

Welcome
Please read the participation tips below

- There is no sound until the webinar begins.
- All participants phones have been **muted** with the exception of the host and presenters.
- **Questions:** Please use the **Q&A Panel** when asking questions.
- You can also **CHAT** with us if you are having technical issues or want to express any comments. (WebEx gives you the option of who you would like to chat with).
- Any questions we are unable to address today, will be answered at a later time.

Treating Adolescent Vaping, Tobacco and Nicotine Use

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PUBLIC HEALTH
management corporation

Health Partners Plans - March 31st, 2021





HEALTH PROMOTION COUNCIL

- **Tobacco Control and Prevention Services**
 - General Focus: Health Disparities
 - Prevention, Media, Community Engagement
 - Tobacco Treatment
 - Hospital, clinical, and community settings
 - Behavioral health and drug recovery, prisons
 - Training and capacity building
 - Tobacco Treatment Case Studies Discussion Group
 - Policy
 - **Youth Empowerment** (HPC's [Advocacy Institute](#))
 - **Enforcement** (of under-age sale laws)
 - Multi-Unit Housing (smoke-free policy and cessation)
 - “Young Lungs at Play” (tobacco-free playgrounds)
 - Campuses, Worksites, Businesses
 - “SEPA Wellness Coalition” (a public health learning series)

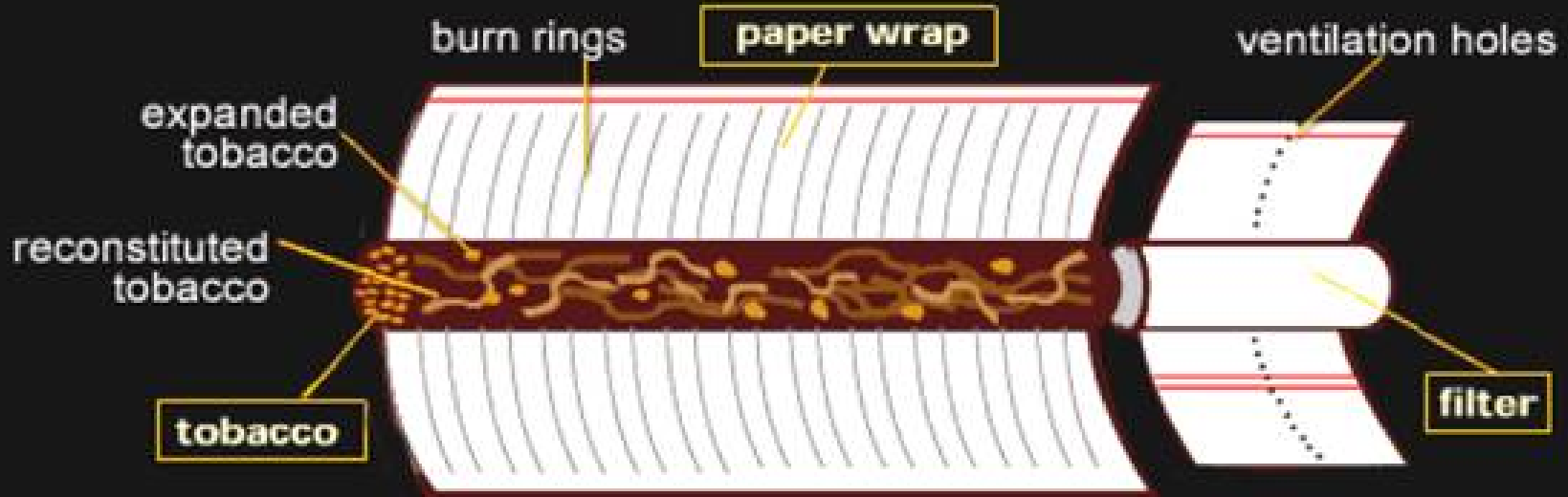
Radon - FAQ

- PA Cancer Control Advisory Board initiative
- Radon is a dangerous gas.
- #1 cause of lung cancer, besides smoking.
- Seeps into homes from underground.
- **Tests are inexpensive.**
- Ask patients if they know what Radon is and if they have had their homes tested.
- <https://www.livehealthypa.com/>

Adolescent Vaping Treatment Overview

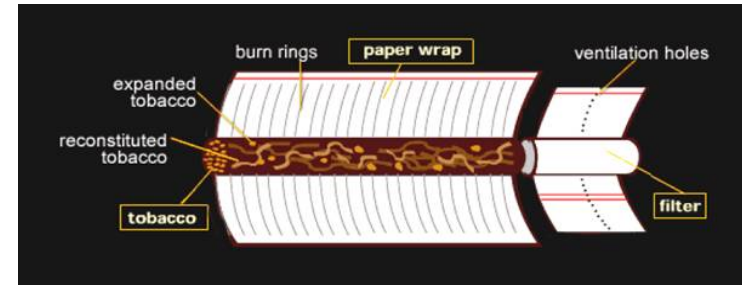
1. Recognizing combustible and electronic nicotine delivery systems.
2. Screening for and treating nicotine dependence caused by vaping and e-cigarette use.
3. Aligning:
 - Referral source/reason for coming
 - Patient symptoms
 - Available and appropriate treatment intensities and formats
 - Ensuring treatment engaging

