Smoking Cessation for Opioid Maintenance Providers

A Brief and Cost Effective Intervention

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Purpose of presentation....

to provide methadone maintenance counselors the knowledge and skills necessary to deliver a brief and cost-effective smoking cessation intervention
Outline

- Tobacco and Nicotine Addiction
- Smoking Statistics
- Smoking Cessation
INTRODUCTION

1798: Benjamin Rush, a physician and signer of the Declaration of Independence, observes that tobacco use supports excess alcohol consumption.
1870: Tobacco is identified as ....

- a harmful addictive substance and
- a contributing factor in relapse from alcoholism and drug dependence.
Late 1800s and early 1900s:

Tobacco dependence is routinely treated along with alcoholism and other drug dependences in asylums.
INTRODUCTION

1935: Tobacco use becomes embedded in recovery practices and is no longer viewed as an addiction.
INTRODUCTION

Stop drinking, die from smoking

The founding father of the AA movement; Bill W. smoked and died from emphysema.
What was the infamous cartoon animal used by RJ Reynolds to advertise cigarettes from 1987-1997?
JOE CAMEL
TOBACCO AND NICOTINE ADDICTION
FORMS of TOBACCO/NICOTINE

- Cigarettes
- Pipes
- Cigars
- Clove cigarettes
- Smokeless tobacco
- Waterpipe smoking
- Electronic cigarettes ("e-cigarettes")*
SMOKED TOBACCO PRODUCTS

Examples

Cigars:
Tobacco content of cigars varies

Clove cigarettes:
Mixture of tobacco and cloves
WATERPIPE SMOKING

- Tobacco flavored with fruit pulp, honey, and molasses
- Ancient method of smoking tobacco
SMOKELESS TOBACCO

Examples

An estimated 8.1 million users, mostly males

Loose leaf
Plug
Twist
Snuff
E-Cigarettes

Nicotine delivery system that uses water and a heating element.

- Not FDA approved
- Contains dangerous dry ice chemicals
- We do not recommend E-cigarettes
Tobacco products and tobacco smoke contain an estimated 4,000 chemicals

- Some chemicals are ...
  - Toxic
  - Cause cancer
  - Addictive
Examples of Similar Chemicals
Tobacco also contains ... 

Nicotine which is highly addictive
Nicotine ....
(Like other addictive drugs)

When it reaches the brain, it activates the pleasure area of the brain called the Dopamine Reward Pathway.
Nicotine enters the brain

Stimulation of nicotine receptors

Dopamine release

Prefrontal cortex

Nucleus accumbens

Ventral tegmental area

DOPAMINE REWARD PATHWAY

Nicotine enters brain

Stimulation of nicotine receptors

Dopamine release

Prefrontal cortex

Nucleus accumbens

Ventral tegmental area
Nicotine causes....

1. Pleasure
2. Arousal
3. Suppresses appetite
4. Improves memory, mood, alertness and performance
5. Reduces anxiety
QUESTION?

When a person smokes tobacco, how long does it take nicotine to reach the brain?
ANWER...

7-10 seconds

Similar to smoking heroin
Nicotine is .......

1. 1000 times more potent than alcohol
2. 10-100 times more potent than barbiturates
3. 5-10 times more potent than cocaine or morphine
4. As addictive as heroin
Nicotine is very addictive....

- 33% who use nicotine will become dependent
- 17% who use cocaine will become dependent
- 15% who use alcohol will become dependent
Daily “Hits”

- The average smoker takes ten puffs per cigarette

- This is about 200 puffs per day (pack/day)

- People with behavioral problems are more likely to smoke cigarettes to the butt and inhale deeper compared to general population
Cravings
Behavioral/Cues

- Upon encountering a specific time, place, person or emotion, cravings appear.
- The mind expects a new supply of nicotine.
When a person does not use a nicotine product, cravings or withdrawal symptoms usually begins in 2 to 3 hours.
WITHDRAWAL SYMPTOMS

- Most symptoms appear within 1–2 days, peak within the first week, and subside within 2–4 weeks.

- Some symptoms may last for several months to years.
WITHDRAWAL SYMPTOMS

- Depressed mood/depression
- Insomnia
- Irritability, frustration or anger
- Anxiety
- Restlessness
- Decreased heart rate
- Increased appetite/weight gain
Nicotine Addiction
A chronic disease

- Nicotine addiction is a chronic disease that often requires (3 to 8) multiple attempts to successfully quit.

