



Helping Smokers Quit: Indiana



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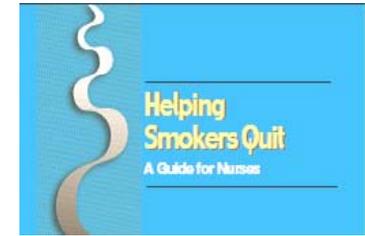
From Guideline to Practice: A Nursing Intervention to Help Smokers Quit

Funded by: DHHS, Centers for Disease Control (CDC),
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Developed in collaboration with *Rx for Change: Clinician-Assisted Tobacco Cessation*



HELPING SMOKERS QUIT: The HSQ Project

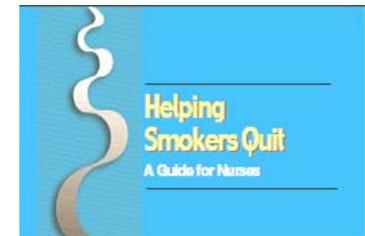


GOALS

- Provide nurses the **knowledge and skills** to deliver evidence-based smoking cessation interventions to patients who smoke
- Correct **myths and misperceptions** about tobacco cessation
- Disseminate **resources** via the web:
 - www.tobaccofreenurses.org &
 - www.helpingsmokersquit.org

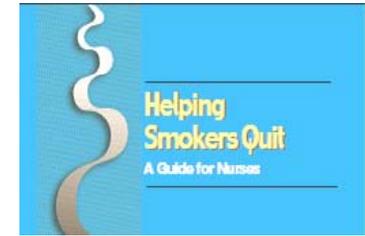


CHANGING WHAT A "GOOD NURSE" DOES





SMOKING: The LEADING CAUSE of PREVENTABLE DEATH in THE UNITED STATES



ANNUAL U.S. DEATHS ATTRIBUTABLE TO SMOKING, 1997–2001

Cardiovascular diseases	137,979
Lung cancer	123,836
Respiratory diseases	101,454
Second-hand smoke*	38,112
Cancers other than lung	34,693
Other	1,828

Percentage of all smoking-attributable deaths*

32%

28%

23%

9%

8%

<1%

United States: 437,902 deaths annually

Indiana: 9,800 deaths annually

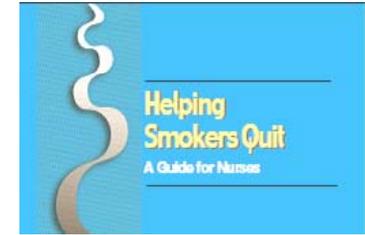
* In 2005, it was estimated that nearly 50,000 persons died due to second-hand smoke exposure.

Centers for Disease Control and Prevention. (2005). *MMWR* 54:625–628.

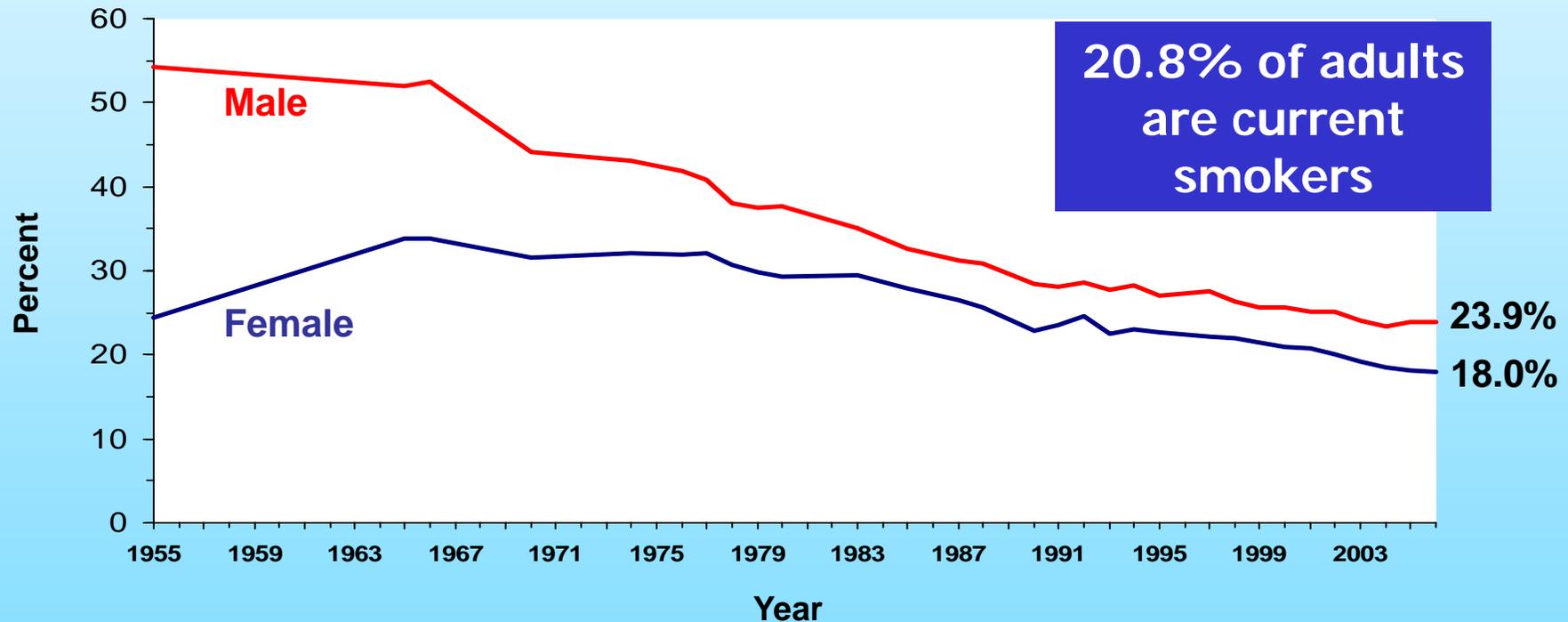
Average Annual Smoking-Attributable Mortality – SAMMEC 1997–2001; Campaign for TFK, (2008).