1. All cigarettes are designed for addiction:

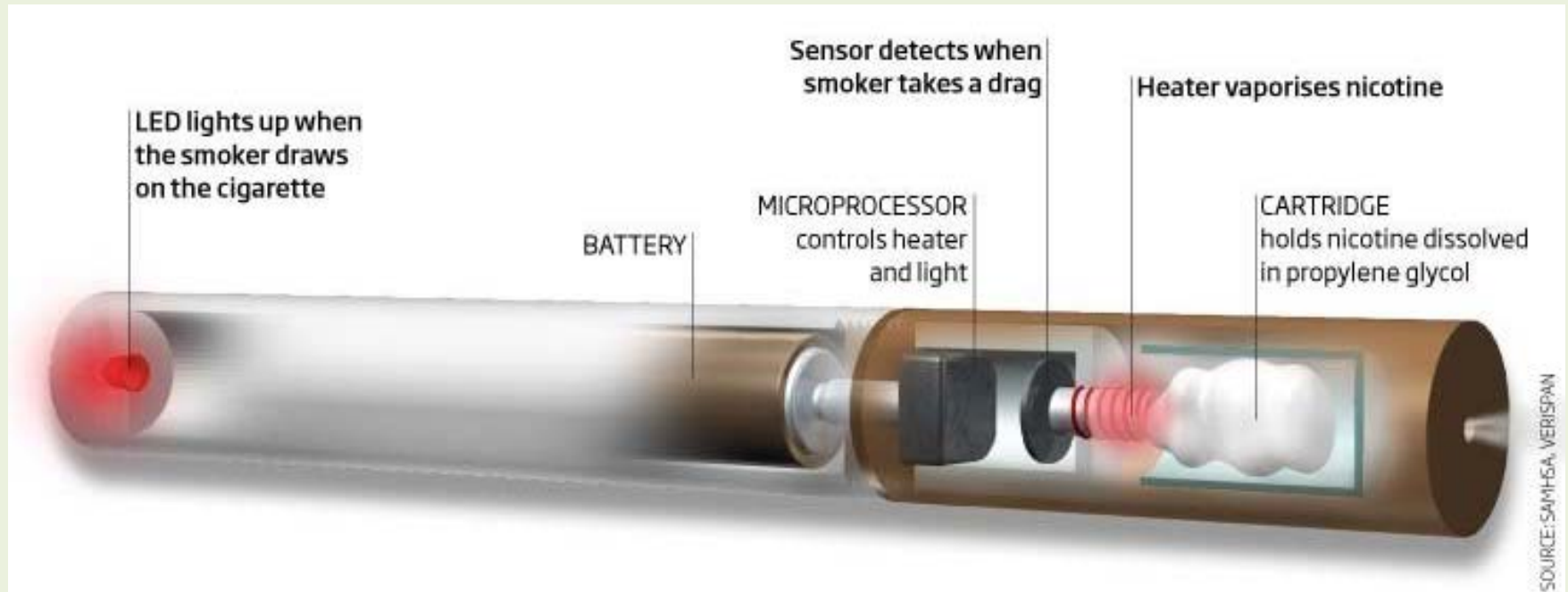


1. Recognizing combustible cigarettes and electronic and pod-based nicotine delivery.

- Burn rate
- Tobacco per unit
- Nicotine per unit
- Porosity of cigarette paper
- Ventilation holes in filter wrap paper
- Temperature of the smoke
- pH of smoke
- Menthol and ammonia levels – contribute to “freebase” nicotine
- Nicotine from tobacco



“E-Cigarettes” (1st Generation)



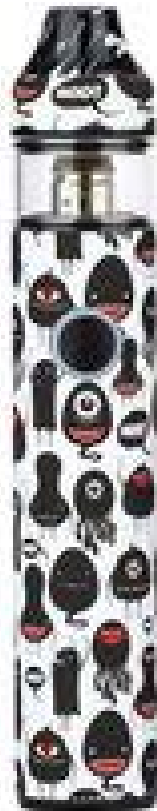
Evolving Nicotine and Flavor Devices

- E-Juice (?!)
- Plastics
- Metals
- Cotton
- Batteries
- Feature?
- Temperature Control?
- Auto-shutoff?
- Display?
- Refillable

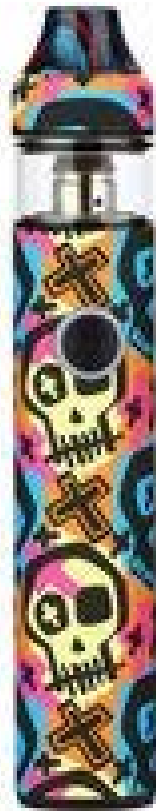


Vape and Puff Devices





Virus



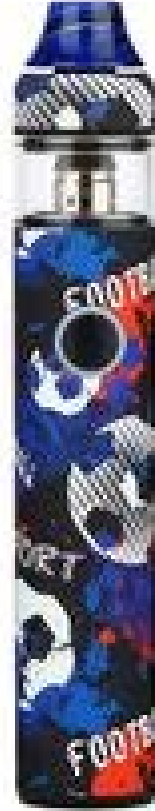
Rock
Skull



Monster
Castle



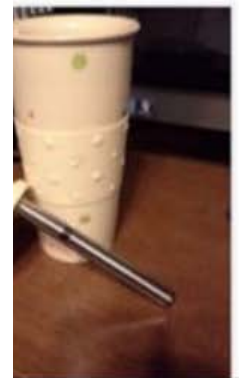
Skull
Lover



Soccer



Jungle
Adventure



CLOSED POD SYSTEM

A type of device that uses disposable pods containing e-liquid (typically ~200-500 puffs). The body of these devices can be recharged and the disposable pods can be replaced with new compatible pods.



JUUL



BLU



NJOY



VUSE Vibe/Alto



Box Mod



Suorin Drop



Suorin Air



NOVO



Vape Juice

OPEN/REFILLABLE SYSTEM, REFILLABLE DEVICES

These systems require vape juice and come in three varieties: box mods, pens and refillable pods. These devices have tanks or pods that are continuously refilled with vape juice and the pods/tanks are not thrown away after one use. These systems are used more by "hobbyist" vapers because they require more upkeep and are typically modified to be able to do tricks.

DISPOSABLES

Devices that are not refillable and are intended for one-time use. These typically have ~200 puffs and some examples include Puff Bars, Stig, Pop, Posh, Hyde and Cuvie (HQD).



BIDI Stick



Cuvie (HQD)



Puff Bars



Posh Vape



Stig



Flavors, E-Juice



#1 Flavor Selection with 19 Flavors!

- | | | | | |
|------------|---------|-----------|------------|-----------|
| Tobacco | Cowboy | Menthol | Almond | Apple |
| Banana | Cherry | Chocolate | Cinnamon | Clove |
| Coffee | Grape | Orange | Peach | Pineapple |
| Strawberry | Vanilla | Mellon | Mild Menth | Variety |



What's Your Taste?

Choose E-cigarette Cartridge From 7 Delicious Flavors by XEO E-cigarettes !!

World's Most Powerful E-cigarette Available in 7 Flavors!!



NICOTINE SALTS = greater addiction potential?



HIGH NICOTINE CONTENT!

- High-levels of Nicotine
 - 1 "pod" = 20-30 cigarettes (pack)
 - JUUL and others use nicotine salts
- Easily accessible delivery devices,
- -Easily hidden
- Available in social, physical and online retail settings



Vaping Epidemiology

30-Day Past E-Cig/Vape Use from 2017
to 2018

- 12th-graders: 11% to 20.9%.
- 10th-graders: 8.2% to 16.1%.
- 8th-graders: 3.5% to 6.1%.



Neurological Susceptibility

- Early nicotine addiction is dangerous.
 - Brain development
 - Nerve cell functioning
- Nicotine may also make adolescent brains more susceptible to other addictions.



Commonly vaped (besides nicotine and flavors):

- Marijuana/THC oils
- CBD
- ???
- -EVALI (e-cigarette or vaping use - associated lung injury)
 - Mostly Vitamin-E Acetate, an oil used in consumer and cosmetic products typically not meant for inhalation

E-Cigs/Vaping as a Treatment?

Can E-cigs or vaping help people refrain from smoking? **MAYBE. There are better options.**

-Basically, vaping is another form of NRT, but with additional exposure and behavioral risks.

-FDA-approved is recommended (ie, patches, gum, lozenge, inhaler, nasal spray, varenicline, bupropion)

-Moderate to High Risk of return to use/dual use of combustible...

-Risk of normalization across society?

Risk vs Harm Reduction

Vaping-related risks

vs.

Harm reductions

+

Individual-level

vs.

Population-level

=

Treatment and Policy Guidance

2 & 3. Why are they presenting?

- What is the referral source?
 - School policy violation?
 - Behavioral health/mental health?
 - Social services and justice-related program
 - Youth and parent seeking medical attention?
 - Desire or motivation to change nicotine use?



2 & 3. Screening for vaping and e-cigarette use.

