

Evidence-Based Tobacco Cessation Programs: Ten Successful Steps for a Successful Quit



January 25, 2024

Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email

The Zoom logo is displayed in a bold, blue, lowercase sans-serif font.

National Center for Health in Public Housing

- The National Center for Health in Public Housing (NCHPH) 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.



Today's speakers



**Fide Pineda
Sandoval, CHES**
Manager of Training
and Technical
Assistance



Jose Leon, MD
Chief Medical Officer



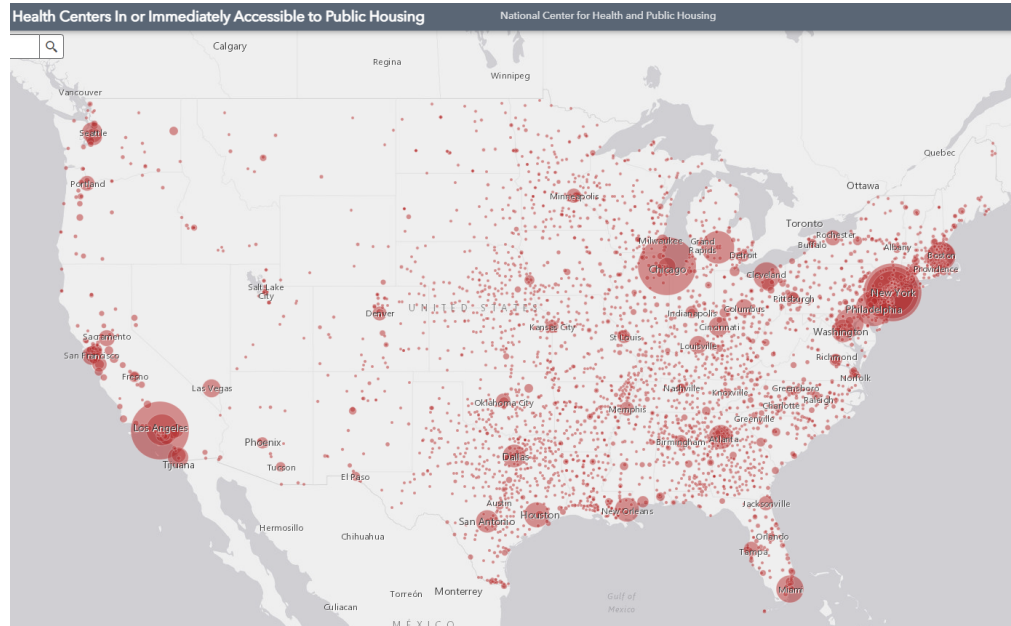
Frank Vitale, MA
National Director
Pharmacy Partnership for
Tobacco Cessation;
Clinical Assistant Professor



Health Centers Close to Public Housing

- 1,370 Federally Qualified Health Centers (FQHC) = 30.5 million patients
- 483 FQHCs In or Immediately Accessible to Public Housing = 6.1 million patients
- 107 Public Housing Primary Care (PHPC) = 935,823 patients

Source: [2022 Health Center Data](#)



Source: [Health Centers in or Immediately Accessible to Public Housing Map](#)

Public Housing Demographics



1.5 Million
Residents



2 Persons
Per Household



38% Disabled



52% White



91% Low
Income



43% African-
American



26% Latinx



19% Elderly



36% Children



32% Female Headed
Households with
Children

HUD 2023 Data

Preventive Care Screening: Tobacco Use: Screening and Cessation Intervention

	All FQHC's
Total Patients Aged 18 and Older	13,271,719
Estimated Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User	11,228,127
Estimated % of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User	84.60%

Source: [Table 6B: Quality of Care Measures](#)