TRENDS in ADULT SMOKING, by SEX — U.S., 1955–2006



Trends in cigarette current smoking among persons aged 18 or older



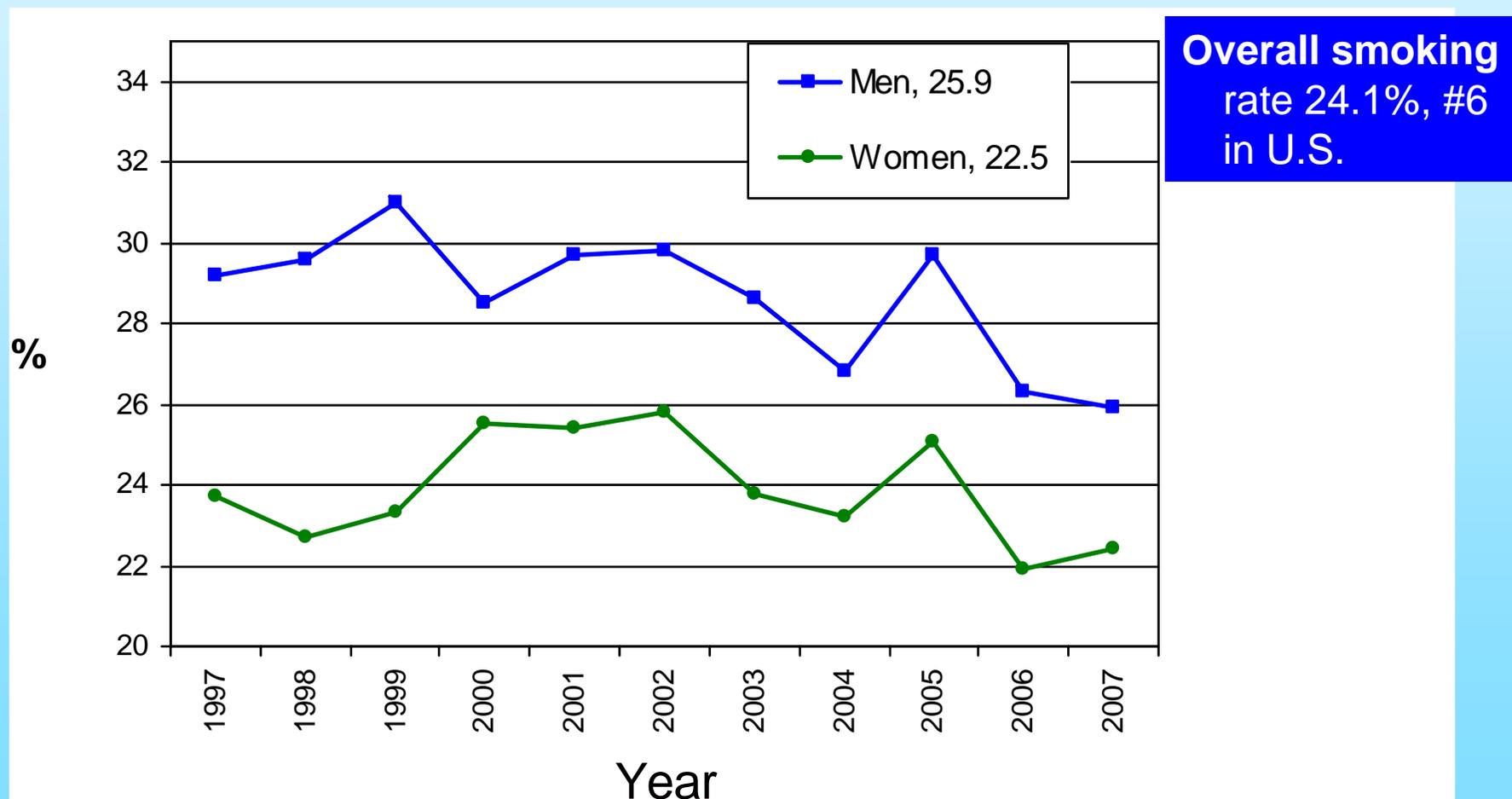
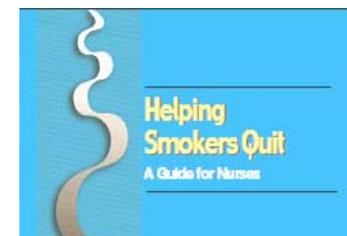
70% want to quit

Graph provided by the Centers for Disease Control and Prevention. 1955 Current Population Survey; 1965–2005 NHIS. Estimates since 1992 include some-day smoking





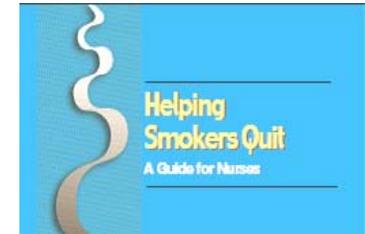
SMOKING PREVALENCE IN INDIANA, BY GENDER



Sources: Behavioral Risk Factor Surveillance System (BRFSS) (2007).



KEY ISSUES: INDIANA

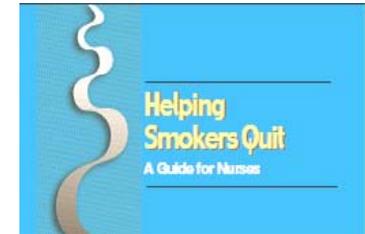


- **Smoking during pregnancy:**
 - prevalence 17.3%
- **Smoking among 18–24 year olds:**
 - 29.8%
- **Adolescent smoking:**
 - 22.5% of high school students (*U.S. average 20.0%*) in 2007
- **Tobacco-related health-care costs:**
 - \$2+ billion/year



KEY ISSUES: INDIANA

(cont'd)



■ **Smoke-free workplace laws:**

- Local legislation exists, but no statewide legislation to protect Hoosiers from secondhand smoke in workplaces, public places, restaurants, and bars.

■ **Cigarette taxes:**

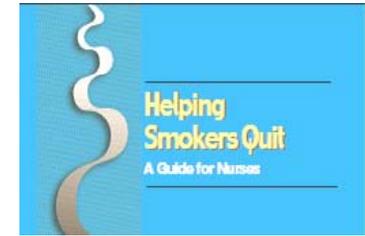
- 80% increase in cigarette taxes from 55.5¢ to 99.5¢ per pack in 2007 (U.S. median, \$1.18 per pack).
- Ranked #28 in the United States.

Tobacco industry spending:

- \$425+ million spent by tobacco companies per year.
- Indiana with over 1.4 million smokers is a “test state” for new tobacco products.



COMPOUNDS in TOBACCO SMOKE



An estimated 4,800 compounds in tobacco smoke, including 11 proven human carcinogens

Gases

- Carbon monoxide
- Hydrogen cyanide
- Ammonia
- Benzene
- Formaldehyde



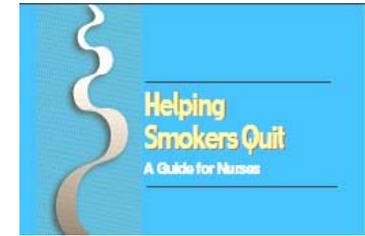
Particles

- Nicotine
- Nitrosamines
- Lead
- Cadmium
- Polonium-210

Nicotine does NOT cause the ill health effects of tobacco.



2004 REPORT of the SURGEON GENERAL: HEALTH CONSEQUENCES OF SMOKING



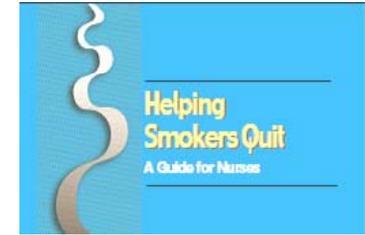
FOUR MAJOR CONCLUSIONS:

- Smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general.
- Quitting smoking has immediate as well as long-term benefits, reducing risks for diseases caused by smoking and improving health in general.
- Smoking cigarettes with lower machine-measured yields of tar and nicotine provides no clear benefit to health.
- The list of diseases caused by smoking has been expanded.

U.S. Department of Health and Human Services. (2004). *The Health Consequences of Smoking: A Report of the Surgeon General.*



HEALTH CONSEQUENCES of SMOKING

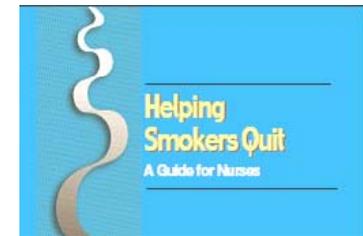


- Cancers
 - Acute myeloid leukemia
 - Bladder and kidney
 - Cervical
 - Esophageal
 - Gastric
 - Laryngeal
 - Lung
 - Oral cavity and pharyngeal
 - Pancreatic
- Pulmonary diseases
 - Acute (e.g., pneumonia)
 - Chronic (e.g., COPD)
- Cardiovascular diseases
 - Abdominal aortic aneurysm
 - Coronary heart disease
 - Cerebrovascular disease
 - Peripheral arterial disease
- Reproductive effects
 - Reduced fertility in women
 - Poor pregnancy outcomes (e.g., low birth weight, preterm delivery)
 - Infant mortality
- Other effects: cataract, osteoporosis, periodontitis, poor surgical outcomes

U.S. Department of Health and Human Services. (2004). *The Health Consequences of Smoking: A Report of the Surgeon General.*



2006 SURGEON GENERAL'S REPORT INVOLUNTARY EXPOSURE to TOBACCO SMOKE



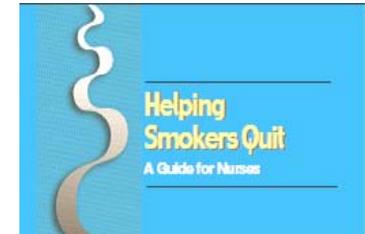
- Second-hand smoke causes premature death and disease in all nonsmokers
- Children:
 - Increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma
 - Respiratory symptoms and slowed lung growth if parents smoke
- Adults:
 - Immediate adverse effects on cardiovascular system
 - Increased risk for coronary heart disease and lung cancer
- Millions of Americans are exposed to smoke in their homes/workplaces
- Indoor spaces: eliminating smoking fully protects nonsmokers
 - Separating smoking areas, cleaning the air, and ventilation are **not** effective

There is no safe level of exposure to second-hand smoke.