- Screening - Ask! Try something:
 - *“Have you ever smoked cigarettes or cigars of any kind, or used any vape or puff electronic devices with flavors, nicotine, THC or marijuana products?”*
 - *“Do you smoke? Do you vape? Nicotine? Pot? Oil?”*
 - *“Do you or your friends vape?”*

2. Screening for vaping and e-cigarette use.

- Assess intensity of nicotine or substance dependence (FTND Measure – next)
- **Ask patient and or parent**
 - Ongoing, daily nicotine use? Uncontrolled?
 - Signs and Consequences?
 - Uncontrolled spending?
 - Illegal purchases?
 - Credit card
 - **Change in appetite, sleep, mood?**
 - Nicotine Withdrawal?

Modified FTND (Fagerstrom Test for Nicotine Dependence)

| Value | Value Meaning | Description |
|---------|----------------------|--|
| 0 to 2 | Very Low Dependence | Very low level of dependence on nicotine. |
| 3 to 4 | Low Dependence | Low level of dependence on nicotine. |
| 5 | Medium Dependence | Medium level of dependence on nicotine. |
| 6 to 7 | High Dependence | High level of dependence on nicotine. |
| 8 to 10 | Very High Dependence | Very High level of dependence on nicotine. |

| | | |
|---|-----|---|
| Do you have your own vape devices and "pods"? | Yes | 1 |
| | No | 0 |

Modified FTND

| | | |
|---|------------------|---|
| How soon after you wake up do you first vape? | Within 5 minutes | 3 |
| | 6–30 minutes | 2 |
| | 31–60 minutes | 1 |
| | After 60 minutes | 0 |
| | | |

Modified FTND

| | | |
|--|-----|---|
| Do you find it difficult to refrain from vaping in places where it is forbidden (e.g., in school, at movies etc.)? | Yes | 1 |
| | No | 0 |

Modified FTND

| | | |
|--|-----------------------|---|
| How long does it take you to use up a "pod". | Never used a full pod | 0 |
| | 4 days or more | 1 |
| | 2-3 days | 2 |
| | 1 day or less | 3 |

Modified FTND

| | | |
|---|-----|---|
| Do you vape more during the first few hours of the day, rather than during the rest of the day? | Yes | 1 |
| | No | 0 |

Modified FTND

| | | |
|--|-----|---|
| Do you vape if you are so ill that you are in bed most of the day? | Yes | 1 |
| | No | 0 |
| | | |
| | | |
| Do you want help quitting or reducing your vaping? | Yes | 1 |
| | No | 0 |
| | | |

Modified FTND

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DON'T TEMPT FATE

Get the facts about smoking in a fun interactive experience.
Learn how to resist tobacco, and explore ways to quit.

VISIT ASPIRE ONLINE
mdanderson.org/aspire



2. Treating Dependence

- Providing treatment and resources
 - **Create a plan with the patient and parent**
 - **Schedule check-ins/monitoring appointments**
 - Enter nicotine treatment plan into health records
 - EHR workflow changes?
 - **Refer to Behavioral Counseling (6-8 weeks)**
 - **In-Person** (i.e Phoenixville Hospital, Mainline Health, PHMC The Bridge)
 - **Virtual or remote (text and or phone) *next!***

2. Providing NRT

- Highly-nicotine dependent?
Consider nicotine replacement therapy

- **Patch**

- **Gum**

- **Lozenge**

- **Other?**



Dealing with Ambivalence

- **Smokers are often not ready or willing to quit.**
 - **Patient's want change, but don't want change.**
 - **When quitting: unresolved compulsion causes agitation.**
-
- **Benevolent Persuasion:**
 - Anticipate Escape (“Have you tried X?” “Yes, but...”
 - Eliminate Barriers
 - Minimize Panic
 - Take Baby-steps
 - Implementation Planning

Combating Escape

- **What does “Escape” look like?:**
 - Compromise
 - “I will switch to non-menthol”
 - “I will start cutting down after the weekend”
 - “This is not a good time to quit”
 - “I will use an e-cigarette to help me quit”



Implementation Thinking Vs. Goal Oriented Thinking

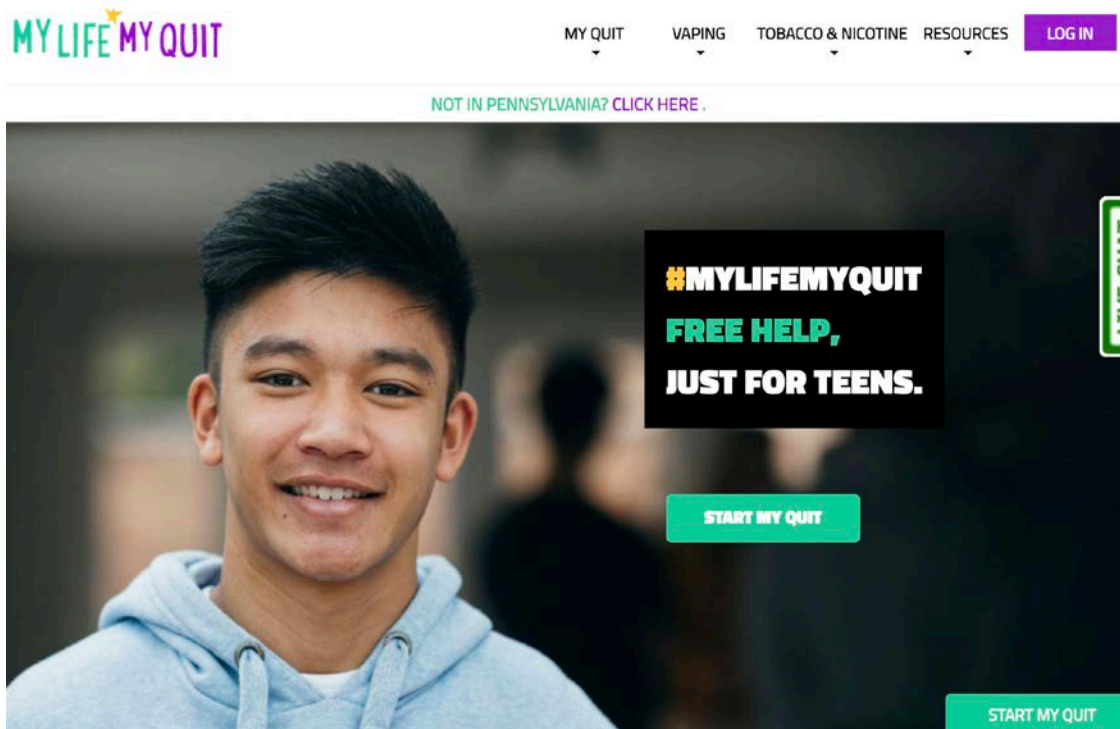
~~Goal Oriented: "I won't vape tomorrow morning"~~

Implementation Thinking: "Tomorrow morning I will go for a walk with my friend, rather than vape."

Implementation Thinking: "I will start the patch in the morning, first thing."