Tobacco and Vaping product use in FQHCs: 2022 Health Center Patient Survey

Patient Characteristics	All other Housing	95% CI	All HUD- PH	95% CI	p	Public Housing	95% CI	p
n (weighted) = 27,224,243								
Current smoker		16.6-24.6	31.4	22.3-42.2	0.0132	34.7	2.2-5.5	0.026
Smoked at least 100 cigarettes		35.6-46.0	44.3	35.5-53.5	0.043	44.4	30.4-59.0	0.7
Plans in the future to quit		70.6-82.5	88.5	73.5-95.5	0.11	88.5	72.3-100.0	0.023
Patient has a time frame for quitting smoking		38.6-53.2	52	34.9-68.6	0.6			0.53
Advised to stop smoking by provider within past 12 months	67.3	59.4-74.3	86.3	72.3-93.8	0.015			0.18
Ever used smokeless tobacco	12.8	9.3-17.4	8.2	4.6-14.1	0.11	5.5	2.6-11.0	0.04
Desire to stop smoking in last 12 months	75.9	68.7-81.8	90.6	75.7-96.7	0.07	92.7	76.2-98.0	0.057
Percent of smokers that smoke cigarettes every day	38.1	32.8-43.7	56.7	40.9-71.3	0.011	56.8	35.0-76.2	0.046
Ever used vaping products	26.1	22.0-30.6	28.6	19.6-39.7	0.65	26.3	15.0-41.9	0.91

**95% Confidence Interval
(95% range of real possibility)**

**P – value
(statistical significance)**

* Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs

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	Current smoker	20.3	16.6-24.6	31.4	22.3-42.2	0.0132	34.7	2.2-5.5
Smoked at least 100 cigarettes in lifetime	40.0	35.0-45.0	40.0	35.0-45.0	0.043	40.0	35.0-45.0	0.007
Plans in the future to quit smoking for good	55.5	50.5-60.5	55.5	50.5-60.5	0.11	58.8	53.8-63.8	0.023
Patient has a time frame in mind to quit smoking	52.2	47.2-57.2	52.2	47.2-57.2	0.6	54.4	49.4-59.4	0.53
Advised to stop smoking by provider within past 12 months	67.3	59.4-74.3	86.3	72.3-93.8	0.015	79.42	50.4-93.6	0.18
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**All patients
(reference
group)**

**All HUD-assisted
(comparison
group 1)**

**Public housing
only (comparison
group 2)**

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Patient has a time frame in mind to quit smoking	45.8	38.6-53.2	52	34.9-68.6	0.6	44.6	24.8-66.3	0.53
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Ten Steps to a Successful Quit!

Frank Vitale, M.A.

National Director, Pharmacy Partnership
for Tobacco Cessation

OBJECTIVES

Upon successful completion of this activity participants should be able to:

- Identify the essential steps in creating a successful quitting plan
- Work with a patient to implement those steps
- Understand the importance “coping” has for long term success

TOBACCO DEPENDENCE: A 2-PART PROBLEM

Tobacco Dependence

Physiological

The addiction to nicotine



Treatment

Medications for cessation



Behavioral

The habit of using tobacco



Treatment

Behavior change program

Treatment should address the physiological **and** the behavioral aspects of dependence.

Pick A Quit Day

- It is important to quit on a specific day
 - It's like “breaking up” with someone
 - Does “Tapering” work?
- One day is not necessarily better than another but:
 - Avoid:
 - Stressful times
 - Big Changes in your life



Clean House

- Get rid of all your cigarettes by quit day
 - This is **not** negotiable!!
- Put away ashtrays, etc.
- Look in closets, under the sofa, in your car!
- Don't keep any cigarettes "just in case"!

Understand Motivations

- What is prompting you to quit?
 - Health
 - Money
 - Family
 - Social Pressures
 - Other

Remove Barriers

- What is preventing you from quitting?
 - Stress
 - Concern about weight gain
 - Fear of failure
 - Other



Boost Confidence

- What accomplishment in your life are you most proud of?
- “If you can do that, you can quit smoking!”



