

A photograph of four hands of different skin tones cupping a single, glossy red heart. The hands are positioned in a circle, with fingers pointing outwards, creating a sense of unity and care. The background is a soft, light blue gradient.

How To Love Your Quitters

Empowering and Influencing
Tobacco Users for Positive
Change


Jill Selzle PA-C, dipACLM, TTS-C

Disclosures

- Expert content reviewer for the American College of Lifestyle Medicine Board Review Manual
 - Treating Tobacco Use Disorder and Managing Other Toxic Exposures



Objectives



1
Discuss key findings from the Surgeon General's 2020 report regarding smoking and tobacco use

2
Review pharmacotherapy options, proper usage, and side effect profiles

3
Identify and improve the way we interact and influence patients to quit smoking

4
Review lung cancer screening guidelines and the importance of capturing qualified candidates

Smoking Cessation

A Report of the Surgeon General



U.S. Department of Health and Human Services

Objective # 1: Discuss key findings from the Surgeon General's 2020 report regarding smoking and tobacco use

[Smoking Cessation: A Report of the Surgeon General \(Executive Summary\) \(hhs.gov\)](https://www.hhs.gov/about/news/2020/05/2020-report-smoking-cessation)

What We Know...

Smoking cessation is beneficial at any age.
Smoking cessation improves health status and enhances quality of life.

Why It Matters...

Linda, age 66

“I am surely a blessed woman!! I am still smoke free!!! Yep, April 1, 2022 the last cigarette. Thank you God, thank you Dr. B, thank you for your support.”



What We Know...

Smoking places a substantial financial burden on smokers, healthcare systems, and society. Smoking cessation reduces this burden, including smoking attributable healthcare expenditures.

Why It Matters...

WHAT'S TOBACCO COSTING NEBRASKA?

Tobacco products cost a lot more than what they sell for—health care expenses, lost productivity, even illness and death. Check out the statewide impact.

Nebraska's Smoking Population

17% of adults smoke. That's more than **310,000** people!

25% of Nebraskans are former smokers.

19% of men smoke. **16%** of women smoke.

13% of Nebraskans under 18 smoke. **1,800** kids under 18 become daily smokers each year.

Smoking-Related Deaths

2,500 DEATHS were attributed to smoking in 2014. That's more than the entire population of Arkansas.

Of these who died, 1,490 were men and 1,010 were women.

Men were more likely to die from smoking-related cancers. Women were more likely to die from respiratory diseases.

These Nebraskans lost on average **14 YEARS OF LIFE.**

Annual Cost Statewide

Every year, Nebraska spends **\$727 PER PERSON**—regardless of age—for smoking-related health care expenses and lost productivity.

Businesses Lose **\$532** worth of productivity due to smoking.

Smoking-related health care costs: **\$795 MILLION**
Hospital: \$492 million
Ambulatory Care: \$201 million
Nursing Home: \$111 million
Physician Fees: \$117 million
Other: \$11 million

Smoking-Related Illnesses

Nationwide, for every person who dies from a smoking-attributable cause, **30 more** are living with a smoking-attributable illness.*

In other words, **75,000** Nebraskans suffered from smoking-attributable illnesses in 2014.

* U.S. Centers for Disease Control and Prevention

It's time to think about what tobacco is really costing us.

What We Know...

More than three out of five U.S. adults who have ever smoked cigarettes have quit. Although a majority of cigarette smokers make a quit attempt each year, less than one-third use cessation medications approved by the U.S. Food and Drug Administration or behavioral counseling to support quit attempts.

Why It Matters...

Becki, age 46



What We Know...

Smoking cessation reduces risk for many adverse health effects, including reproductive health outcomes, cardiovascular diseases, chronic obstructive pulmonary disease, and cancer.

Quitting smoking is also beneficial to those who have been diagnosed with heart disease and chronic obstructive pulmonary disease.

Why It Matters...



What We Know...

Smoking cessation reduces the risk of premature death and can add as much as a decade to life expectancy.

Why It Matters...

Bill, age 67

My biggest fear regarding quitting was “gaining weight and dealing with stressors without a nicotine fix.”