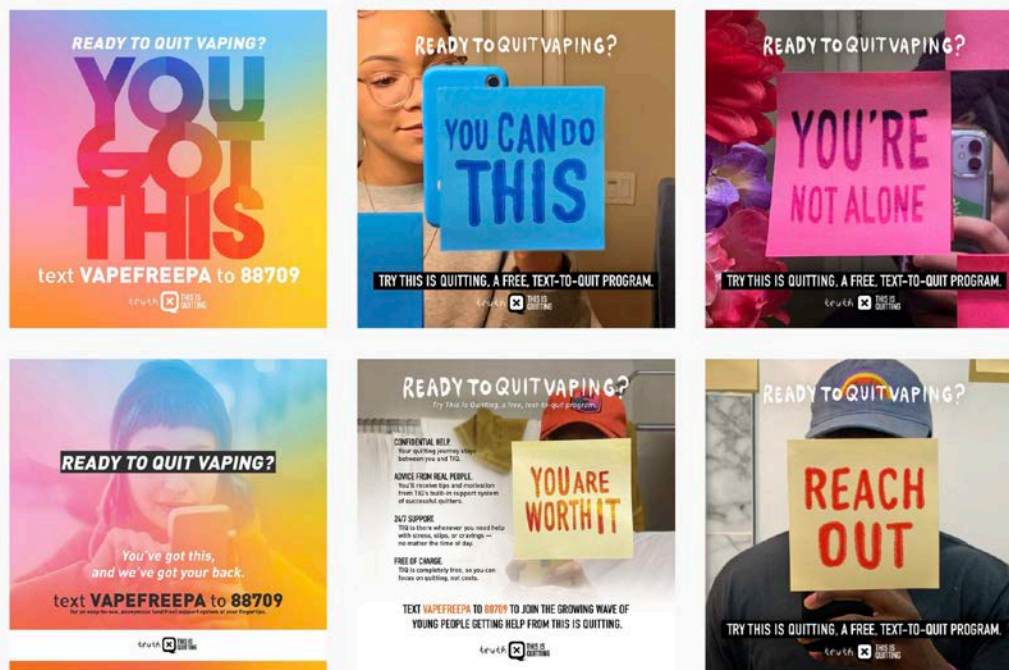
2. Referring to Tech/Remote-based Treatment

- www.mylifemyquit.org
 - 1 (800) Quit-Now (Phone-based counseling)
 - Get info back about participation
 - Clinical

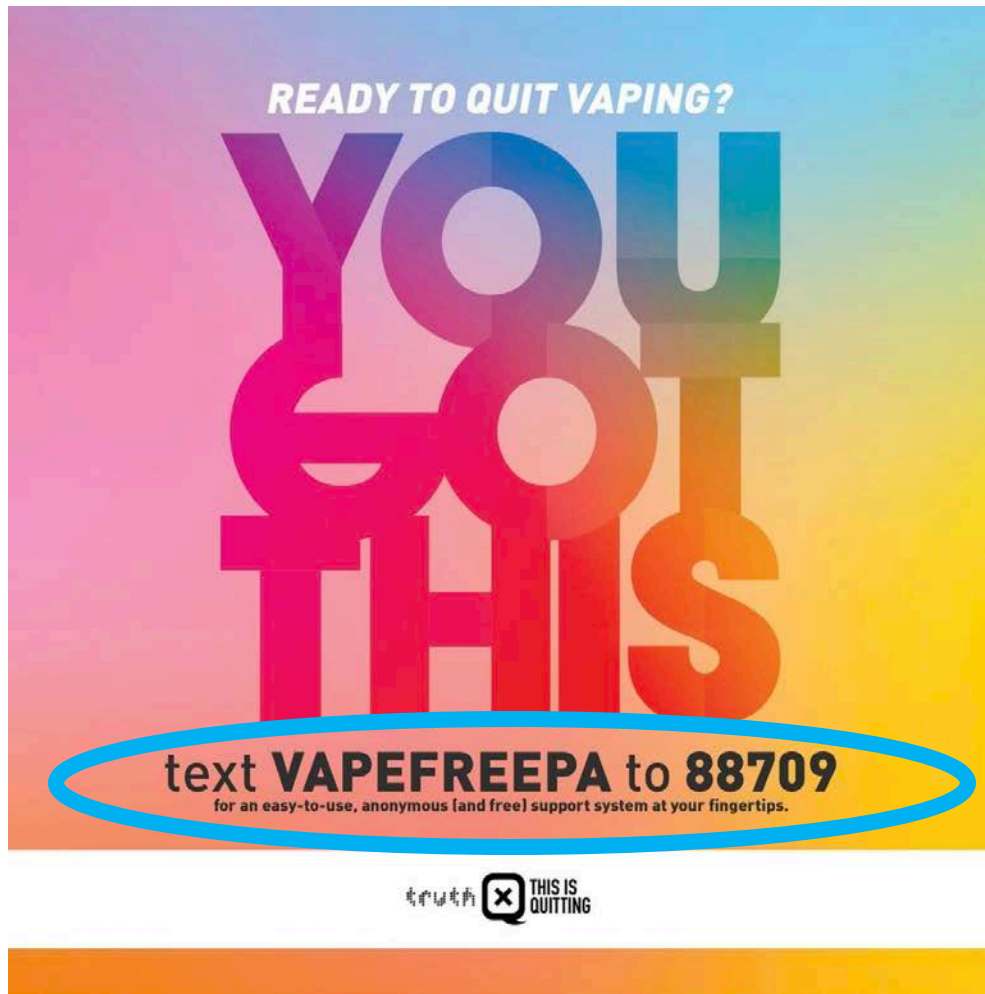


2. Referring to Tech/Remote-based Treatment

- **This Is Quitting (SMS Text)**
- Real youth who have quit provided input/quotes.
- TEXT: VAPFREEPA to 88709
- Social media-based (@Advocacyi - instagram)



2. Referring “This is Quitting”



advocacyi • Following



advocacyi It's easier to quit vaping 🚬 when you have a solid support system. 🙌 We've got that *and* an easy, confidential text-to-quit service. 📱 Text VAPEFREEPA to 88709 and break free from big tobacco. 🚫 #ThisIsQuitting #TruthInitiative #vape #quitsmoking #youth #viral truth The Advocacy Institute ✅ <http://www.sepatobaccofree.org/thisisquitting>

2w



Liked by johnnyjack and 7 others

MARCH 9



Add a comment...

Post

Just Education

- Prevention vs. Treatment (??)
- maybe the same with youth?
- Youth respond to solid information/facts.
- More immediate effects of use.
- Exposing industry tactics.

Education Programs



Stanford Tobacco Prevention Toolkit

<https://med.stanford.edu/tobaccopreventiontoolkit/E-Cigs.html>

Stanford MEDICINE Tobacco Prevention Toolkit
Modules for tobacco and nicotine education

About Tobacco: The Basics **E-Cigs/Vapes & Pod-Based** Hookah Smokeless Nicotine Addiction Positive Youth Development Resource Directory

E-Cigarettes and Vape Pens

[→ Unit 1 - Where did E-Cigarettes and Vape Pens Come From?](#)

Table of Contents

- Unit 1 "Where Do E-Cigarettes & Vape Pens Come From?"
- Unit 2 "So, What's Really in those E..."

Overview

This module provides an understanding of the inner workings of e-cigarettes, the content of the aerosols they produce, and thirdhand smoke. It's broken down into 5 units, each of which explore e-cigarettes in-depth.