- Rates of relapse are highest in the first few weeks and decrease after 3 months.
Interventions are available to...

improve the likelihood of successful quitting
People with mental illnesses /substance abuse……

- Want to quit smoking
- Want information on cessation
- Can successfully quit
SMOKING STATISTICS

• Causes one out of every five deaths in America
• Leading cause of unnecessary and preventable disease, disability and death
Causes more deaths each year than all deaths from heroin, cocaine, alcohol, and AIDS combined.
Each year, 440,000 people die from smoking related diseases in America.
Health Consequences

For every death caused by smoking, at least 20 smokers suffer a smoking related disease.
Smoking related diseases...

- Lung cancer
- Cancer of the mouth
- Cancer of the throat
- Cancer of the larynx
- Stomach cancer
- Kidney cancer
- Cancer of the bladder
- Liver cancer
- Prostate cancer

- Heart attack
- Coronary heart disease
- Congestive heart failure
- Stroke
- Abdominal aortic aneurysm
- Angina
Smoking related diseases...

- Emphysema
- Asthma
- Diabetes
- Stomach ulcers
- Cataracts
- Gum disease
- High blood pressure

- Crohn's disease
- Wrinkles
- Loss of smell and taste
- Osteoporosis (women)
- Gangrene
- Reduced fertility
A smoking related disease...

Men who smoke more than a pack a day were 40 percent more likely to be impotent than nonsmokers.
SMOKING STATISTICS

For every 8 smokers who die, one non-smoker dies from exposure to second-hand smoke.
Secondhand Smoke

50,000 people die each year due to second-hand smoke.
Secondhand smoke is the third leading cause of preventable death.

There is no safe level of secondhand smoke.
Some Health Effects of Second Hand Smoke

• Developmental
  – Low birth weight (10-20,000 cases/yr)
  – Sudden Infant Death Syndrome

• Respiratory
  – Childhood infections
  – Asthma (up to 1 million exacerbations/yr)

• Cardiovascular

• Cancers, including lung
Smoking Statistics and Mental Illness (MI)/Substance Abuse Disorders (SUD)
Cigarette smoking is 2 to 3 times higher among people with MI and SUD compared to the general population.
What percentage of people in methadone treatment programs smoke?
SMOKING STATISTICS
Methadone Treatment Programs

Nationally 77 to 98% of people in methadone treatment setting use tobacco which is more than triple the national average.
Smoking Rates
MI/SUD

- Schizophrenia: 62-90%
- Bipolar Disorder: 51-70%
- Heavy drinkers: 65-90%
- Depression or Anxiety: 40-50%
- Post-traumatic Stress Disorder: 45-60%
- Substance Abuse Addictions: 49-98%
About 50 percent of patients who were followed after inpatient substance abuse treatment died of tobacco-related diseases.
Among treated heroin addicts, the death rate of smokers was 4 times that of nonsmokers.
Smoking Data
MI/SUD

- Consume 44% of all cigarettes sold
- Spend 27% of their income purchasing tobacco
Smoking Data

Financial

- A pack of cigarettes costs about $5.00.
- A two pack a day smoker spends about $6,000 a year.
How many cigarettes are sold each year to people with MI/SUD?
ANSWER

175 billion cigarettes
- Tobacco companies make about $4.94 profit on each pack of cigarettes.

- Tobacco Companies make more than $32 billion dollars each year.
Recovery Consequences

SUD

- Heavy smoking may contribute to increased use of cocaine and heroin

- Heavy smokers have more severe addictions than non-smokers and moderate smokers

- Poorer recovery outcomes
BENEFITS OF QUITTING

➢ Health
➢ Wealth
➢ Recovery
Watch out for Depression!

- Depression reduces likelihood of successful quitting

- Assess and treat depression first, then focus on quitting
Smoking Cessation
Smoking Cessation Interventions

Quit rates increase using ..... Behavioral Therapy and/or Medications
Smoking Cessation

Behavioral Therapies

- Teach individuals to recognize high-risk situations and develop coping strategies to deal with them

- Employ a variety of methods such as: self-help materials, provider’s advise, motivational interviewing, group and individual counseling and etc…
Smoking Cessation

Medications

• Nicotine replacement: They deliver a controlled dose of nicotine to relieve physical withdrawal symptoms. Products include:
  - chewing gum
  - patch
  - nasal sprays
  - inhalers
  - lozenges
Smoking Cessation
Medications