“Chantix was one of the recommended options, which significantly reduced the urges and desire to smoke.”

“I was told to prioritize quitting for positive reasons. One reason was my grandson, who will be 3 years old in October.”

“I was a tobacco user for 44 years, I only thought I could/would quit when I was deceased! With education and encouragement from counselors who truly care about a person’s health and well being along with being held accountable I did it...quitting nicotine is liberating!”

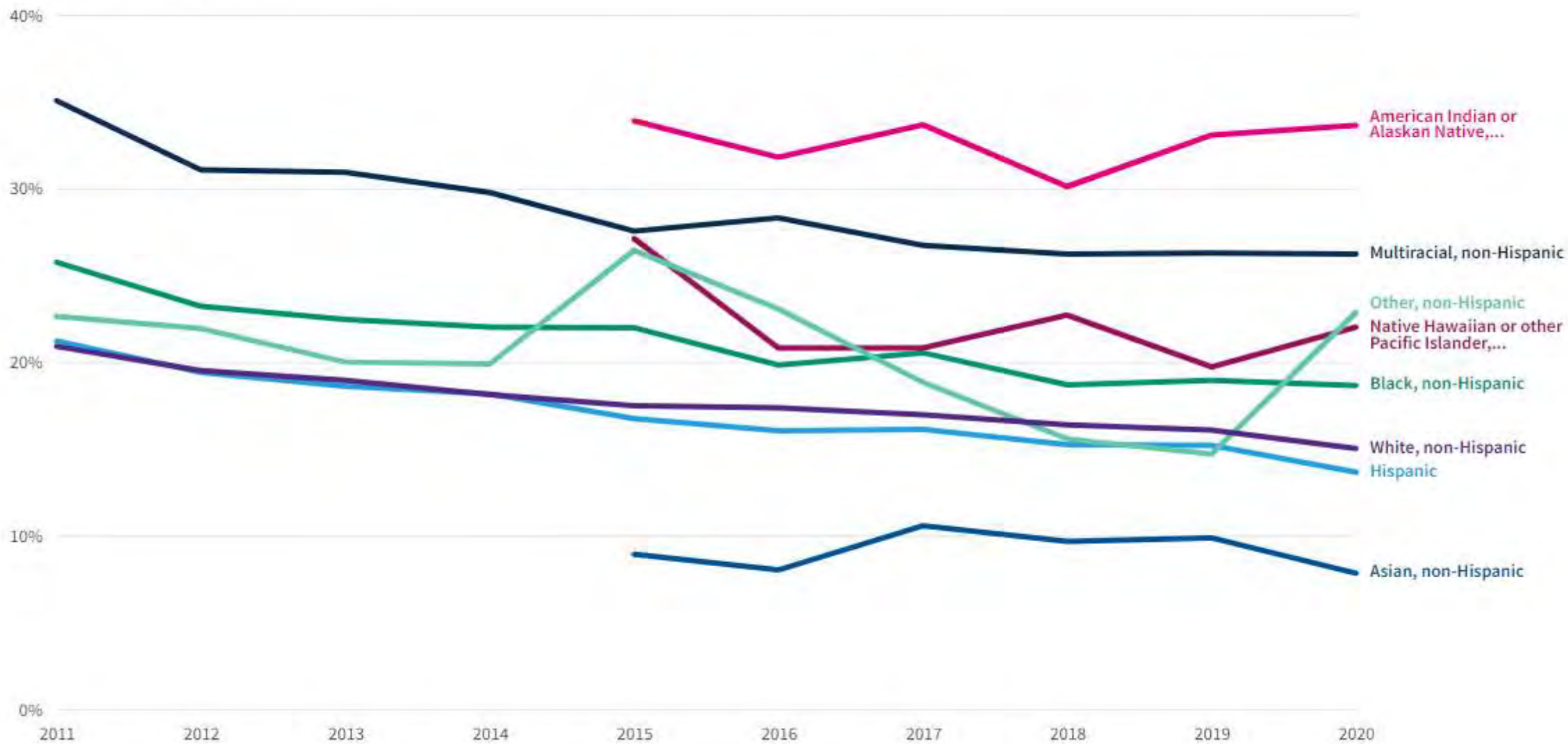


What We Know...