Education Programs



ASPIRE

Created By: MD Anderson

<https://www.mdanderson.org/about-md-anderson/community-services/aspire.html>



Education Programs



CATCH My Breath Youth E-Cigarette Prevention

Created by: CATCH collaborated with researchers at Michael & Susan Dell Center for Healthy Living at The University of Texas Health Science Center at Houston (UTHealth) School of Public Health to create CATCH My Breath™

Provided for free by grant from CVS Health

<https://catchinfo.org/modules/e-cigarettes/>

CATCH MY BREATH
YOUTH E-CIGARETTE & JUUL
PREVENTION PROGRAM

CATCH My Breath is a best-practices youth E-cigarette and JUUL prevention program developed by The University of Texas Health Science Center at Houston (UTHealth) School of Public Health. The program provides up-to-date information to teachers, parents, and health professionals to equip students with the knowledge and skills they need to make informed decisions about the use of E-cigarettes, including JUUL devices. CATCH My Breath utilizes a peer-led teaching approach and meets National and State Health Education Standards.

AGES 10-18 YEARS (GRADES 5-12)
Can be taught in one or multiple grade levels.

DURATION FOUR LESSONS (30-40 MINUTES EACH)
3 VERSIONS: 5TH GRADE, 7TH GRADE, 8TH GRADE

COST FREE
Thanks to support from CVS Health.

7 OUT OF 8
STUDENTS SAY THEY ARE
LESS LIKELY TO
USE E-CIGARETTES
AFTER CATCH MY BREATH.

USED IN TOP DISTRICTS
NATIONWIDE, INCLUDING:

DALLAS CMS KCS
Washburn Public Schools

Education Programs



The Real Cost of Vaping

Created by: Scholastic in partnership with FDA

<https://www.scholastic.com/youthvapingrisks/>



Get Smart About Tobacco

Created by: Scholastic

<http://www.scholastic.com/browse/article.jsp?id=3758543>

Get the Facts About Vaping

You may have noticed a growing number of your peers vaping. But how much do you know about e-cigarettes and how they affect your health? Read the statements below and predict whether they are true or false. Then, do research at [scholastic.com/vapingrisks](https://www.scholastic.com/vapingrisks) to gather facts and complete the rest of the chart.



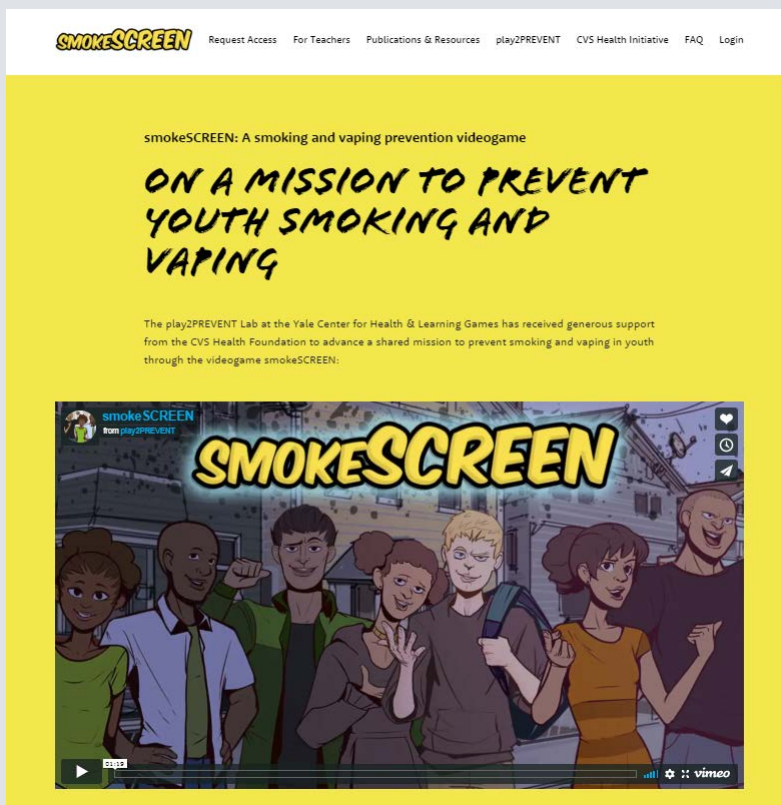
| 1. Predictions | | | 2. Post-Research | | |
|--|-------|---|---|-------|---------------------|
| Mark whether you think the statement is true or false. | | | Mark whether the statement is true or false. Record at least one fact from your research that supports your answer. Use a separate piece of paper if you need more space. | | |
| True | False | Statements | True | False | Supporting Evidence |
| | | 1. Most e-cigarettes only contain water and flavoring. | | | |
| | | 2. Like tobacco smoke, the aerosol given off by an e-cigarette can contain dangerous chemicals. | | | |
| | | 3. As long as an e-cigarette doesn't contain nicotine, it's completely safe. | | | |
| | | 4. A Juul pod contains as much nicotine as a whole pack of cigarettes. | | | |

Education Programs

Smoke-Screen

Created by: play2PREVENT lab, Yale, and USC Tobacco Centers of Regulatory Science. Funding from CVS Health.

<https://www.smokescreengame.org/>



The screenshot shows the website for smokeSCREEN. At the top, there is a navigation bar with the logo and links for Request Access, For Teachers, Publications & Resources, play2PREVENT, CVS Health Initiative, FAQ, and Login. The main content area has a yellow background. It features the title "smokeSCREEN: A smoking and vaping prevention videogame" followed by the slogan "ON A MISSION TO PREVENT YOUTH SMOKING AND VAPING" in a stylized, hand-drawn font. Below this, a paragraph of text describes the project's support from the CVS Health Foundation. At the bottom, there is a video player showing a scene from the game with several diverse characters in an urban setting. The video player includes a play button, a progress bar, and a Vimeo logo.

Education Programs

Taking Down Tobacco

Created by:
Campaign For Tobacco
Free Kids with funding
from CVS Health

<https://www.takingdowntobacco.org/>

HOW IT WORKS



Taking Down Tobacco 101:
Learn the basics about tobacco, including the dangers of cigarette smoking and other tobacco use; the many types of tobacco products and how they are marketed; and the proven solutions that can win the fight against tobacco.



Become a Trainer:
Learn the skills to train youth advocates and deliver the Taking Down Tobacco 101 course in your own community. This course includes tips on engaging and inspiring your audience and localizing the training for your community.



Advanced Youth Trainings (Core 4):
Through four advanced training courses, learn how to develop effective messages for advocacy campaigns, work with the media, communicate with community leaders and elected officials, and create impactful advocacy events.