Be Prepared

- Anticipate
 - Know beforehand what situations are likely to be problematic
- Plan
 - Create a way to deal with the situation without smoking
- Rehearse
 - Practice the plan often

Learn To Cope

- Two types
 - Cognitive
 - Behavioral
- Two times
 - Prior to a situation
 - Right in the moment



Example: Cognitive Techniques

- Positive Self Talk:
 - “I am proud of myself.”
 - “I can do this.”
 - “I am strong”
- Change the message:
 - “A cigarette isn’t going to make anything better.”
 - Just because you think about something doesn’t mean you have to do it!!
- Visualize yourself in situations where you used to smoke coping successfully

Example: Behavioral Techniques

- Deep Breathing
- Alternative behaviors
- Change the order
- Leave the scene

Choose a Cessation Medication

OTC

Nicotine Patch

Nicotine Gum

Nicotine Lozenge

Prescription

Nicotine Inhaler*

Nicotine Nasal Spray

Bupropion

Varenicline

* Discontinued 2023

NICOTINE PATCH

Available: 21 mg, 14 mg, 7 mg (OTC)

Pros:

- Once-daily dosing
- Delivers consistent nicotine levels over 24 hours
- Can be used in combination with other agents
- Of all nicotine replacement products, use is least obvious
- Relatively inexpensive (generic formulation)

Cons:

- Cannot be titrated to acutely manage withdrawal symptoms
- Not recommended for use with dermatologic conditions

NICOTINE GUM and LOZENGE

Available: 2 mg, 4 mg; various flavors (OTC)

Pros:

- Oral substitute
- Can titrate to manage withdrawal symptoms
- Might delay weight gain
- Used in combination with other agents to manage situational urges
- Relatively inexpensive (generic formulations)

Cons:

- Frequent dosing (short-acting) = risk for poor adherence
- Gastrointestinal side effects might be bothersome
- Dental work/jaw issues (gum only)
- Proper chewing technique is necessary (gum only)

NICOTINE GUM: DIRECTIONS for USE



NICOTINE NASAL SPRAY

Available: 10 ml bottle; 0.5 mg per spray (Rx)

Pros:

- Can titrate to more closely manage withdrawal symptoms
- Can use in combination with other agents to manage situational urges

Cons:

- Frequent dosing (short-acting) = risk for poor adherence
- Nasal administration; nasal irritation often problematic
- Not recommended for use with chronic nasal disorders or severe reactive airway disease
- Cost of treatment (no generic available)



BUPROPION SR

Available: 150 mg tablets (Rx)

Pros:

- Twice-daily oral dosing
- Might be beneficial in patients with depression
- Can use in combination with NRT
- Relatively inexpensive (generic formulations)

Cons:

- Seizure risk is increased
- Several contraindications and precautions / more extensive screening
- Patients must be monitored for potential neuropsychiatric symptoms

Bupropion SR is initiated 1 to 2 weeks before the quit date.

VARENICLINE

Available: 0.5 mg and 1.0 mg tablets (Rx)

Pros:

- Twice-daily oral dosing
- Offers a different mechanism of action than other options
- Most effective agent for cessation when used as monotherapy

Cons:

- Nausea (28%): take after eating and with a full glass of water
- Insomnia/sleep disturbances
- Patients must be monitored for potential neuropsychiatric symptoms
- Cost of treatment (no generic available)

Varenicline is initiated 1 week before the quit date.

COMBINATION PHARMACOTHERAPY

- **Combination NRT**

Long-acting formulation (patch)

- Produces relatively constant levels of nicotine

PLUS

Short-acting formulation (gum, lozenge, inhaler, nasal spray)

- Allows for acute dose titration as needed for nicotine withdrawal symptoms

- **Bupropion SR + Nicotine Patch**

Combination therapy increases dosing flexibility and overall plasma nicotine concentration.

COMBINATION NRT: RECOMMENDED TREATMENT REGIMENS

- **Nicotine patch**

Dose: 21 mg/day x 4–6 wks. → 14 mg/day x 2 wks. → 7 mg/day x 2 wks.