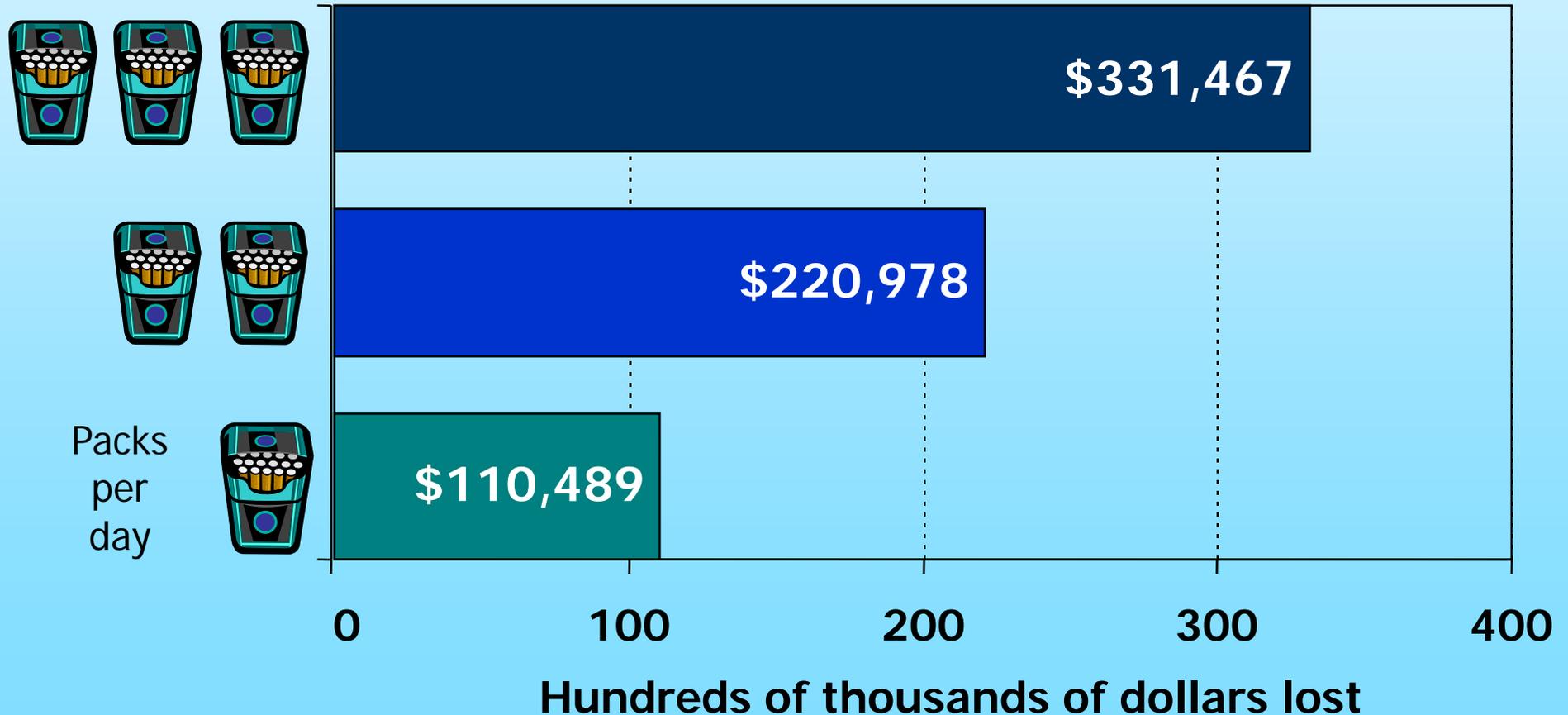
U.S. Department of Health and Human Services. (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: Report of the Surgeon General.*



FINANCIAL IMPACT of SMOKING: COSTS to the INDIVIDUAL

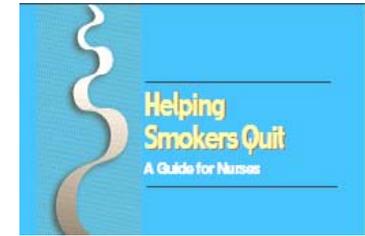


Buying cigarettes every day for 50 years @ \$4.12 per pack
Money banked monthly, earning 1.5% interest

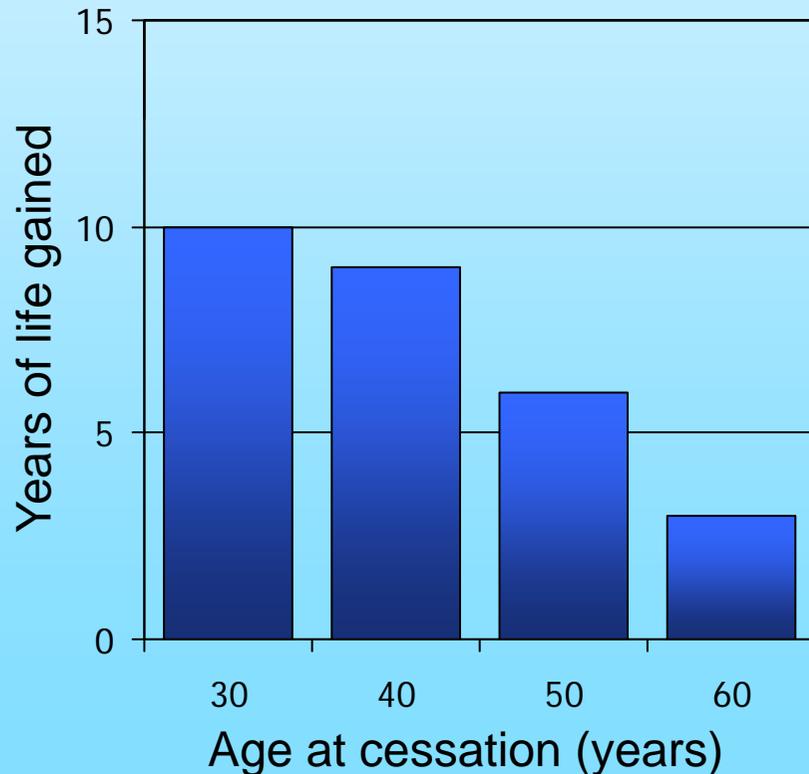




SMOKING CESSATION: REDUCED RISK of DEATH



- Prospective study of 34,439 male British doctors
- Mortality was monitored for 50 years (1951–2001)

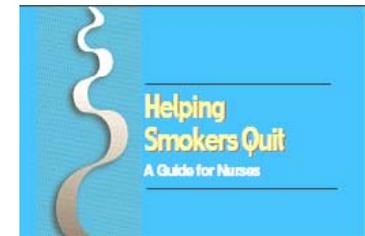


On average, cigarette smokers die approximately 10 years younger than do nonsmokers.