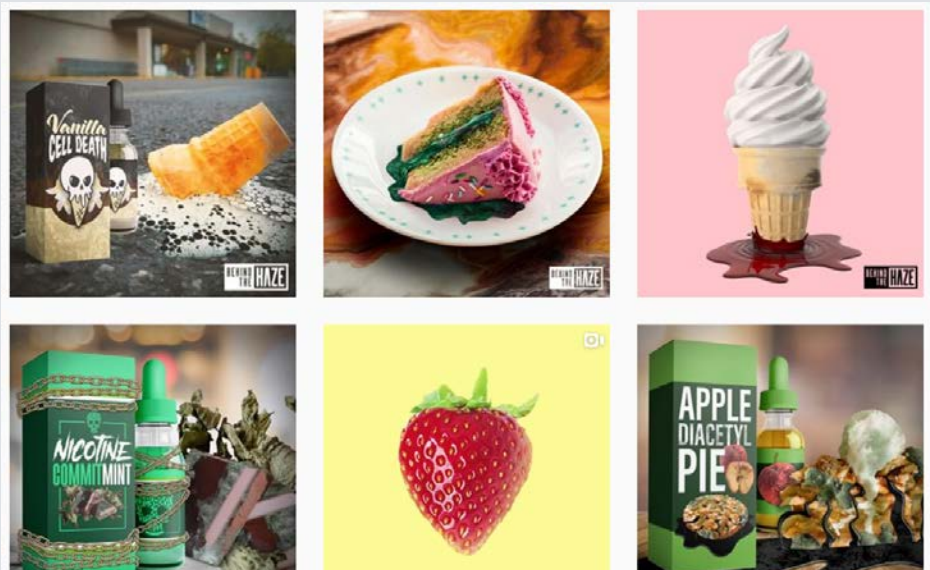


Awareness & Media Campaigns

Behind the Haze (Philly)

- <https://www.behindthehaze.com/>

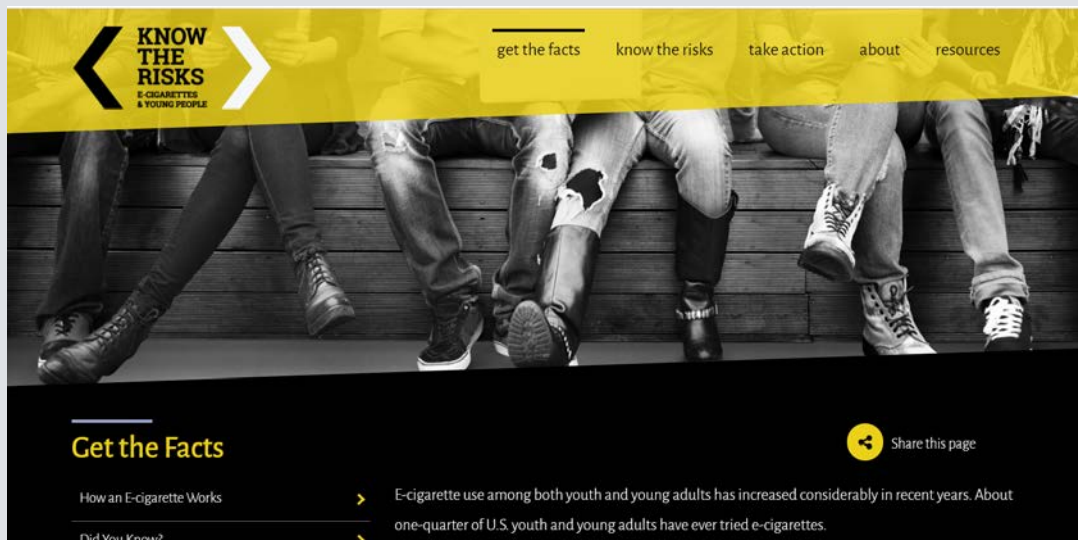
“Behind The Haze is dedicated to revealing the truth about vapes, so you can see the real facts for yourself”



Awareness & Media Campaigns

Know the Risks- Surgeon General

- <https://e-cigarettes.surgeongeneral.gov>

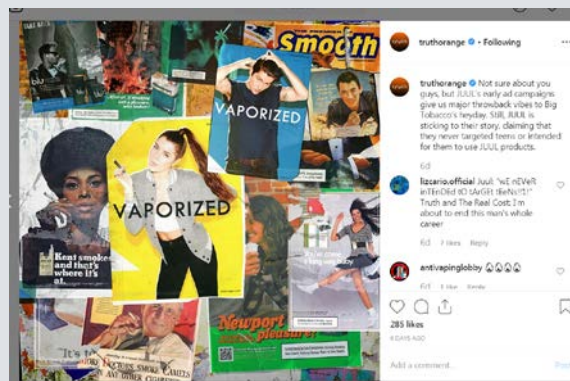


The screenshot shows a website with a yellow header. On the left, there is a logo that says "KNOW THE RISKS" with "E-CIGARETTES & YOUNG PEOPLE" below it, flanked by two white arrows pointing left and right. To the right of the logo is a navigation menu with the following items: "get the facts", "know the risks", "take action", "about", and "resources". Below the header is a black and white photograph of several people sitting on wooden bleachers, showing their legs and feet. At the bottom of the page, there is a dark grey section with the heading "Get the Facts" in yellow. To the right of this heading is a yellow circular icon with a share symbol and the text "Share this page". Below the heading, there are two items listed with yellow arrows pointing right: "How an E-cigarette Works" and "Did You Know?". To the right of these items is a paragraph of text: "E-cigarette use among both youth and young adults has increased considerably in recent years. About one-quarter of U.S. youth and young adults have ever tried e-cigarettes."

Awareness & Media Campaigns

Truth Campaign

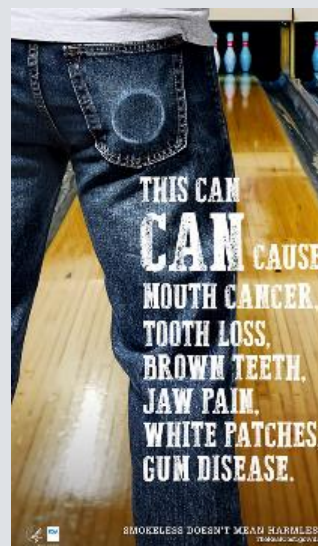
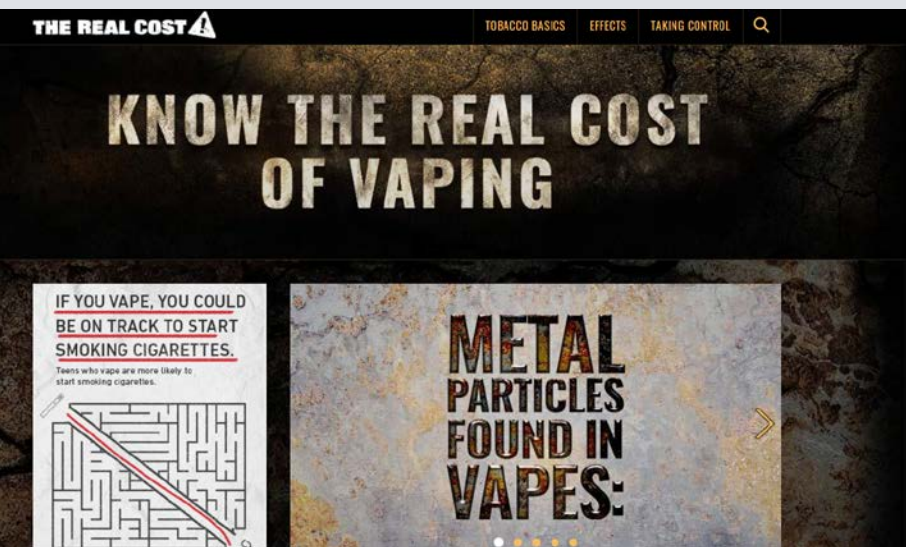
- <https://www.thetruth.com>



Awareness & Media Campaigns

The Real Cost (FDA)

- <https://therealcost.betobaccofree.hhs.gov/>



Awareness & Media Campaigns

These Teens Were Hospitalized With Vaping Injuries. Now They're Sharing Their Stories And Helping Other Young People Quit.

