead with negative outcomes.



THE ASK

- Always avoid guilt/shame-based tactics when talking to a patient or client about cessation.
- Special populations to avoid are those with terminal diseases linked to tobacco.



THE ASK: ENDS USE (YOUTH ESPECIALLY)

- What do you use?
- How do you use?
- How often do you use?
- Do you share what you use?
- What device do you use?
- What milligram/level/percent do you use?

THE ASK: YOUTH

- Avoid accusations
- Sit down to remove one aspect of ageism
- Talk to the patient and not the parent
- Explain addiction and withdrawal
- Be aware of biopsychosocial aspects of their use

Techniques: Motivational Interviewing

- **Open Ended Questions**

- ‘Tell me about your use over the years.’
- ‘How do you feel when you use?’
- ‘What makes you want to quit?’
- ‘What makes you want to try again?’
- ‘How have you been successful in the past?’

Techniques: Motivational Interviewing

- **Affirmations**

- ‘That’s tough.’
- ‘That takes a lot of strength to to be successful for so long.’
- ‘That’s great that you are willing to try again’

Techniques: Motivational Interviewing

- **Reflections**

- 'It sounds like you are really motivated to quit.'
- 'You are really focused on not getting sick again.'
- 'You seem to be really focused on quitting with your husband'
- 'Your family is really important to you.'
- 'You're scared of changing your friendships.'



Reflect

Techniques: Motivational Interviewing

- **Summarization**

- ‘You want to quit vaping to save some money and because of the stories you’ve heard on the news lately about people dying from weird lung injuries. Do I have that right?’



MAIN TAKEAWAYS

- When in doubt, validate
- Examine your own implicit biases around nicotine addiction
- Meet the person where they are
- Self-disclose when able
- Accept rejection and don't force the subject

CONTACT INFORMATION

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Twitter: GabNicDav

Q&A

- Submit questions via the **chat box**



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Save the Date



SCLC's next live webinar:

- **October 8, 2019 at 3pm EDT**
- In collaboration with the National Behavioral Health Network for Tobacco & Cancer Control
- Details and registration coming soon!

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