Considerable disparities exist in the prevalence of smoking across the U.S. population, with higher prevalence in some subgroups. Similarly, the prevalence of key indicators of smoking cessation—quit attempts, receiving advice to quit from a health professional, and using cessation therapies—also varies across the population, with lower prevalence in some subgroups.

Percent of adults who smoke

By race and ethnicity



Smoking and Mental Illness...a Heavy Burden

- 240,000 annual deaths from smoking occur among patients with chronic mental illness and/or substance use disorders
- This population consumes 40% of all cigarettes sold in the United States
- People with serious mental illness die sooner than others, and smoking is a large contributor to early mortality
- Greater risk for nicotine withdrawal
- Social isolation from smoking compounds social stigma

Why It Matters...



“I’m ashamed to walk down the street. It’s like I have a foul odor coming off of me, like I’m subjecting other people to see something ugly-me, a bipolar lunatic that should never leave the house...”

“I don’t wish I was dead. That would be too easy. I just wish I could wake up in someone else’s skin, with someone else’s life. I’m too broken to be fixed, too messed up to ever be a contributing member of society. I can’t work and I hurt the people I love. I should just go live in a cave and stay high all the time.”

Evidence Review Shows Stopping Smoking Improves Behavioral Health

- Cochrane Collaborative meta analysis of 26 papers
- Smoking cessation leads to decreased depression, anxiety, stress and increase in mood and quality of life
- Among smokers with preexisting alcohol use disorder smoking cessation leads to decreased likelihood of recurrence or continuation of their alcohol use disorder
- Smoking Cessation interventions during addiction treatment has been associated with a 25% increase in likelihood of long term abstinence from alcohol and illicit drugs

What We Know...

Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective.

Why It Matters...

- Insurance coverage of medications/counseling
- Use of Nebraska or Iowa Quit Lines
- Patient assistance via drug companies or institutions are often available
- Common sense discussions regarding reality of cost



What We Know...

E-cigarettes, a continually changing and heterogeneous group of products, are used in a variety of ways. Consequently, it is difficult to make generalizations about efficacy for cessation based on clinical trials involving a particular e-cigarette, and there is presently inadequate evidence to conclude that e-cigarettes, in general, increase smoking cessation.

Youth Vaping

- E-cigarettes are the most commonly used tobacco products among middle and high school students
- In 2021: 1 in 9 high school students and 1 in 36 middle students were current users¹²
- High rates of frequency and daily use suggest many teens have a very strong dependence to nicotine



Why It Matters...

Isabel, age 16



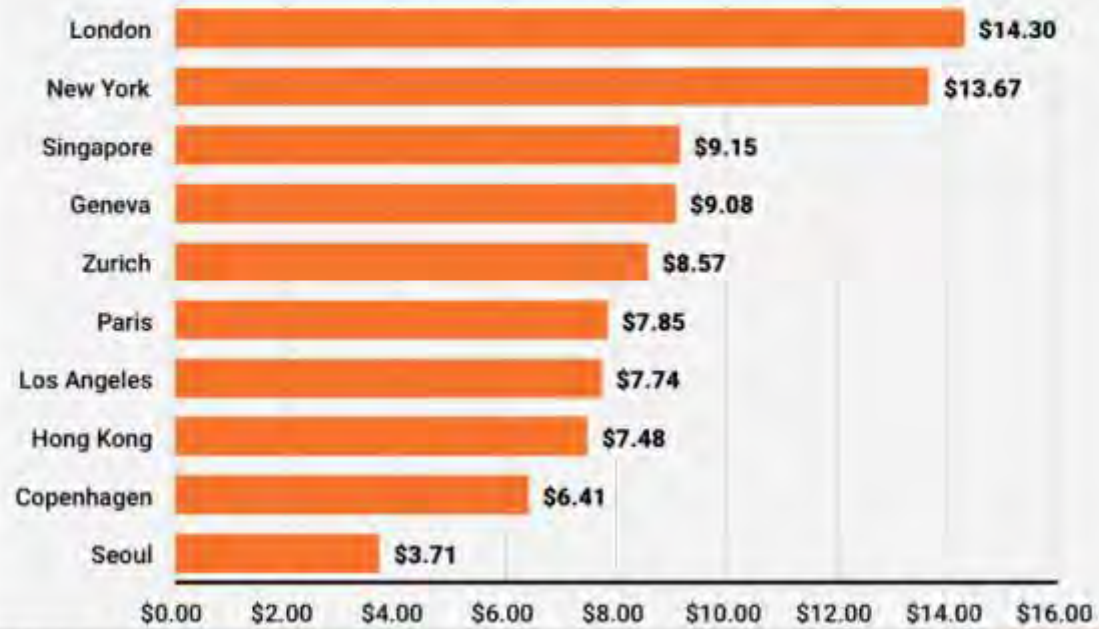
- Presented at the request of her parents
- Getting in trouble at school and home
- Started vaping at age 14
- Severe withdrawal symptoms
- “Constantly thinking about vaping”