"I want people to look at me and use me as an example and picture them in that situation."



Stephanie K. Baer
BuzzFeed News Reporter

Posted on September 11, 2019, at 9:55 p.m. ET



chanceamirata
22.9k followers

[View Profile](#)



[View More on Instagram](#)



292,615 likes

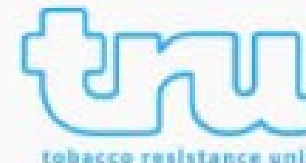
Local Examples

- William Rowan
Director, Lehigh Valley Health Network- Schuylkill Counseling Center



Advocacy!

2021 Day at the Capitol



For more information:

Contact Molly Pisciotano, MHA

Director | Advocacy | Pennsylvania & West Virginia

info@pactonline.org / 412-430-3060

THANK YOU!

Sean P. McCormick, PhD, MS, CTTS-M

Health Promotion Council

Regional Tobacco Manager

smccormick@phmc.org

215-731-6154

www.sepatobaccofree.org | www.hpcpa.org



PUBLIC HEALTH
management corporation

Cessation Aids

Which is right for your patient?

- **Patch vs Gum vs Lozenges vs Inhaler?**
- How do they work?
- Which strength?
- Other medications?

Table 1

Effectiveness and abstinence rates for various medications and medication combinations compared with placebo at 6 months post quit (n = 83 studies)

| Medication | Number of Arms | Estimated Odds Ratio (95% CI) | Estimated Abstinence Rate (95% CI) |
|---|----------------|-------------------------------|------------------------------------|
| Placebo | 80 | 1.0 | 13.8 |
| Monotherapies | | | |
| Varenicline (2 mg/d) | 5 | 3.1 (2.5–3.8) | 33.2 (28.9–37.8) |
| Nicotine nasal spray | 4 | 2.3 (1.7–3.0) | 26.7 (21.5–32.7) |
| High-dose nicotine patch (>25 mg) (these included standard or long-term duration) | 4 | 2.3 (1.7–3.0) | 26.5 (21.3–32.5) |
| Long-term nicotine gum (>14 wk) | 6 | 2.2 (1.5–3.2) | 26.1 (19.7–33.6) |
| Varenicline (1 mg/d) | 3 | 2.1 (1.5–3.0) | 25.4 (19.6–32.2) |
| Nicotine inhaler | 6 | 2.1 (1.5–2.9) | 24.8 (19.1–31.6) |
| Clonidine | 3 | 2.1 (1.2–3.7) | 25.0 (15.7–37.3) |
| Bupropion SR | 26 | 2.0 (1.8–2.2) | 24.2 (22.2–26.4) |
| Nicotine patch (6–14 wk) | 32 | 1.9 (1.7–2.2) | 23.4 (21.3–25.8) |
| Long-term nicotine patch (>14 wk) | 10 | 1.9 (1.7–2.3) | 23.7 (21.0–26.6) |
| Nortriptyline | 5 | 1.8 (1.3–2.6) | 22.5 (16.8–29.4) |
| Nicotine gum (6–14 wk) | 15 | 1.5 (1.2–1.7) | 19.0 (16.5–21.9) |
| Combination therapies | | | |
| Patch (long-term; >14 wk) + ad libitum NRT (gum or spray) | 3 | 3.6 (2.5–5.2) | 36.5 (28.6–45.3) |
| Patch + bupropion SR | 3 | 2.5 (1.9–3.4) | 28.9 (23.5–35.1) |
| Patch + nortriptyline | 2 | 2.3 (1.3–4.2) | 27.3 (17.2–40.4) |
| Patch + inhaler | 2 | 2.2 (1.3–3.6) | 25.8 (17.4–36.5) |
| Patch + second generation antidepressants (paroxetine, venlafaxine) | 3 | 2.0 (1.2–3.4) | 24.3 (16.1–35.0) |

Adapted from Fiore MC, Jaén CR, Baker TB, et al. Treating tobacco use and dependence: 2008 update. Clinical practice guideline. Rockville (MD): US Department of Health and Human Services, Public Health Service; 2008. p. 109.

Table 1**Effectiveness and abstinence rates for various medications and medication combinations compared with placebo at 6 months post quit (n = 83 studies)**

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| Placebo | 80 | 1.0 | 13.8 |
| Monotherapies | | | |
| Varenicline (2 mg/d) | 5 | 3.1 (2.5–3.8) | 33.2 (28.9–37.8) |
| Nicotine nasal spray | 4 | 2.3 (1.7–3.0) | 26.7 (21.5–32.7) |
| High-dose nicotine patch (>25 mg) (these included standard or long-term duration) | 4 | 2.3 (1.7–3.0) | 26.5 (21.3–32.5) |
| Long-term nicotine gum (>14 wk) | 6 | 2.2 (1.5–3.2) | 26.1 (19.7–33.6) |
| Varenicline (1 mg/d) | 3 | 2.1 (1.5–3.0) | 25.4 (19.6–32.2) |
| Nicotine inhaler | 6 | 2.1 (1.5–2.9) | 24.8 (19.1–31.6) |
| Clonidine | 3 | 2.1 (1.2–3.7) | 25.0 (15.7–37.3) |
| Bupropion SR | 26 | 2.0 (1.8–2.2) | 24.2 (22.2–26.4) |
| Nicotine patch (6–14 wk) | 32 | 1.9 (1.7–2.2) | 23.4 (21.3–25.8) |
| Long-term nicotine patch (>14 wk) | 10 | 1.9 (1.7–2.3) | 23.7 (21.0–26.6) |
| Nortriptyline | 5 | 1.8 (1.3–2.6) | 22.5 (16.8–29.4) |

Combination therapies

| | | | |
|---|---|---------------|------------------|
| Patch (long-term; >14 wk) + ad libitum NRT (gum or spray) | 3 | 3.6 (2.5–5.2) | 36.5 (28.6–45.3) |
| Patch + bupropion SR | 3 | 2.5 (1.9–3.4) | 28.9 (23.5–35.1) |
| Patch + nortriptyline | 2 | 2.3 (1.3–4.2) | 27.3 (17.2–40.4) |
| Patch + inhaler | 2 | 2.2 (1.3–3.6) | 25.8 (17.4–36.5) |
| Patch + second generation antidepressants (paroxetine, venlafaxine) | 3 | 2.0 (1.2–3.4) | 24.3 (16.1–35.0) |

Adapted from Fiore MC, Jaén CR, Baker TB, et al. Treating tobacco use and dependence: update. Clinical practice guideline. Rockville (MD): US Department of Health and Human Services, Public Health Service; 2008. p. 109.