PLUS

- **Nicotine gum or lozenge** (2 mg/4 mg; based on time-to-first cigarette)

Dose: Use 1 piece q 1–2 hours as needed (use at least 4-5/day)

OR

- **Nicotine inhaler** (10 mg cartridge; delivers 4 mg nicotine vapor)

Dose: Use 1 cartridge q 1–2 hours as needed

OR

- **Nicotine nasal spray** (0.5 mg/spray)

Dose: Use 1 spray in each nostril q 1–2 hours as needed

Get Support

- Find a support person
 - At home
 - At work
 - Within your social circle
- A person who will be there when needed, not a policeman
- Use an online cessation program
- Join a group program or use the Quit Line 1 800 QUIT NOW

Quit Line

- Free, telephonic cessation counseling available in every state
- Expert counselors, usually Master's level
- Four to six sessions
- Individualized programs
- Free medications at times
- Available in many languages; behavioral specialist also available

Say Goodbye

- Have a quitting ceremony!
- A meaningful moment to end the relationship
 - “Dear John” letter
 - Flush cigarettes down the toilet
 - Have a funeral



What Doesn't Work!

- Cold Turkey!
- Hypnosis
- Acupuncture
- Nicotine water, lotions, lollypops, etc.
- Tapering
- Vaping!!

VAPING

- To Date:
 - Insufficient evidence to show that vaping has any efficacy for cessation
 - No definitive studies to show efficacy
 - Many individuals end up vaping and smoking
 - Insufficient evidence to show that vaping is a safe alternative to smoking
 - All vaping devices contain numerous dangerous chemicals
 - No oversight of manufacturing process

THE BEST WAY TO QUIT SMOKING IS TO
COMBINE
A CESSATION MEDICATION
WITH
A BEHAVIOR CHANGE PROGRAM

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For More Information:

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Pharmacy Partnership for Tobacco Cessation

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Additional Resources

Quitting Top Ten List

1. **Pick a quit day.** It is important to have a specific day on which to quit. Pick a day within two weeks of making up your mind to stop.
2. **Clean House.** Get rid of all your cigarettes, lighters, ashtrays, etc. by your quit day. Look everywhere you typically hide cigarettes. Keeping cigarettes around is not an option!!!
3. **Understand why you want to quit.** Thank about the reasons you have for quitting. Write those on a card and carry that card with you. Review these reasons whenever you have an urge.
4. **Ask yourself, “What is keeping me from quitting?”** Examine why you have continued to smoke. What benefit do you get from smoking? How else can you accomplish this?
5. **Be prepared.** Understand where and when you were most likely to smoke. Have a plan ready to deal with these situations *without smoking*. Practice the plan often before encountering that situation.
6. **Change what you do.** Your plan should include changing common smoking | routines. Look at each situation where you usually smoke. What else could you do there *instead* of smoke? If you can't think of anything else, don't worry. Talk to your support team for ideas.
7. **Change how you think.** The other part of your plan should focus on changing how you think. When you have a thought about a cigarette, substitute another thought to distract yourself. Tell yourself, “I am in control” or “I can do it.” Always remain positive.
8. **Decide on a smoking cessation medication.** Smoking cessation medications do not make you stop smoking. Only you can do that. Smoking cessation medications simply reduce or eliminate withdrawal symptoms so that you can comfortably make the changes in your life to stay smoke free. If you have question about which medication is right for you speak to your pharmacist.
9. **Get a support person.** Find someone who can help you when you need an extra boost! Make sure this person will be there for you when you are in need. A support person should be someone who will not give you cigarettes under any circumstance! Or create a whole team of people to help!!
10. **Have a quitting ceremony.** The evening before your quit day have a ceremony where you get rid of your last cigarettes. Make sure this ceremony is personal and powerful. Use this as a time to say “Goodbye” and to move on. Celebrate your new life as a nonsmoker.

Q&A Session





Complete our Post Evaluation Survey



Contact Us

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Thank you!