Among those who continue smoking, at least half will die due to a tobacco-related disease.



QUITTING: HEALTH BENEFITS



Time Since Quit Date

Circulation improves,
walking becomes easier
Lung function increases
up to 30%

2 weeks
to
3 months

Lung cilia regain normal
function

Ability to clear lungs of mucus
increases

Excess risk of CHD
decreases to half that of a
continuing smoker

1
year

Coughing, fatigue, shortness of
breath decrease

Lung cancer death rate
drops to half that of a
continuing smoker

5
years

Risk of stroke is reduced to that
of people who have never
smoked

Risk of cancer of mouth,
throat, esophagus,
bladder, kidney, pancreas
decrease

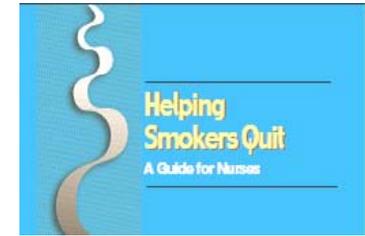
10
years

after
15 years

Risk of CHD is similar to that of
people who have never smoked



TOBACCO DEPENDENCE: A 2-PART PROBLEM



Tobacco Dependence

Physiological

The addiction to nicotine



Medications for cessation



Behavioral

The habit of using tobacco

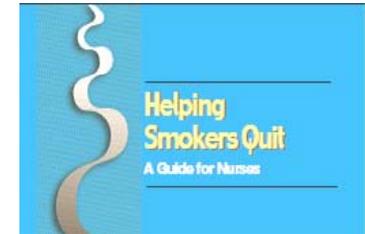


Behavior change program

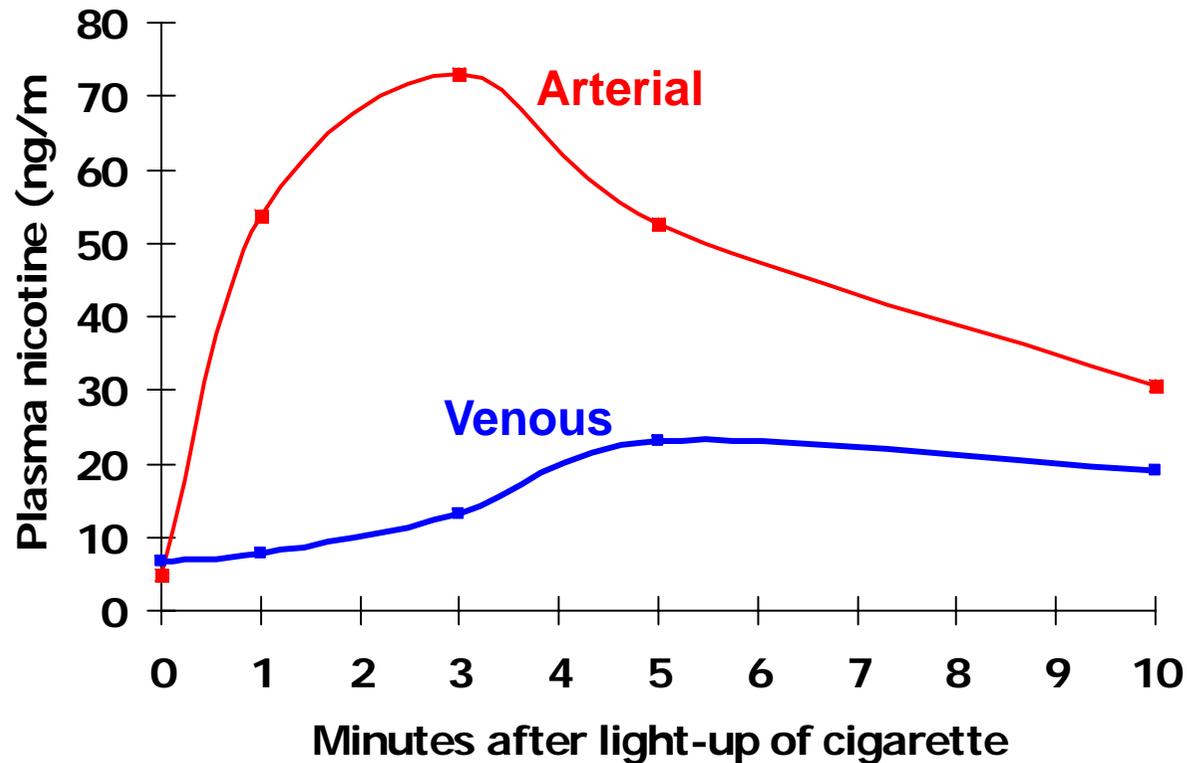
Treatment should address the physiological **and** the behavioral aspects of dependence.



NICOTINE DISTRIBUTION

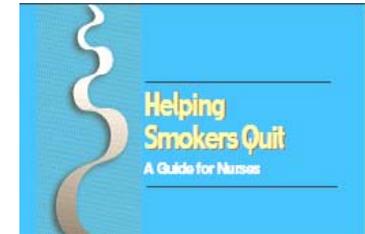


Nicotine reaches the brain within 11 seconds.





BIOLOGY of NICOTINE



Nicotine stimulates dopamine release

Pleasurable feelings

Repeat administration

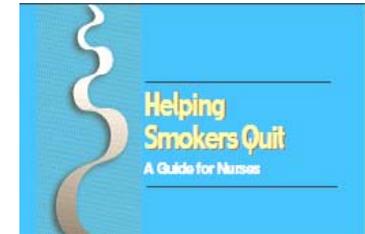
Tolerance develops

Nicotine addiction is *not* just a bad habit.

Discontinuation leads to withdrawal symptoms.



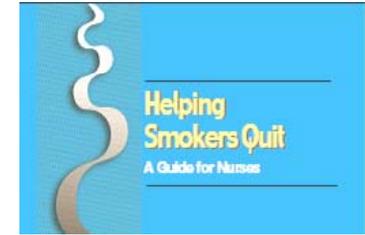
NICOTINE ADDICTION



- Tobacco users maintain a minimum serum nicotine concentration in order to:
 - Prevent withdrawal symptoms
 - Maintain pleasure/arousal
 - Modulate mood
- Users self-titrate nicotine intake by:
 - Smoking/dipping more frequently
 - Smoking more intensely
 - Obstructing vents on low-nicotine brand cigarettes



NICOTINE WITHDRAWAL EFFECTS



- Depression
- Insomnia
- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness
- Increased appetite/weight gain
- Decreased heart rate
- Cravings*

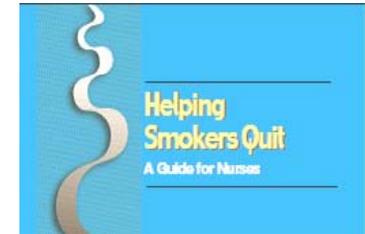
Most symptoms
subside within
2–4 weeks.

* Not considered a withdrawal symptom by *DSM-IV* criteria.

American Psychiatric Association. (1994). *DSM-IV*.
Hughes et al. (1991). *Arch Gen Psychiatry* 48:52–59.
Hughes & Hatsukami. (1998). *Tob Control* 7:92–93.



PHARMACOTHERAPY



“Numerous effective medications are available for tobacco dependence, and clinicians should encourage their use by all patients attempting to quit smoking—except when medically contraindicated or with specific populations* for which there is insufficient evidence of effectiveness.”