Nicotine Replacement

- Nicotine Patches (21, 14, 7mg)
- Nicotine Gum (4, 2mg)
- Nicotine Lozenges
- Nicotine Inhaler*
- Nasal Spray*



- The Patch, Gum, Inhaler, Bupropion all have an “A” rating for strength of evidence
- 8 weeks recommended
- Extended can be beneficial for some patients (Schnoll et al 2015)

PA UNIFIED FORMULARY COMING!

Nicotine Replacement – Best Practices

- **Nicotine Patches**
 - Wear 24 hours.
 - Avoid smoking with patch on.
 - Use a higher dose rather than lower, to start.
 - Move location on skin to avoid irritation.
 - Put on first thing in the morning.
 - OK to smoke with patch on...better not too.
 - Best for folks trying to maintain abstinence

Nicotine Replacement – Best Practices

- **Nicotine Gum and Lozenges**
 - “Chew and Park” (between lip and gums)
 - Use to manage momentary urges.
 - Good for patients attempting to withstand urges prior to full quit attempt, or for those who want additional withdrawal relief in addition to patch.

Medications – Best Practices

- **Chantix (Varenicline)** **Prescription only*
 - Use for at least one week prior to quitting
 - No effect on weight gain
 - May require >4 weeks Rx to reach effect
 - Safe up to 1 year
 - Nausea = main side effect (take with food)
 - Watch for depressive SX

Medications – Best Practices

- **Wellbutrin (Bupropion)** **Prescription only*
 - Used with continued smoking
 - Start at least 7-10 prior to quit date.
 - Duration 8-12 weeks, up 6 months or longer with presence of depressive sx.
 - Combine with NRT for better results.
 - Helps with impulsivity
 - Insomnia SE? – Take it earlier in the day

EAGLES Trials



EAGLES Trials

Chantix vs. Bupropion vs. Patch vs. Placebo

- 8,144 smokers
- 140 academic centers, clinical trial centers, and outpatient clinics
- 16 countries
- **Randomized to 12 weeks of treatment:**
- **Placebo vs. Patch vs. Varenicline vs. Bupropion**
- 12 weeks of follow-up

EAGLES Trials

- “No significant increase in psychiatric events was seen with varenicline or bupropion use, relative to nicotine patch or placebo use.”
- “Smokers in the study with psychiatric disorders were more likely than those without them to experience moderate to severe neuropsychiatric adverse events during the study, but the **event rate was similar for all treatments, including placebo.**”

EAGLES Trials

- Varenicline group achieved higher abstinence rates than:
 - Placebo ([OR] 3.61, 95% CI 3.07 to 4.24),
 - Nicotine patch (1.68, 1.46 to 1.93)
 - Bupropion (1.75, 1.52 to 2.01)
- Bupropion and nicotine patch achieved higher abstinence rates than those on placebo (OR 2.07 [1.75 to 2.45] and 2.15 [1.82 to 2.54]).

EAGLES Trials

Most frequent adverse events:

- Nausea (varenicline, 25% of participants) – *take with food*
- Insomnia (bupropion, 12%) – *take earlier in day*
- Abnormal dreams (nicotine patch, 12%) – *start new patch in early in the day.*
- Headache (placebo, 10%).

Preparing To Quit



- **Set a Quit Date!**
- **Rid environment of cigarettes!**
 - Throw out:
 - Cigarettes
 - Lighters
 - Ash trays
 - Wash clothes
 - Clean car
 - Empty ash trays
 - Deodorizer

Preparing To Quit

- Put a “No Smoking” sign in the living space house
- Tell friends and family, request support
- Be creative
- Be patient
- Practice strategies for handling smoking urges
- Quitting is a process
- Prepare and plan for relapse.



Non-Modifiable Relapse Risk Factors

1. Baseline nicotine dependence^{1,2,3,4,10, 35}
2. Living with smoker(s)¹
3. Earlier smoking onset¹
4. History of smoking to cope^{16,17,18}
5. Gender (women more likely to relapse)¹ (?)¹⁵
6. Race/Ethnicity^{3,46,47} (AA less likely to attempt to quit)
7. Menthol use^{46, 47, 48,49}
8. Genetics (nicotine metabolism) 50, 51



***Modifiable* Relapse Risk Factors**

1. Cravings/urges^{31,35, 36, 42}
2. Depression, Anxiety, Mental Illness^{19, 20, 21, 22, 23, 29, 31}
3. Stress^{12, 25, 26, 27, 29, 31, 37}
4. Coping skills^{28, 29, 30, 31, 36}
5. Outcome Expectencies²⁹
6. Lack of Frustration/Distress Tolerance
Persistence^{32, 33, 34}
7. Impulsivity^{11, 12}
8. Cue Reactivity^{37,38, 39, 40, 41}

**We could be talking
about any compulsion
or addictive behavior**

Identify Smoking Triggers

- Monitor your smoking (when, where and why do you smoke?)
- **Common smoking triggers:**
 - Food
 - Alcohol
 - Coffee
 - Social situations
 - Stress
 - First-thing in the morning
 - Boredom
 - Driving
 - Others?*



Objective #5 Understand the nature of smoking urges and how it can inform urge management techniques.



What is a smoking
urge/craving?

“Urge Surfing”

- Practice “riding” out cravings to smoke.
- Like a wave at the beach:
- Urges come up, get bigger, and crash.
- Over time, urges become less intense and further apart.

Staying Quit: D.E.A.D.S.

- **Delay** - put off smoking for a few minutes
- **Escape** - leave a stressful situation
- **Avoid** - don't tempt yourself, avoid stressful situations
- **Distract** - do something besides smoking
 - Physical activity
 - Call a friend
 - Have a snack
 - Hobbies
- **Substitute**
 - Gum
 - Toothpicks
 - Carrot sticks
 - Water
 - ?? Your ideas ??

DID YOU KNOW?
Smoking urges last
only 5-10 minutes

Smoking and Mood

- Negative moods are a common cause for smoking.
- Many relapses are caused by stress, depression, exacerbation of mental health disorders.
- **Staying quit is often about managing emotions:**



Smoking and Mood

- Reduce stress and improve your mood!
 - Breathing exercises
 - Meditation
 - Yoga
 - Physical activity
 - Journaling
 - Social support
 - Music
 - Garden
 - Treat yourself
 - Adhere to medication regimen



More Quit Tips

- Eat a balanced diet
- Drink lots of water
- Get enough sleep
- Reduce caffeine
- Avoid alcohol
- Avoid other smokers



Tailoring Treatment

- Level of nicotine dependence
- Type of treatment acceptable?
 - Willingness to use medication or NRT
 - Formal Treatment groups or remote or both?
- Presence of MH/BH Sxs
- Reasons for smoking/triggers
- Self-efficacy
- Connect to multiple behavior change.
- Coping strengths and weaknesses
 - (e.g. ability to generate multiple strategies, and evaluate their efficacy)

Motivational Interviewing Techniques

- Ask questions instead of giving answers (evocation).
- Understand backstory (e.g. “What does smoking do for you?”)
- Exercise listening skills and **empathy**.
- Show appreciation/give compliment.
- Validate emotions and concerns.
- Joining and collaboration.
- Support autonomy.
- Foster hope.
- **Create a conversation that you and the patient will enjoy!!**

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