Two non nicotine medications:
Increase abstinence from smoking:
- Zyban
- Chantix
QUIT RATES for CESSATION MEDICATIONS

- Nicotine gum: 18.0% (active), 11% (placebo)
- Nicotine patch: 15.8% (active), 9.9% (placebo)
- Nicotine lozenge: 16.1% (active), 8.1% (placebo)
- Nicotine nasal spray: 23.9% (active), 11.8% (placebo)
- Nicotine inhaler: 17.1% (active), 9.1% (placebo)
- Bupropion: 19.0% (active), 10.3% (placebo)
- Varenicline: 20.2% (active), 11.2% (placebo)
The US Public Health Service published guidelines for treating nicotine addiction …..

The 5A’s
The Gold Standard

- The **5 As** – smoking cessation intervention
  - **Ask** – identify all smokers
  - **Advise** – strongly urge all smokers to quit
  - **Assess** – determine willingness to quit
  - **Assist** – aid the patient in quitting
  - **Arrange** – schedule follow-up
The 5 A’s

Barriers

- Too time consuming
- Lack of knowledge and training
- Lack of resources
Ask Advise Refer

An abbreviated version of 5 A’s takes less than 3 minutes to deliver.
Ask Advise Refer

- Quick, simple and practical
- Acceptable to health care providers
- Easy to integrate
- Cost effective
- Billable service under CPT codes 99406 (3-10 minutes) and 99407 (more than 10 minutes)
ASk, Advise, Refer (AaR)

Ask: about tobacco use
Advise: tobacco users to quit
Refer: to other resources

Client receives therapy from helpline
Assist and arrange
Ask.....

every client if they use tobacco
Advise all tobacco users to quit
Refer...

all tobacco users to 1-800-NO-BUTTS
STEP ONE
Ask.....

every client at admission and thereafter every 3-12 months
Tobacco status
- Current
- Never: Smoked <100 cigarettes
- Former: Has not smoked in the past year
- Relapsed: Unsuccessful quitter

What type of tobacco and how often

Household exposure to tobacco
To ensure all clients are screened, create a system that enables you to systemically identify and document all tobacco users at every admission and periodically throughout treatment.
Strategies to Identify Tobacco Users

- Expand vital signs to include tobacco use
- Use a stamp
- Reminder in electronic record
- Sticker for patient chant
Example of vital sign

VITAL SIGNS
Blood Pressure: ________________________________
Pulse: ________________  Weight: ________________
Temperature: __________  Respiratory Rate: __________
Tobacco Use: Current _____  Former _____  Never____
[   ] Referred for treatment
Smoke free home: Yes___  No____
1. **Ask or assess tobacco use**

2. 1. Do you smoke or use tobacco products?

3. 2. Have you used any tobacco products in the past 12 months?

4. 3. Have you smoked less than 100 cigarettes?
Never used:

“Congratulations, you have very good judgment.”

“Congratulations on being a nonsmoker.”
Former users:

“Congratulations, you have made a wise decision.”

“Congratulations on quitting.”
Repeated assessment is not necessary if client...

- Has never used tobacco
- Has not used tobacco for many years
- Smoking status documented on chart within past __ months
STEP TWO
Advise...

All tobacco users to quit.
Advise

Your advise increases the likelihood that a person will try to quit.
Your advise should be...

- Clear, strong and personalized
- Link to clients’ health issue
Advise: example

Current users:

- “I recommend that you quit. It’s important for your health.”
- “It is important that you quit smoking soon and help is available.”
Advise: example

Current users:

“Continuing to smoke may interfere with your recovery and quitting may improve your:

- Health
- Wealth
- Recovery
- Relationships
Relapsed smoker:

“I know quitting is very difficult. Usually it takes more than one try (usually 3-8). You can do it. The California Smokers’ Helpline can help you get through the difficult stages.”
Step Three
• Give client a California Smoker’s Helpline Gold Card and tell them to call.

• Another convenient resource

• Document referral in chart
Refer

Inform client...

• You can double your chances of quitting successfully by calling 1-800-NO-BUTTS

• They will help you for free

• 30 day supply of free Nicotine Patches for Los Angeles County residents
Why refer clients?