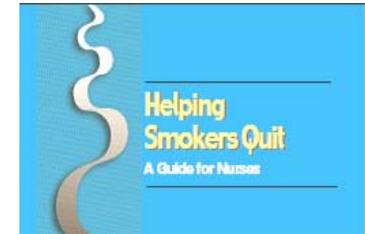
MEDICATIONS SIGNIFICANTLY IMPROVE SUCCESS RATES.

* Includes pregnant women, smokeless tobacco users, light smokers, and adolescents.

Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.* Rockville, MD: USDHHS, PHS, May 2008.



FDA-APPROVED MEDICATIONS for CESSATION



Nicotine polacrilex gum

- Nicorette (OTC)
- Generic nicotine gum (OTC)

Nicotine lozenge

- Commit (OTC)
- Generic nicotine lozenge (OTC)

Nicotine transdermal patch

- Nicoderm CQ (OTC)
- Generic nicotine patches (OTC, Rx)

Nicotine nasal spray

- Nicotrol NS (Rx)

Nicotine inhaler

- Nicotrol (Rx)

Bupropion SR

- Zyban (Rx)
- Generic bupropion SR (Rx)

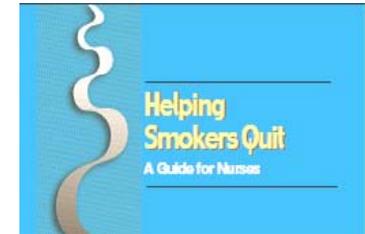
Varenicline

- Chantix (Rx)

These are the only medications that are
FDA-approved for smoking cessation.



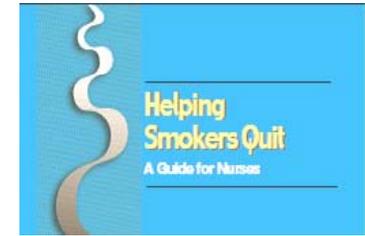
NICOTINE REPLACEMENT THERAPY: RATIONALE for USE



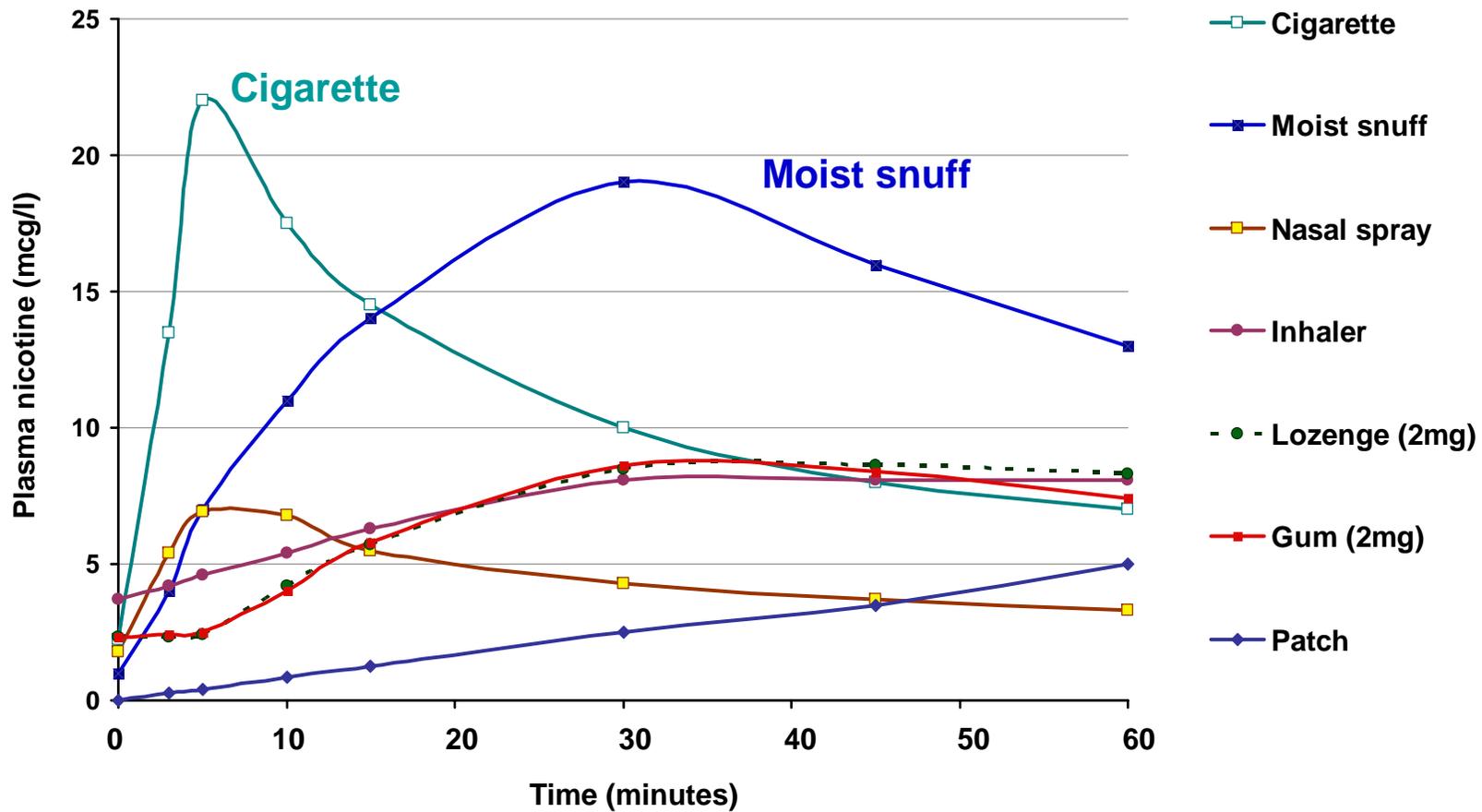
- Reduces physical withdrawal from nicotine
- Eliminates the immediate, reinforcing effects of nicotine that is rapidly absorbed via tobacco smoke
- Allows patient to focus on behavioral and psychological aspects of tobacco cessation



