Implementing Smoking Cessation Programs in Health Centers

Learning Collaborative Session 1

October 26, 2020

MUTE

CHAT

RAISE HAND

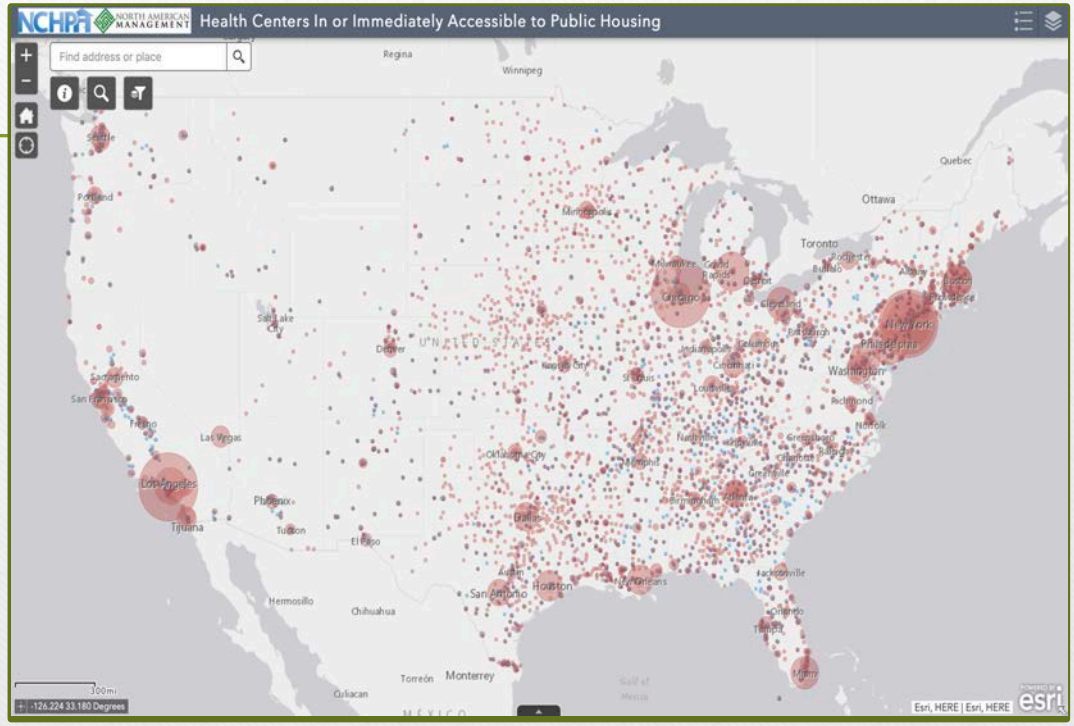
Q&A

National Center for Health in Public Housing

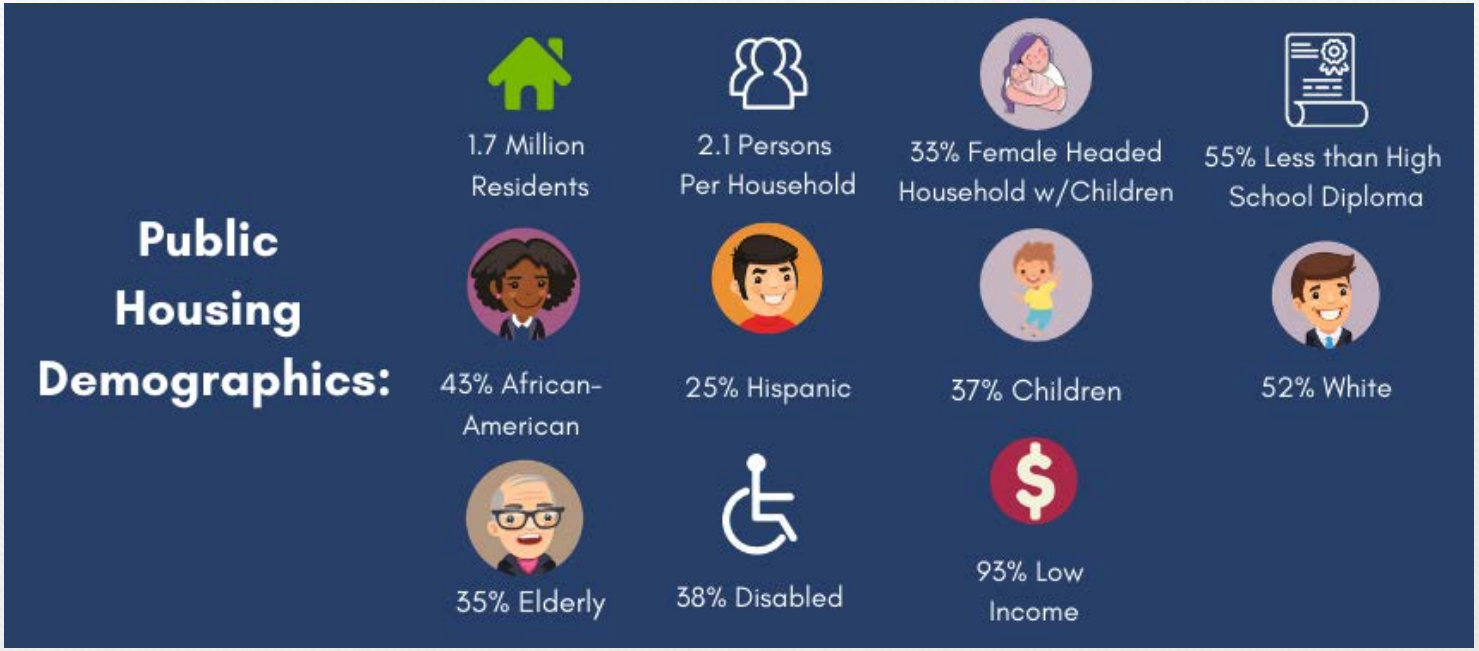
- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for $2,006,400, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

Health Centers close to Public Housing

- 1,385 Federally Qualified Health Centers (FQHC) = 29.8 million patients
- 433 FQHCs In or Immediately Accessible to Public Housing = 5.1 million patients
- 108 Public Housing Primary Care (PHPC) = 856,191 patients
- Source: 2019 National Health Center Data



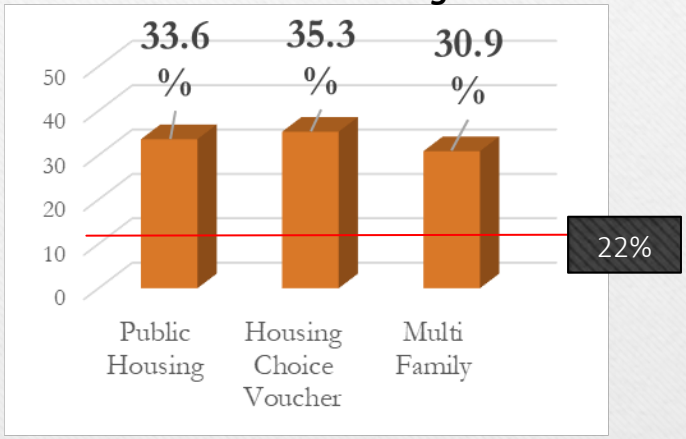
Public Housing Demographics



A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

Adult Smokers with Housing Assistance



Source: Helms VE, 2017

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/ Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

Access to Moodle

- LMS for all LC resources
- Visit Moodle.nchphc.org select "Supporting Implementation of Smoking Cessation Programs…)
- Create account
- Detailed instructions on how to access materials included in our "Welcome Packet".

Upcoming session:

LC Session 2: Introduction and Preparing to Quit

Date: November 2, 2020
Time: 1:00 – 2:00 pm EDT

Registration: https://register.gotowebinar.com/register/3887770171661933580

Panelist(s)

- **Frank Vitale**

National Director, Pharmacy Partnership for Tobacco Cessation

Clinical Assistant Professor, Purdue College of Pharmacy

Group/Individual Smoking Cessation Counseling:

Strategies and Tools

What is Smoking?