What We Know...

Smoking cessation can be increased by raising the price of cigarettes, adopting comprehensive smokefree policies, implementing mass media campaigns, requiring pictorial health warnings, and maintaining comprehensive statewide tobacco control programs.

CIGARETTES IN THE WORLD'S MOST EXPENSIVE CITIES

Average price of a pack of 20 branded cigarettes



SOURCE: The Economist Intelligence Unit, "Worldwide Cost of Living 2014"

BUSINESS INSIDER



Why It Matters...



Tobacco Free Nebraska

[f](#) [t](#) [v](#) [+](#)

Tobacco Free Nebraska is the state's comprehensive tobacco prevention program. We are excited to have you join us in working toward a healthier Nebraska.

With our coalitions and other partners across the state, we want to help people quit tobacco, eliminate exposure to secondhand smoke, protect our youth by keeping them from using tobacco and reach the underserved populations that are sometimes missed.

Tobacco Free Nebraska

Department of Health & Human Services

 **Phone Number**

(402) 471-2101

 **Toll Free Number**

(800) QUIT-NOW (784-8669)

 **Fax Number**

(402) 328-6287

 **Email Address**

dhhs.tfn@nebraska.gov

 **Mailing Address**

P.O. Box 95026, Lincoln, Nebraska 68509-5026

What We Know...

- Smoking cessation medications approved by the U.S. Food and Drug Administration and behavioral counseling are cost-effective cessation strategies
- Cessation medications approved by the U.S. Food and Drug Administration and behavioral counseling increase the likelihood of successfully quitting smoking, particularly when used in combination
- Using combinations of nicotine replacement therapies can further increase the likelihood of quitting

Objective # 2: Review pharmacotherapy options, proper usage, and side effect profiles

FDA Approved Medications

Product	Strength/Dosing	Side Effects
Nicotine Transdermal Patch	7 mg, 14 mg, 21 mg	skin irritation, palpitations, tachycardia, vivid dreams
Nicotine gum	2 mg, 4 mg	oral irritation, indigestion, diarrhea
Nicotine lozenge	2 mg, 4 mg	oral irritation, indigestion, diarrhea
Nicotine inhaler	4 mg/actuation	throat and mouth irritation, cough
Nicotine nasal spray	10 mg/1 mL	runny nose, cough, nasal/throat irritation
Varenicline	0.5 mg, 1 mg	GI side effects, change in mood/depression, sleep disturbances/vivid dreams
Bupropion (sustained release)	150 mg	changes in mood/depression, tachycardia, dry mouth, insomnia

The Patch



- Achieve desired level of replacement
- Once daily dosing
- Most common side effect: skin irritation
- Prescribe based on cigarette use: 1 mg replacement per cigarette smoked
- Adjust taper based on symptoms

Nicotine Lozenge/Gum

- Short acting use for urges/cravings
- Requires frequent use to obtain adequate levels of nicotine
- Do not eat or drink 15 minutes before or during use
- Should not be chewed or swallowed
- Most common side effect: nausea
- Lozenges > absorption than gum