PLASMA NICOTINE CONCENTRATIONS for NICOTINE-CONTAINING PRODUCTS

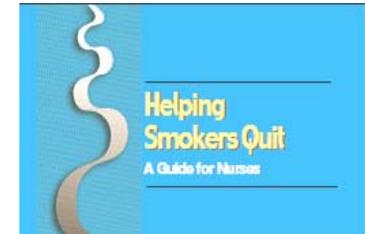


Nicotine levels for various nicotine-containing products





TOBACCO CESSATION REQUIRES BEHAVIOR CHANGE

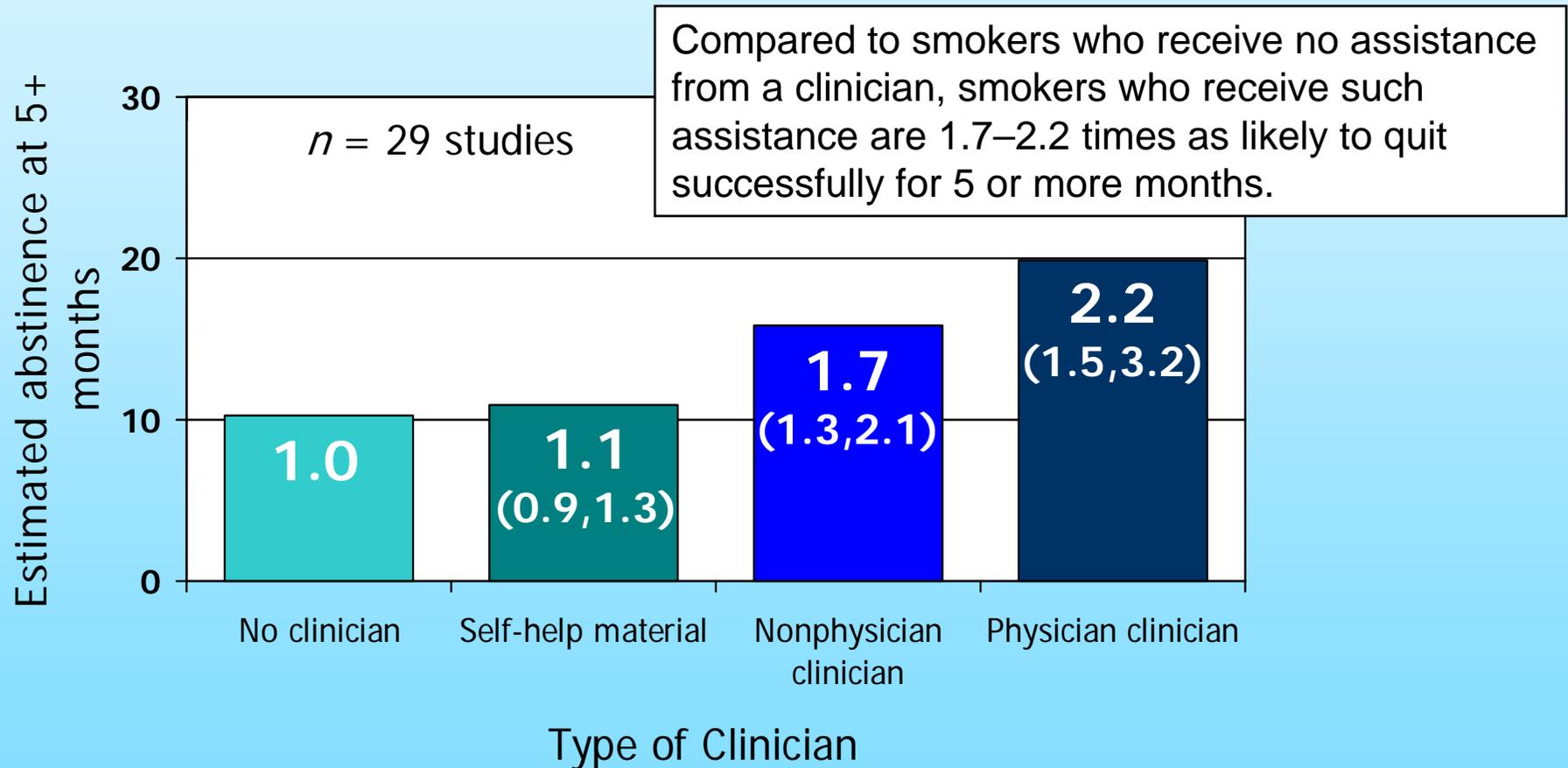
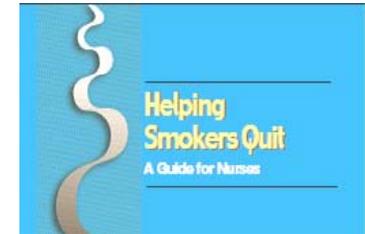


- Fewer than 5% of people who quit without assistance are successful in quitting for more than a year.
- Few patients adequately PREPARE and PLAN for their quit attempt.
- Many patients do not understand the need to change behavior.
- Patients think they can just “make themselves quit.”

Behavioral counseling is a key component of treatment for tobacco use and dependence.



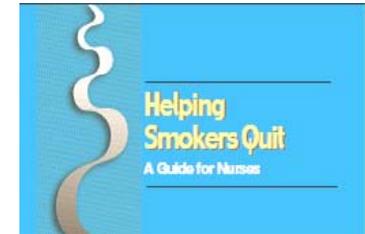
CLINICIANS CAN MAKE a DIFFERENCE



Fiore et al. (2000). *Treating Tobacco Use and Dependence. Clinical Practice Guideline*. Rockville, MD: USDHHS, PHS.

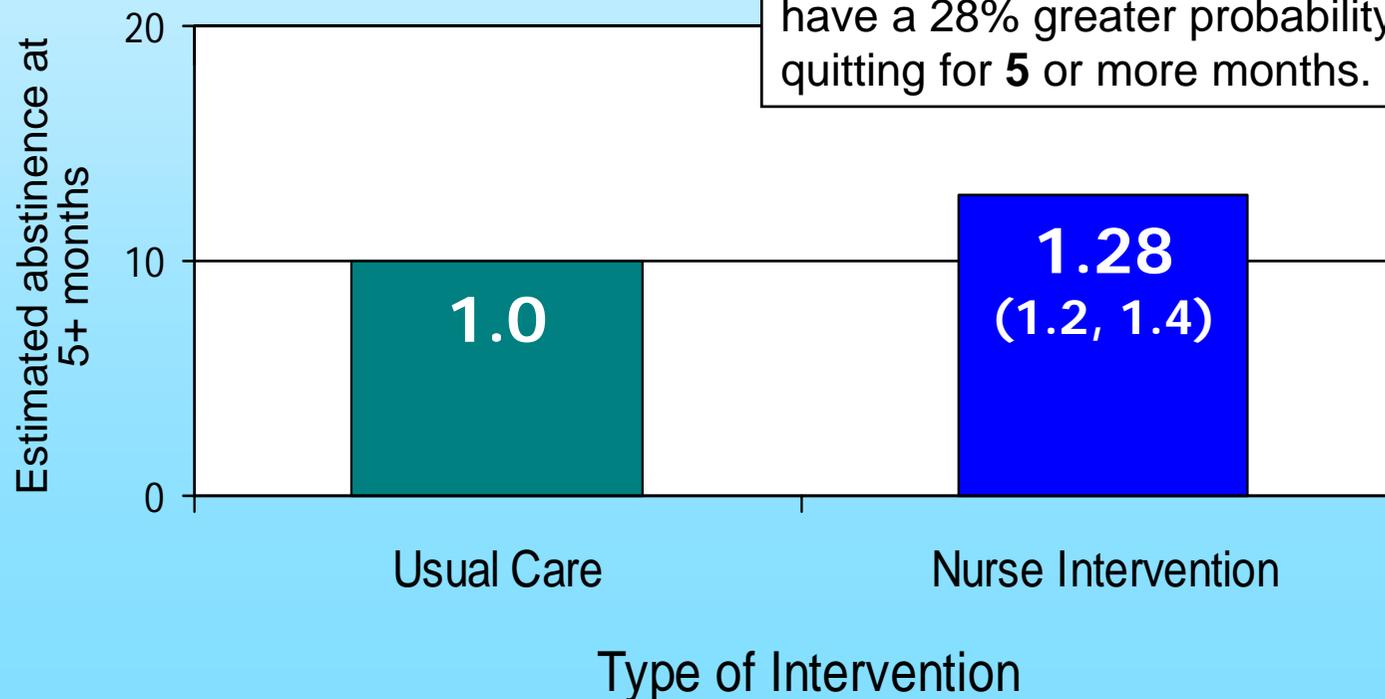


NURSES CAN MAKE a DIFFERENCE



Nursing intervention for smoking cessation vs. usual care

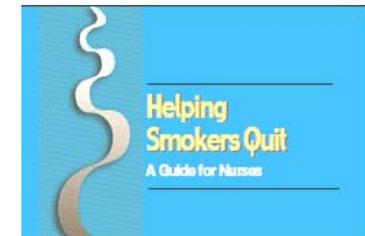
n = 31 studies; 15,205 participants



Compared to smokers who receive usual care, smokers who receive assistance from a nurse have a 28% greater probability of successfully quitting for **5** or more months.