- Physical Addiction
- Habit
- Psychological Dependency

Addiction

- Reinforcer
  - Nicotine hits the brain in @ 11 sec.
- Withdrawal syndrome
  - Irritability, anxiousness, impatience, anxiety
- Individuals self-titrate serum concentrations

Withdrawal

- Irritability
- Anxiousness
- Impatience
- Restlessness
- Depression
- Sleep Disturbances
- Cravings
- Increased Appetite

How do we treat the addiction?

- Smoking Cessation Medications
  - Over the Counter
    - Patch
    - Gum
    - Lozenge
  - Prescription
    - Nasal Spray
    - Oral Inhaler
    - Bupropion
    - Varenicline

Habit

- "Automatic Smoking"
  - Repeatedly pairing smoking with other behaviors
  - Engaging in this paired behavior creates unconscious urges to smoke

Typical Trigger Situations

- Morning Routine
- Coffee
- After meals
- In the car
- On the phone
- Alcohol

- Stress
- Anger
- Anxiety
- Boredom
- Celebration

How do we treat the Habit?

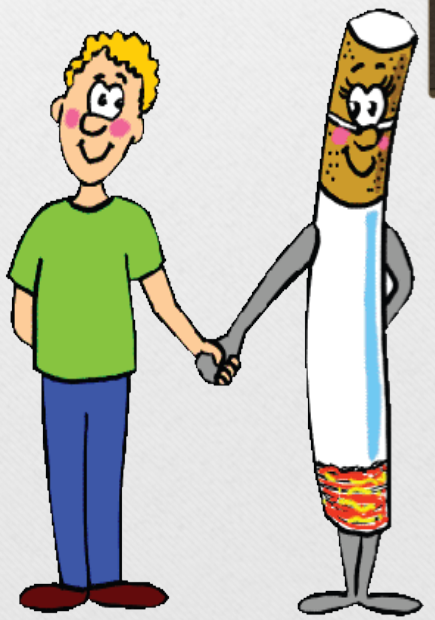
- Coping: Learning to deal with the urges, desires and triggers to smoke ***without*** having a cigarette.
- Types:
  - Cognitive
  - Behavioral
- Times:
  - Prior to the trigger
  - In the moment

Psychological Dependency

- The mistaken belief that cigarettes are doing something *positive* for the smoker
- The added belief that this is something the smoker can not do on his/her own

Perceived Benefits of Smoking

- It helps me deal with stress
- It helps me manage my weight
- It helps me regulate my moods
- It's my best friend
- Others



How do we treat the psychological dependency?

- Challenge perceived benefits
  - Debunk myths
  - Provide accurate information
- Say good-bye
  - Acknowledge feelings
  - Quitting ceremony

Quitting

Ensuring Success

The Quitting Process: Your role

- Determine Stage
- If ready, Set a Quit Day
- Increase Motivation
- Decrease Barriers
- Teach and Promote Coping
- Discuss Pharmacotherapy
- Support and Encourage

What is Quitting?

- Quitting is a process that occurs over time with distinct stages. It is not a discrete one time event.
  - Thinking of Quitting
  - Quitting
  - Maintenance
  - Slip
  - Relapse

Thinking of Quitting

- Just considering quitting, no definite plans, no set quit date
  - Quitter needs: Motivation
  - Your role: Encourage a commitment to quit

The Process

- Explore and reinforce specific motivations:
  - *Personalize* health risks
  - Financial benefits
  - Social/family factors
- Debunk myths:
  - Create accurate expectations
  - Deal with misconceptions
- Increase self-efficacy:
  - Emphasize "do-ability"
  - Review past attempts
  - Focus on accomplishments

Quitting

- Definitely ready to quit, has already made changes in smoking behavior, or has set a quit date
  - Quitter needs: Quitting strategy/Coping skills
  - Your Role: Educate

The Process

- Set a specific quit day
- Prepare and Plan: Set the stage for success
- Reinforce motivations
- Break through barriers
- Teach individualized coping skills
- Select smoking cessation medication
- Get support