- Scientifically proven to help people quit
- Convenient for smokers – time of contact set by patient and eliminates transportation
- No need to wait
California Smokers' Helpline
California Smokers’ Helpline
1-800-NO-BUTTS

Free, confidential and convenient telephone counseling for anyone living in California who:

- Is currently addicted to tobacco
- Has already quit
- Wants information for friends or relatives
California Smokers’ Helpline
1-800-NO-BUTTS

- Doubles chances of quitting
- Services available in 6 languages and hearing impaired
- Programs for teens, pregnant women and tobacco chewers
California Smokers’ Helpline
1-800-NO-BUTTS

- Hours of operation:
  - Mon-Fri from 7am to 9 pm
  - Sat from 9am to 1 pm

- Voice mail and recorded messages are available 24 hour a day
California Smokers’ Helpline
1-800-NO-BUTTS

• Staffed by counselors who receive 2 to 3 hours of training in behavioral health

• Counselors have bachelor’s or master’s in social work, psychology or other health fields
When a client calls the Helpline

- **Initial Intake**
  - Ready to quit
    - Counseling is given and quitting material sent
  - Not ready to quit
    - Educational materials sent
Counseling Protocol Summary

• 1 planning session (35 minutes)
  - Preparation to quit
  - Set a quit date

• 5 follow-up sessions (15 minutes)
  - Identify a strong reason (motivation)
  - Bolster belief in ability (confidence)
  - Develop a solid plan (skills)
  - Adopt a new view of self (self-image)
  - Relapse prevention
AAR SCRIPTS
Ask

“Do you smoke cigarettes?”

“Do you use any type of tobacco?”

“Have you used any tobacco products in the past 12 months?”

“Have you ever smoked cigarettes?”
“We like to ask our clients about smoking cigarettes because we are interested in all aspects of your health. Have you ever smoked?”
Ask

If Yes...

“How many cigarettes do you smoke each day?”

“How many cigars per day do you smoke?”

“How many cans of snuff a day do you use?”

“How many pouches of chew do you use daily?”
Advise—NEVER USED

“Congratulations, keep up the good work.”

“Congratulations, stay tobacco free.”
Advise - For FORMER USERS

- Quit MORE than 12 months ago

“Congratulations, you have made a wise decision.”

“Congratulations on quitting tobacco use.”

Encourage continued cessation, monitor for withdrawal symptoms or refer to helpline.
Congratulations on quitting. There are good programs to help you remain tobacco-free. I recommend that you contact them.

Encourage continued cessation, monitor for withdrawal symptoms/high-risk triggers frequently or refer to helpline.
Advise- For RELAPSED USERS

- Stopped smoking and started again

“I know quitting is very difficult. Usually it takes more than one try. You can do it. Helplines can help you get through the difficult stages.”

Inform them that most people try to quit multiple times before they are successful.
Advise- For CURRENT USERS

“I recommend that you quit. It’s important for your health.”

“It is important that you quit smoking soon and help is available.”
As your counselor, I want you to know that quitting smoking is one of the most important things you can do to protect your health.”

“ As your counselor, I want to encourage you to consider quitting.”
“Quitting smoking can help decrease your medical problem(s).”

“Quitting smoking is one of the most important things you can do to reduce your risk of having another heart attack.”

“By quitting smoking you can reduce the risk of developing another cancer.”
Advise - For CURRENT USERS WHO DO NOT WANT TO QUIT

“Have you ever thought about quitting?”

“Whether or not you want to quit, I want you to know about the latest information on how to quit.”

“Helplines can help you get through the difficult stages of quitting and most people prefer to use them. Please call.”
“My best advice for you and your baby is for you to quit smoking?”

“As your counselor, I want you to know that quitting smoking is the most important thing you can do to protect your baby and your health.”
Advise - From COUNSELORS WHO ARE FORMER USERS

“I understand what you are going through. It took me several attempts before I was successful.”

“I know it is difficult for you. I found it much easier to quit with assistance.”
ACTIVITY

1. Current smokers- What do you think will help you stop smoking?

2. Former smokers- What helped you stop smoking?

3. What advice would you give to smokers who do not want to quit?
In summary...

• Taking less than 3 minutes to Ask, Advise, Refer might be the most important thing you can do to save lives.

• It’s easy, it’s painless, it’s free and

• it’s the right thing to do.
FREE Training
Peer to Peer Smoking Cessation
October 4-6, 2011
St. Anne’s Conference Center
RSVP by Friday, September 16, 2011
Phone: (213) 427-4413
Fax: (213) 361-2710
Questions
Thank you!

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