THE POCKET GUIDE

Helping Smokers Quit: A Guide for Clinicians



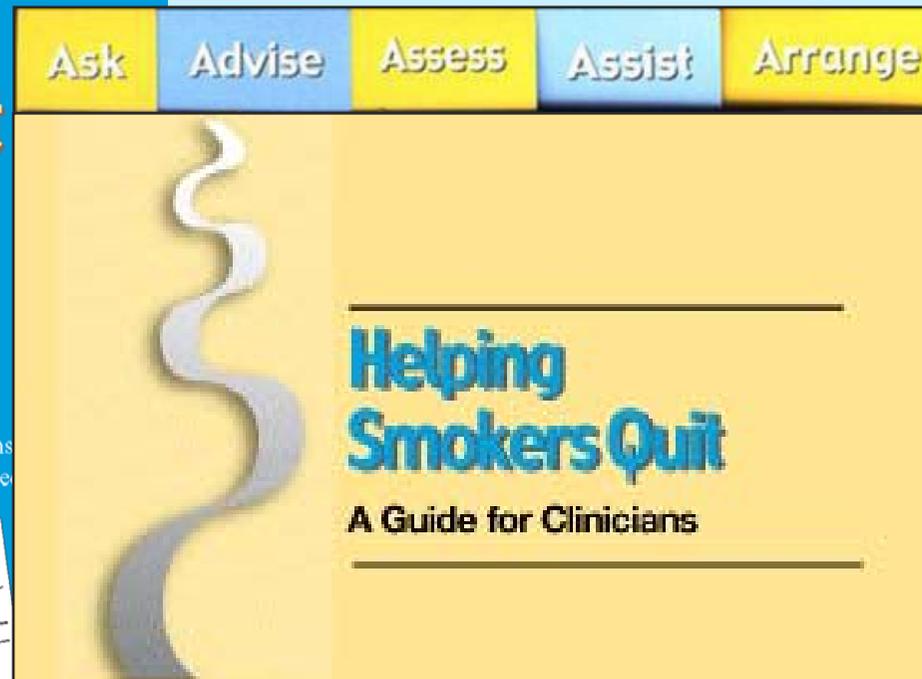
Ask

**Ask about
tobacco use at
every visit.**

Implement a system in your clinic that ensures tobacco-use status is obtained and recorded at every patient visit.

VITAL SIGNS

Blood Pressure: _____ Weight: _____
Pulse: _____
Temperature: _____
Respiratory Rate: _____
Tobacco Use: Current Former Never
(circle one)

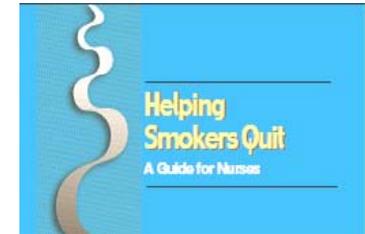


The 5 A's

- Ask
- Advice
- Assess
- Assist
- Arrange



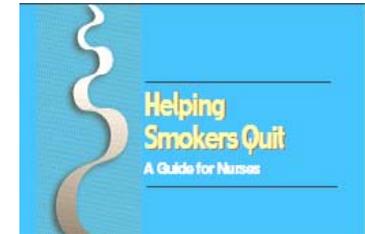
STEP 1: ASK



- **ASK** about tobacco use
 - “Do you, or does anyone in your household, ever smoke or use any type of tobacco?”
 - “We like to ask our patients about tobacco use, because it has the potential to interact with many medications.”
 - “We like to ask our patients about tobacco use, because it contributes to many medical conditions.”



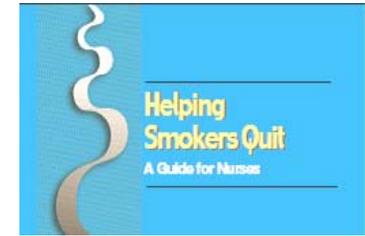
STEP 2: ADVISE



- **ADVISE** tobacco users to quit
 - “Quitting is important, and I can refer you to people who can help you.”
 - “There are several medications that can help you to quit. I’d be happy to ask the [doctor, nurse, pharmacist, etc.] to talk with you about these options.”
 - “People who receive assistance with quitting are more likely to be able to quit successfully. If you are interested, we can talk about different options.”



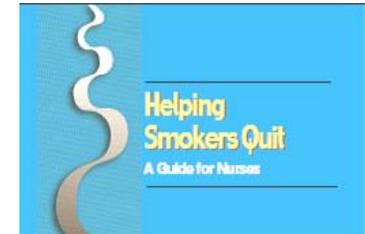
STEP 3: ASSESS



- **ASSESS** readiness to quit
 - Ask every tobacco user if s/he is willing to quit at this time.
 - If willing to quit, provide resources and assistance
 - See STEP 4, *ASSIST*
 - If NOT willing to quit at this time, provide resources and enhance motivation. Ask three questions:
 - “Do you *ever* plan to quit?” [If yes, continue with...]
 - “How will it benefit you to quit later, as opposed to now?”
 - “What is the worst thing that could happen if you were to quit tomorrow?”



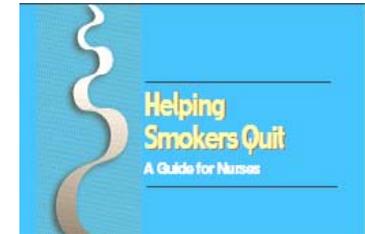
STEP 4: ASSIST



- **ASSIST** tobacco users with a quit plan
 - Set a quit date, ideally within 2 weeks.
 - Get support from family, friends, and coworkers.
 - Review past quit attempts—what helped, what led to relapse.
 - Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
 - Identify reasons for quitting and benefits of quitting.
 - Give advice on successful quitting:
 - Complete abstinence is essential—*not even a single puff*.
 - Drinking alcohol is strongly associated with relapse.
 - Having other smokers in the household hinders successful quitting.



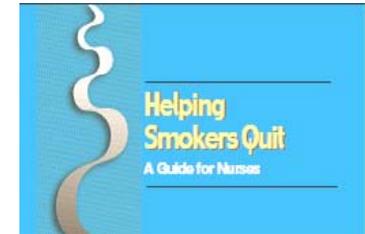
STEP 4: ASSIST (cont'd)



- **ASSIST** tobacco users with a quit plan
 - Encourage use of pharmacotherapy when not contraindicated
 - Provide resources:
 - Toll-free telephone quitline, 1-800-QUIT NOW
 - Web sites for free materials:
 - Agency for Healthcare Research and Quality:
www.ahrq.gov/path/tobacco.htm
 - Tobacco Free Nurses: www.tobaccofreenurses.org
 - Cessation materials appropriate by age, culture, language, education, and pregnancy status



STEP 5: ARRANGE

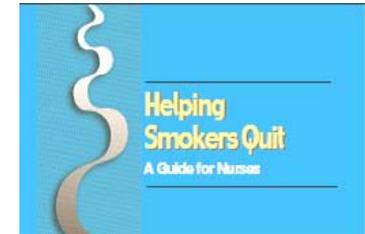


- **ARRANGE** follow up visits
 - Provide information for follow up visits with his/her health care provider
 - If a relapse occurs, encourage repeat quit attempt—tell patient that relapse is part of the quitting process.
 - Review circumstances that caused relapse.
 - Use relapse as part of the learning experience.
 - Reassess pharmacotherapy use and plans for termination.
 - Refer to other resources



REFER

WHEN LIMITED BY TIME or EXPERTISE



- **REFER** tobacco users to other resources

Referral options:

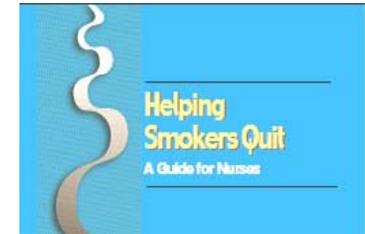
- Hospital-based cessation service (if available)
- A local group program
- The support program provided free with each smoking cessation medication
- Web-based program (e.g., www.quitnet.com)
- Toll-free telephone quitline:

1-800-QUIT-NOW





REFERRAL to the INDIANA TOBACCO QUITLINE



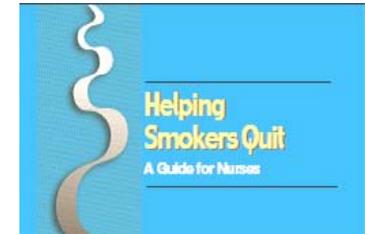
Referring patients to a toll-free quitline is simple and easily integrated into routine patient care.