Maintenance

- Quit for three weeks or more, has not had *any* cigarettes during that time
  - Quitter needs: Support and Encouragement
  - Your Role: Keep the quit going

The Process

- Acknowledge accomplishments
- Reinforce successful coping
- Warn against complacency
  - Continue to cope
  - Continue medication use
- Anticipate-Plan-Rehearse

Slip

- Occasional smoking: one or two cigarettes in a specific situation; isolated, non-daily
  - Quitter needs: Specific coping strategies
  - Your role:
    - Deal with negative emotions
    - Create targeted coping

The Process

- Reframe quit attempt as a success
- Address negative emotions
- Identify trigger situation
- Create targeted coping strategies
- Review medication use

Relapse

- Return to routine smoking after a quit attempt, smoking one or more cigarettes on a daily basis
  - Quitter Needs: Recommit to quitting
  - Your role: Reevaluate the quit attempt

The Process

- Identify trigger of first cigarette
- Examine the sequence of events leading to relapse
- Suggest specific coping strategies
- Frame quitting as a learning process:
  - "What did you learn about yourself ?"
- Terminate medication use ?
- Renegotiate a quit date

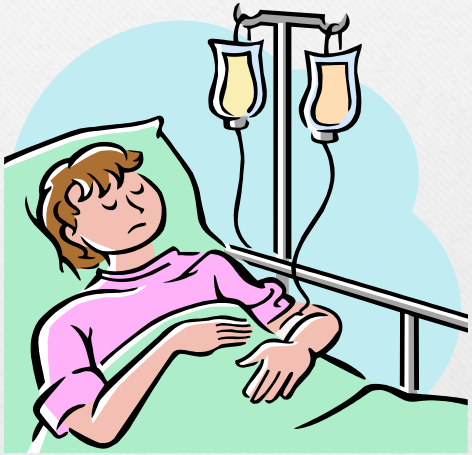
Quitting in Detail

Quit Day

- Why a specific day?
  - "Breaking up"
- What's the best time?
- Group quit day.
  - Do we all quit at the same time?

Motivation

- Health
  - Personalize
  - Do not focus on death!
- Money
- Social and Family Pressure
- Other



Barriers to Quitting

- Stress
- Weight Gain
- Cravings
- "Automatic Smoking"
- History of Failure

Stress Management

The Myth

- There is an ingredient in cigarettes that calms
- Smoking gets rid of all my stress
- I can't relax without a cigarette

The Reality

- The chemicals in a cigarette actually stimulate
- There will always be stress in one's life
- There are millions of ways to relax *without* a cigarette.

What Really Happens:Stress Management and Smoking

- Deep Breathing
- Shifting focus: Taking a break
- Reuptake of nicotine: Smokers confuse relieving withdrawal with relaxing

Weight Management

The Myth

- Smoking keeps food out of my mouth.
- If I quit I'll gain 50 to 60 pounds
- Even gaining two pounds in unthinkable

The Reality

- You control what you eat…you always have
- The average weight gain as a result of quitting is 5-7 pounds
- 100 lb. gain = same negative effect on body as smoking

What Really Happens: Quitting and Weight Gain

- Smokers put the cigarette into their mouth 200 to 300 times a day
  - Natural substitute is food
- Taste buds are "dead"
  - They "wake up" after quitting
  - Attraction to fatty food in increased

Nicotine does not turn your body into a fat burning machine!

Coping

Learning to deal with the urges, desires and triggers to smoke

without

having a cigarette.

Coping Techniques

- Types
  - Cognitive
  - Behavioral
- Times
  - Prior to the situation
  - In the moment

Your Role: Teach and Promote Coping

- Think in terms of "alternatives"
- There is always some other way to think or something else to do in every situation rather than smoke
- Encourage all patients to use a variety of coping techniques
- Foster creativity!

Cognitive Techniques: Preventing Urges

- Challenge beliefs
- Visualization
- Anticipate-Plan-Rehearse

Cognitive Techniques: In the moment

- Distraction:
  - Thought stopping
  - Visualize positive outcomes
  - Substitute other thoughts
    - Evaluate need
    - Review benefits
    - Think of the consequences
    - "I am in control"

Cognitive Techniques (cont.)