Nicotine Nasal Spray

- Flexible dosing
- Used in response to urges
- Fastest delivery of all NRT
- Most common side effect: nose and throat irritation
- Not sniffed, rather sprayed against lining of nostril
- Dose 1-2 times/hour



Nicotine Inhaler

- Flexible dosing
- Mimics hand to mouth behavior
- Most common side effect: mouth/throat irritation
- Puffing done frequently
- Cartridge = 80 puffs over 20 minutes of use
- Minimum of 6 cartridges per day



Bupropion

- Easy to use
- Pill form
- Most common side effects: dry mouth, insomnia
- Good in combination with NRT
- Contraindicated with concurrent MAOI use
- Seizure risk (1:1000)
- Avoid with hepatic failure
- Label warning about mood changes
- Maintenance dose 150 mg bid

Varenicline

- Easy to use
- Pill form
- Common side effects: nausea, abnormal dreams/sleep
- No known drug interactions
- Caution with impaired kidney function
- Box warnings about mood changes
- Starter pack/Maintenance pack
- Most effective monotherapy



Notes on Pharmacotherapy

First line therapies

- Varenicline
- Sustained release NRT (patch) + immediate release NRT
 - Provides steady state level
 - Allows patient to respond to urges

Medications with different targets

- NRT + Bupropion
- Varenicline + Bupropion - “Chanban” Study 58 % quit rate at 6 months, compared to 44% quit rate at 3 months with varenicline alone
- Varenicline + Patch



Objective # 3: Identify and improve the way we interact and influence patients to quit smoking

“At the end of the day people won't remember what you said or did, they will remember how you made them feel.”

- Maya Angelou

Tips For Providers to Empower and Influence Tobacco Users for Positive Change

- Identify and improve the way we interact with patients
- To influence and to optimize
- Emotion moves people, not data
- Whatever you do, do it authentically

1. Manage your own personal state

- Prepare yourself for an interaction
- Assume the best
- Be authentic



2. Make Them Comfortable

- Listen and ask questions
- Look for understanding
- Pay attention to your body language, your mood, your emotions



3. Give the Gift of Possibility

- Remove objections early
- Limiting beliefs show up in the form of objections
- Address the “little voice”
- Don't let your patients have possibility blindness





- # 4. Move People With What Moves People
 - Reframing
 - Reciprocity
 - Remark about the remarkable
 - Encourages continued behavior