- **Quitlines** are effective and provided at no cost to the caller
- **Quitline** callers receive one-on-one coaching and follow-up from trained counselors
- **Smokers receiving telephone counseling** are more likely to quit than those who only use self-help material
- **Callers to 1-800-QUIT-NOW may receive:**
 - Trained Quit Coach helps work out customized quitting plan including counseling and a quit kit
 - Callers encouraged to contact physician for smoking cessation medications
 - Referral to community smoking cessation support programs





RESOURCES: INDIANA



■ **Indiana Tobacco Quitline:**

- 1-800-QUIT NOW (8am-midnight, 7 days/week)
- www.indianaquitline.net

■ **Indiana Tobacco Prevention & Cessation:**

- www.itpc.in.gov
- www.WhiteLies.tv & www.Voice.tv

■ **Tobacco Free Nurses**

- www.tobaccofreenurses.org
- www.helpingsmokersquit.org
 - Username/Password: [hsq/hsq](#)

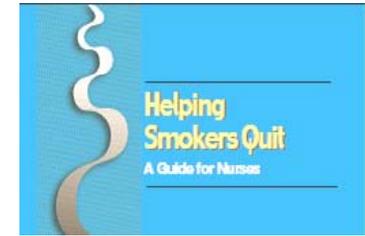
INDIANA TOBACCO QUITLINE

1-800-QUIT-NOW

WE'LL SHOW YOU HOW



WHY SHOULD INDIANA NURSES ADDRESS TOBACCO?

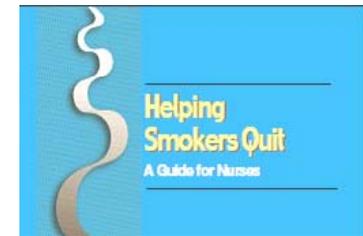


- Helping your patients to quit is the ***most important*** thing you can do to protect their health now and in the future.
- If each of the 100,000+ nurses in Indiana helped four persons quit smoking per year, we could reach 400,000, over 1/3, of the 1,141,300 smokers in the state!
- You *can* make a big difference in your patients' lives!



TOBACCO FREE NURSES

www.tobaccofreenurses.org



quit now! resources media leadership about us library **helping smokers quit** home search

TOBACCO free NURSES

NURSES QUITNET

QuitNet is an organization that has helped tens of thousands quit smoking through its unique online community of smokers and ex-smokers, delivering personalized quitting plans, expert advice and pharmaceutical product support to tobacco users.

Attention nurses : Nurses QuitNet service change. Visit Nurses QuitNet now for more information

TobaccoFreeMedia:
A full range of useful promotional materials to help spread the word about Tobacco Free Nurses! Download posters, brochures and flyers that you can print and distribute.

Tobacco Free Nurses is the first national program focused on helping nurses and student nurses to stop smoking.

Together with QuitNet we have created a smoking cessation site tailored for nurses and nursing students who want to quit smoking. From this site you can freely access [QuitNet's special Nurses section](#), where you'll find tools and resources you can use to help quit smoking, scientific guides about quitting, expert counselors available to take your questions, and most importantly, other nurses like you who want to quit! [Click here to go to our QuitNet entry page](#) and take advantage of your membership sponsored by the Tobacco Free Nurses project.

This web site also has an extensive [cessation resources for health professionals section](#), designed to provide you with smoking cessation information, research, international links, and information about trying to quit.

Featured on TobaccoFreeNurses:
Tobacco Free Nurses wins the 2005 American Academy of Nurses Media Award! [Read more.](#)

Developed by USDHHS' Agency for Healthcare Research and Quality in collaboration with Tobacco Free Nurses, this guide helps nurses encourage patients to quit smoking. [Read more, download the guide as a PDF or view the guide online.](#)

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HSQ tab

Username: hsq

Password: hsq



California	West Virginia	Indiana	FAQ	Resources	Home
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Helping Smokers Quit

A Guide for Nurses

Welcome to Helping Smokers Quit!

Thanks for participating in this important initiative. Nurses can play a pivotal role in addressing the primary cause of death and disease in the United States: tobacco use. Tobacco use is the leading cause of preventable death and illness in the US, causing over 400,000 deaths every year and costing trillions of dollars in healthcare costs and loss of life. You are part of a national effort to improve quality of care and the health of your patients by learning more about how to help smokers quit.

We are inviting nurses from 10 hospitals in [California](#), [Indiana](#) and [West Virginia](#), to participate in this project and to receive free training and resources in tobacco cessation. Choose your state below and get started!

[California](#) [West Virginia](#) [Indiana](#)

The **Helping Smokers Quit (HSQ)** project is funded by the [Centers for Disease Control and Prevention](#). Your hospital is one of 30 hospitals in the country participating in this project.

The **HSQ** is an innovative distance-learning program to assist nurses to help their patients stop smoking based upon the U.S. Public Health Service's [Treating Tobacco Use and Dependence, Clinical Practice Guideline](#) (Guideline). Despite its availability, the Guideline is underutilized by healthcare professionals. As the largest group of healthcare providers, effectively trained nurses can be invaluable in helping patients stop smoking. Additionally, the [Joint Commission on Accreditation of Healthcare Organizations](#) rates hospitals based upon their performance in smoking cessation interventions for patients with heart attack, heart failure, and pneumonia.

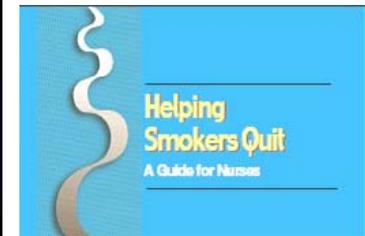
An important component of the HSQ project is to provide resources and information through the Web. A detailed description of what you can find on the HSQ web pages can be found by here. If you have any questions, please refer to our [Frequently Asked Questions](#) section, or contact us directly [via email](#) or by phone at 1-877-203-4144.

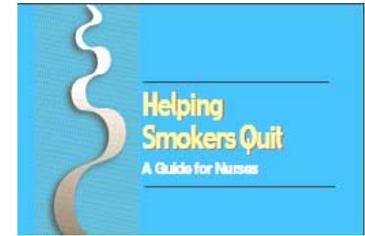
The project is based at the University of California, Los Angeles School of Nursing.

Please meet the team who is coordinating the **HSQ** Project:

- [Linda Sarna](#), RN, DNSc, FAAN, Principal Investigator
- [Michael Ong](#), MD, Co-Investigator
- [Patricia Parkerton](#), MPH, PhD, Co-Investigator
- [Marjorie Wells](#), RN, PhD, FNP, Project Director
- [Lisa Wei Chang](#), MPH, Project Assistant
- [Ms. Jenny Kotlerman](#), MS, Principal Statistician
- [Stella Aguinaga Bialous](#), RN, MScN, DrPH, FAAN, Consultant

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Any questions or comments?