- Be objective
  - Don't fight the thoughts
  - Evaluate the situation
  - Remind yourself that urges are brief
- Accept the thoughts
  - "Just because you think of something doesn't mean you have to do it!"
  - "So what!"

Behavioral Techniques: Preventing Urges

- Avoid situations/triggers
- Change Patterns
  - Who
  - What
  - When/Order
  - Where
  - How

Behavioral Techniques: In the Moment

- Deep Breathing
- Escape the situation
- Alternative behaviors

Combining Techniques

- Stress Management
  - Leave the scene
  - Take some deep breaths
  - See yourself on the beach
  - Think "I am calm"
- Morning Routine
  - Get up from the "wrong" side of the bed
  - Say to yourself " I can make it!"
  - Take a bath instead of a shower

Get Support

- Inter-group support
- Extra-group support
- Elements of a supportive person
  - Is there when they are needed
- Should two people quit together?

Why Pharmacotherapy?

- Prevents withdrawal
  - Maintains nicotine serum concentration at or above patient's comfort level
  - Eliminates the reinforcing effect of administering nicotine through smoking
- Gives patients the time to ***comfortably*** break the habit and the psychological dependency

Currently Available Products

- Patch
- Gum
- Lozenge
- Oral Inhaler
- Nasal Inhaler
- Bupropion
- Varenicline

Patches

- Transdermal delivery system
- Available in 21mg, 14 mg, and 7 mg
  - Step down
- Once a day administration
- Easy to use

Nicotine Gum

- Buccal absorption
- 2mg and 4mg
- Dosed based on time to first cigarette in a.m.
- Activate/Park

Nicotine Lozenge

- Buccal absorption
- 2mg and 4mg
- Similar dosing/usage/precautions as gum
- Advantages:
  - No chewing—easier to use
  - Fast acting

Oral Inhaler

- Prescription
- Two part mouth piece enclosing nicotine cartridge
- Cartridge = 10mg nicotine
- Mimics the oral aspect of smoking

Nasal Inhaler

- Prescription
- One metered spray contains .5mg nicotine
- One to two sprays in each nostril per hour initially…increase as needed
- Use for eight weeks then taper for 4-6

Bupropion

- May increase dopamine
- Begin one week prior to quitting
- 7-10 weeks of therapy: no taper
- Absolute contraindication: Seizure disorder

Varenicline (Chantix)

- Nicotine receptor agonist
  - Reduces withdrawal
  - Prevents nicotine from entering the brain
- Pill form; easy to use
- Use for 12 weeks
- Has highest quit rate

Combination Therapies

- Use Patch as base therapy
  - Add gum, lozenge, oral inhaler, nasal spray PRN as need to deal with situational urges
- Bupropion and patch shown to be effective
- Shown to nearly quadruple quit rates over placebo

Compliance is Key

- If you can do nothing else make sure that your client understands:
  - The right dose for them
  - The proper length of therapy
  - If using the gum, proper technique
  - Who to contact with problems

YOU HAVE TO USE A MEDICATION FOR IT TO WORK

The best way to quit smoking is to combine a smoking cessation medication with a behavior modification program.

Group Cessation Program

- Six Sessions
  - Orientation
  - Preparation
  - Quit Day
  - Stress Management
  - Benefits of Quitting
  - Relapse Prevention/Maintaining the Quit

Counseling Themes

- Coping is key.
- Individualized strategies are better than general suggestions.
- Be prepared.
- Think in terms of “alternatives”.
- Medications are just adjuncts to the process

Role of Group Leader

- Create and Maintain
- Build the Culture
- Technical Expert
- Model

Create and Maintain

- Time, Place, etc.
- Unity
  - Absences
  - Attrition
  - Extra attendees
- Food, Drink, Spouses, Children?