5. Make It Easy

Don't complicate things

Design does matter

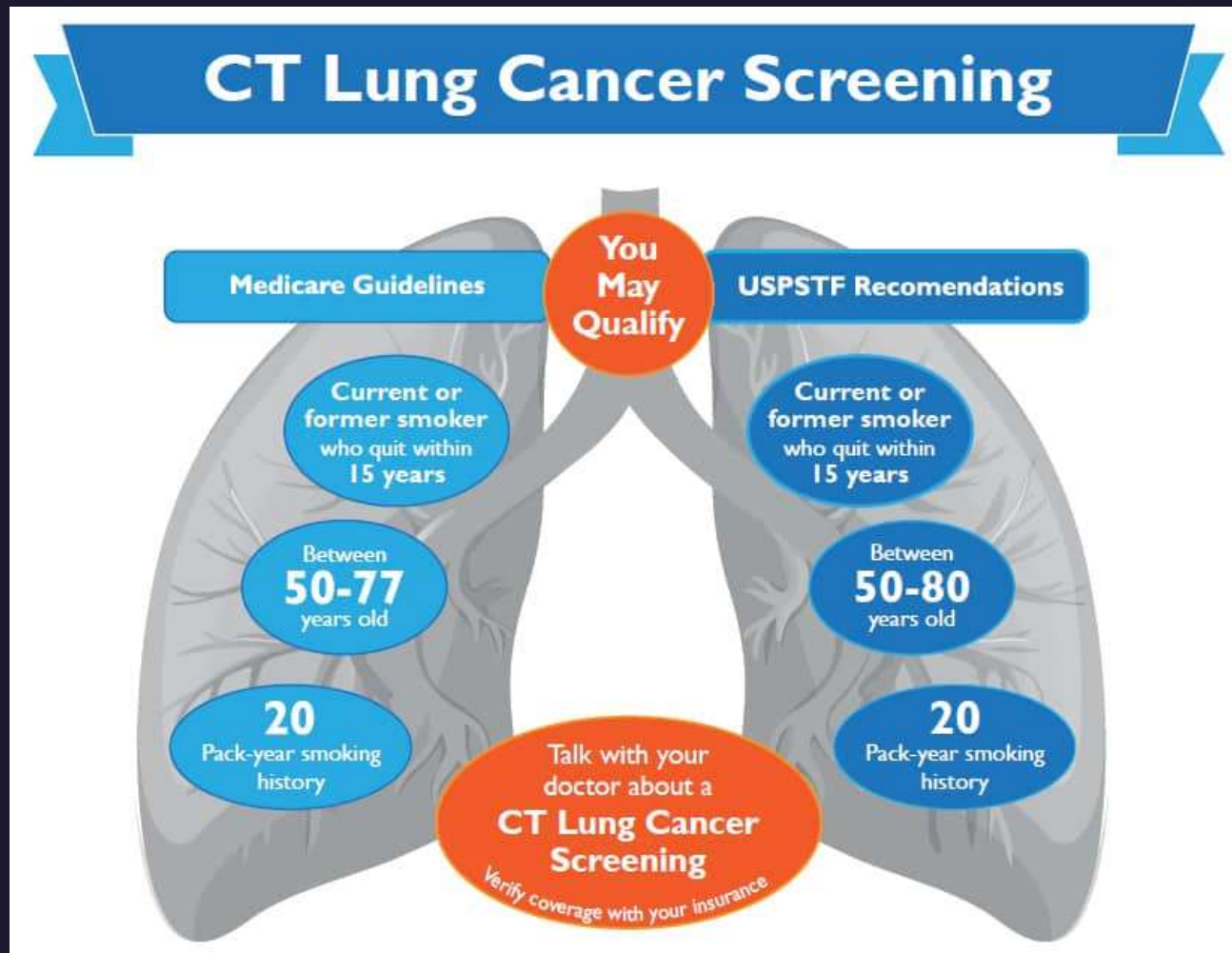
Minimize hurdles

Give them options

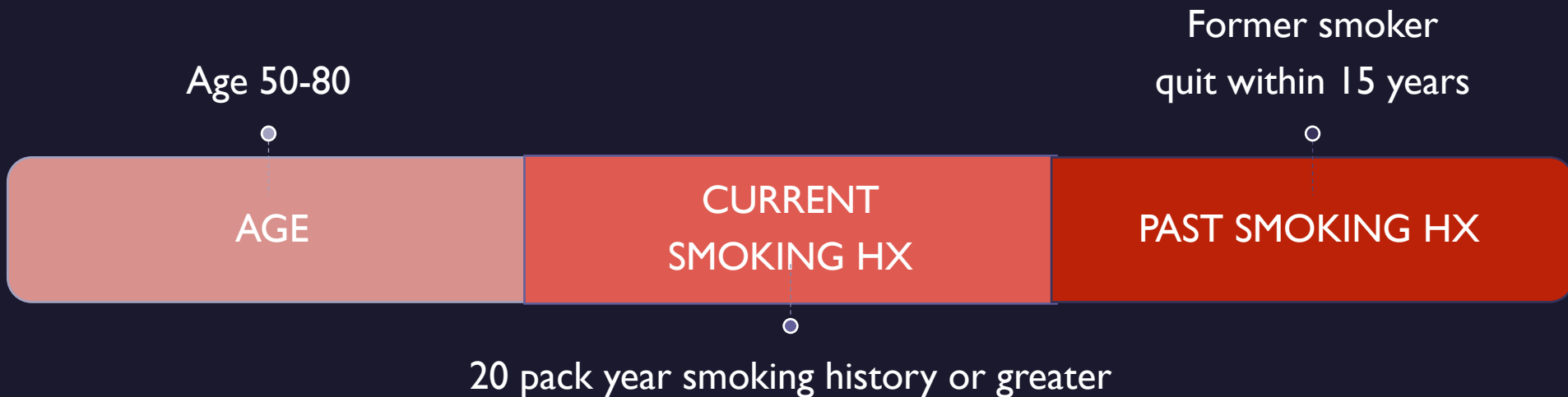
Don't be discouraged if you
need plan B, or C, or D