Build the Culture

- Honesty
- Confidentiality
- Interaction
- Respect for all opinions
- Dissatisfaction with present behavior
- Eagerness for change

Create a Supportive Atmosphere

- Smoking is not a option
- Encourage
  - Emphasize "It can be done!"
  - Communicate belief in patient's ability to quit
- Communicate caring and concern
  - Address ambivalence
- Encourage patient to talk
  - Reinforce wins
  - Work through challenges

Technical Expert

- Do I have all the answers?
- Do I talk all the time?
- Soliciting ideas from the group.
- What do I comment on? Ignore?
- The “link” between session
- Here and Now.

Model

- Positive attitude
- Patience
- Acceptance
- Your own history
- Your own feelings
- Are you “One of the Gang”

The Importance of the Group

- The more important the group, the more effective
- The more continuity the better
- Take your role seriously. Be on time.
- Support and encourage. The group may be the only people interested in a particular member's quit.

Members as agents of change

- Group functions best when everyone realizes the value they are to each other.
  - Learn from similar experience
  - Learn from past quit attempts
  - Learn from Role-Playing

Remember:

- You can't "make" anyone quit
- Relapse is a natural part of the process
  - It doesn't mean you are a bad counselor
- Frame quitting as a learning process
- Individualize therapy as much as possible
  - There is no one right way to quit

For Questions contact:

Frank Vitale

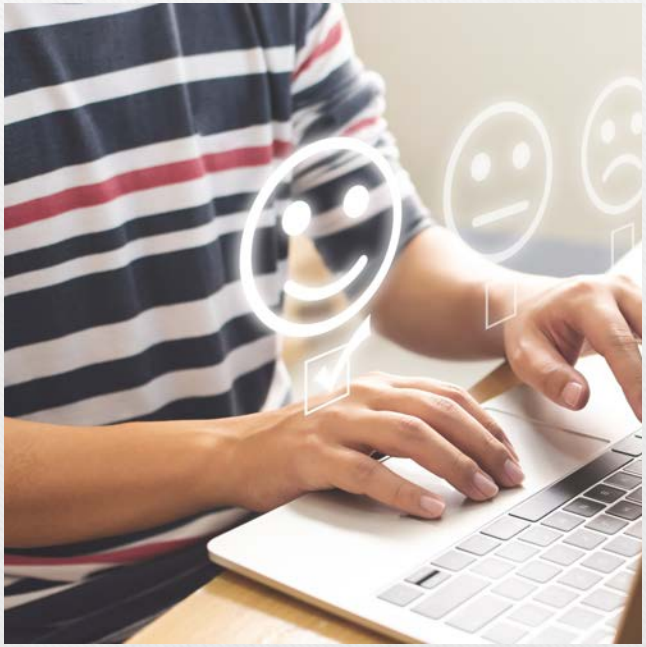
vitalefm@msn.com

Q&A

If you would like to ask the presenter a question, please submit it through the questions box on your control panel.

If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the "raise hand" icon on your control panel and your line will be unmuted.

LET US KNOW YOUR THOUGHTS!



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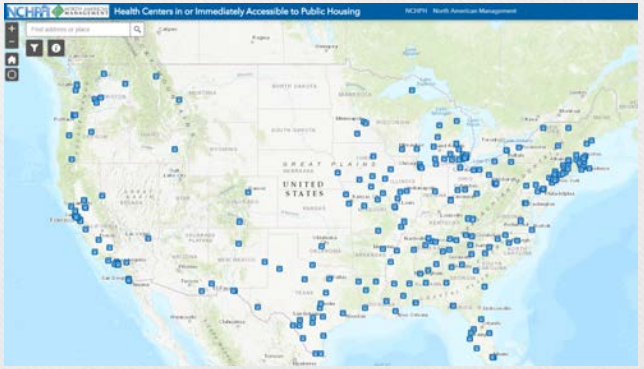

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Contact us

Robert Burns
Director of Health
Bobburns@namgt.com

Dr. Jose Leon
Chief Medical Officer
jose.leon@namgt.com

Saqi Maleque Cho DrPH, MSPH
Manager of Policy, Research, and Health Promotion
Saqi.cho@namgt.com

Fide Pineda Sandoval
Health Research Assistant
Fide@namgt.com

Chantel Moore
Communications Specialist
Cmoore@namgt.com

Please contact our team for Training and Technical Support
703-812-8822

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