Evaluate confidence levels

Objective # 4: Review lung cancer screening guidelines and the importance of capturing qualified candidates



Lung Cancer Screening Criteria



- There are approximately 14.5 million Americans eligible for lung cancer screening⁹
- Less than 6 percent of eligible Americans are screened for lung cancer every year (colon cancer screening 67%, breast cancer screening 73%)⁸
- Lung cancer is the leading cause of cancer death, an estimated 130,000 deaths in 2022¹⁰
- Large scale randomized trials have shown that screening reduces lung cancer mortality by 20-33 percent¹¹



Why It Matters...

- When patients are diagnosed with lung cancer at an early stage, the five-year survival is 57 percent
- Most patients are diagnosed with lung cancer at an advanced stage when the five-year survival is 6.7 percent





A significant part of lung cancer screening is the opportunity to address tobacco cessation-- please, please, don't miss the opportunity.





Influencing patients and empowering them to fight tobacco addiction head on is an awesome responsibility. It is a deliberate, reoccurring, powerful opportunity to make the lives of our patient's better. Your interaction and the role you play in this process should not be underestimated.... so go out and **LOVE YOUR QUITTERS!**

Summary

References

1. Centers for Disease Control and Prevention. Current cigarette smoking among adults in the United States. www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm. 2019.
2. Creamer MR, Wang TW, Babb S, et al. Tobacco product use and cessation indicators among adults – United States, 2018. *Morbidity and Mortality Weekly Report*. 2019;68(45):1013-1019.
3. U.S. Department of Health & Human Services. Smoking cessation: a report of the Surgeon General. www.cdc.gov/tobacco/data_statistics/sgr/index.htm. 2020.
4. U.S. Department of Health & Human Services. Surgeon General releases first report focused on smoking cessation in 30 years. www.hhs.gov/about/news/2020/01/23/surgeon-general-releases-first-report-focused-on-smoking-cessation-in-30-years.html. 2020.
5. U.S. Department of Health & Human Services. Smoking cessation: a report of the Surgeon General – key findings. www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/2020-cessation-sgr-factsheet-key-findings/index.html. 2020
6. Ebbert J. *Nicotine/Tobacco Research* 11(5):572; April 7, 2009
7. [Smoking Cessation: A Report of the Surgeon General \(Executive Summary\) \(hhs.gov\)](http://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/2020-cessation-sgr-factsheet-key-findings/index.html)
8. Lung Cancer Screening (2021, July). National Cancer Institute. Accessed September 2022. https://progressreport.cancer.gov/detection/lung_cancer
9. Landy, R; Young, C.D; Skarzynski, M; Cheung, L; Berg, C; Rivera, M; Robbins, H.A.; Chaturvedi, A.; Katki, H, Using Prediction-Models to reduce Persistent Racial/Ethnic Disparities in Draft 2020 USPSTF Lung-Cancer Screening Guidelines. *J Natl Cancer Inst* 2021.
10. Siegel, RL, Miller, KD, Fuchs, HE, Jemal, A. *Cancer Statistics, 2022*. *CA Cancer J Clin*. 2022. <https://doi.org/10.3322/caac.21708>
11. de Koning HJ, van der Aalst CM, de Jong PA, Scholten ET, Nackaerts K, Heuvelmans MA, et al. Reduced lung cancer mortality with volume CT screening in a randomized trial. *N Engl J Med*. 2020;382:5013-13.
12. Park-Lee E, Ren C, Sawdey MD, et al. Notes from the Field: E-Cigarette Use Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021. *MMWR*. 2021



Thank You

Jill Selzle

jselzle@nebraskamed.com