SMOKING CESSATION ASSESSMENT AND INTERVENTIONS
Role for Support Groups
Demonstrate understanding of:

- Impact to Arkansas of tobacco on health, costs, direct and indirect
- Importance of cessation interventions and benefits of quitting
- Assessment of tobacco use and nicotine dependence in today’s world of multiple products
Demonstrate understanding of:

- Benefits of support groups
- Pitfalls of support groups
- Tailoring support groups to meet the needs.
Smoking percentage by education level

Source: CDC
THE WASHINGTON POST
Current Cigarette Smoking among Adults by Age Group
Arkansas 2016

Respondents who report having smoked 100 cigarettes in their lifetime and currently smoke every day or some days.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Current Cigarette Smoking among Adults by Gender
Arkansas 2016

Respondents who report having smoked 100 cigarettes in their lifetime and currently smoke every day or some days. Source: Behavioral Risk Factor Surveillance System (BRFSS)
Current Cigarette Smoking among Adults by Race/Ethnicity
Arkansas 2016

Respondents who report having smoked 100 cigarettes in their lifetime and currently smoke every day or some days.
NH = non-Hispanic
Note: The Hispanic rate is based on a numerator less than 50; use caution in interpreting.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Smoking rates by insurance type

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>29.1%</td>
</tr>
<tr>
<td>Medicare</td>
<td>12.5%</td>
</tr>
<tr>
<td>Private insurance</td>
<td>12.9%</td>
</tr>
<tr>
<td>Other public insurance</td>
<td>21.1%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>27.9%</td>
</tr>
</tbody>
</table>

Source: CDC

THE WASHINGTON POST
Percent of Adult Current Smokers Who Made a Quit Attempt in the Past Year
Arkansas 2012-2016

Respondents who report having stopped smoking for one day or longer because they were trying to quit, during the past 12 months.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
TOLL OF TOBACCO USE TO ARKANSAS

• Yearly 5100 Arkansans die prematurely by as much as 10 years from illnesses linked to tobacco.

• Approximately 68,700 youths are expected to die prematurely.
TOLL OF TOBACCO USE TO ARKANSAS

• Secondhand smoking kills approximately 510 nonsmoking Arkansans yearly

• Costs to our state is upwards of $1.2 billion, including $242 in Medicaid health care costs and $1.4 billion in lost productivity
## COMPARISON OF US AND ARKANSAS

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>Arkansas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Heart disease: 165/100,000 lives</td>
<td>Heart Disease: 223/100,000 lives</td>
</tr>
<tr>
<td></td>
<td>Stroke: 37.3/100,000 lives</td>
<td>Stroke: 45.6/100,000 lives</td>
</tr>
<tr>
<td></td>
<td>Hypertension: 30.9/100,000 lives</td>
<td>Hypertension: 41.9/100,000 lives</td>
</tr>
<tr>
<td></td>
<td>Cancer/bronchus/lung: 48.1/100,000 lives</td>
<td>Cancer/bronchus/lung: 77.4/100,000 lives</td>
</tr>
</tbody>
</table>
On average, the first time a young person in Arkansas has his/her first cigarette is 12.5 years of age.
SO WHY TRY?
<table>
<thead>
<tr>
<th>Disease Category</th>
<th>Short-Term Effects (1-5 years)</th>
<th>Long-Term Effects (+5 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary heart disease</td>
<td>50% less risk at 1 year</td>
<td>Non-smoker rates at 10 years</td>
</tr>
<tr>
<td>Peripheral vascular disease</td>
<td>Halts progression</td>
<td>Non-smoker rates at 5 years</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>Quick decline in risk</td>
<td>Non-smoker rates at 10 years</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>60% less risk at 5 years</td>
<td>Non-smoker rates at 10 years</td>
</tr>
<tr>
<td>Oral cavity cancer</td>
<td>Risk decreases with cessation</td>
<td>Non-smoker rates at 16 years</td>
</tr>
<tr>
<td>Respiratory disease</td>
<td>Slow decline</td>
<td>50% less risk at 20 years</td>
</tr>
</tbody>
</table>

YES, BUT HOW DO I KNOW WHAT THEY ARE USING?

- Cigarettes can vary moment to moment
- Oral smokeless tobacco use—is that snuff, dipping and how much to quantify
- Cigars, cigarillos, roll your own??
YES, BUT HOW DO I KNOW WHAT THEY ARE USING?

• E-cigarettes, mods, vapes, juuls-come in variety of devices

• Hookah

• How is it recorded in the EMR??
CESSATION EFFORTS

• Clinical interventions—outpatient and inpatient
• Arkansas Tobacco Quitline
• Quit programs with insurance program
• One on One Counseling
• Support Groups
CLINICAL INTERVENTIONS
INPATIENT AND OUTPATIENT

Barriers to treatment:

• Insufficient training of impact of tobacco effects on health

• Insufficient training of effective tobacco treatment

• Lack of support at all levels of health care delivery
Barriers to treatment:

- Lack of health information technology to identify tobacco use
- Limited time
- Limited reimbursement
Benefits

• Convenient

• Anonymous allows candid discussion

• Initiated by the smoker, continued by the smoker
Benefits

• Can provide focused counseling to help quitter make a plan
• Provide free medication to help quit attempt
• Providers have a way to refer a patient
Problems

• Have to have a working phone with good amount of minutes to talk

• Phone numbers change often

• Often the counselor calls back and not able to reach quitter
QUIT LINES

Problems

• Usually the Quitline providers are often overwhelmed
• Quitters report never getting through or being put on hold
• Some quitters do not like talking on phone
• Only reach 1-5% of state’s smokers/year
INSURANCE PROGRAMS

• Insurers can charge a surcharge up to 50% for tobacco users to motivate smokers to quit.

• Some insurance companies provide smoking cessation medication free or minimal cost.
INSURANCE PROGRAMS

• Some provide smoking programs also or cover cessation treatments.

• Differences exist with each program, not all provide coverage for FDA approved smoking cessation products.
ONE-ON-ONE COUNSELING

Certified Tobacco Treatment Specialists
Who are they and what can they offer

• Motivational interviewing
• Mindfulness therapy
• Reduction in cigs/day
• Help with making a Plan using combination of counseling and medications
ONE-ON ONE COUNSELING

• Nurses/providers as they interact with patients—takes time

• Respiratory therapists can counsel as they interact with patients

• Mental health providers need to intervene as their population is represented at higher numbers
WHAT ABOUT SUPPORT GROUPS?

• Started Freedom from Smoking support groups in 2014

• Have had 15 different groups ranging in numbers from 3-12

• What have I learned?
IS THERE A MAGIC BULLET?
BENEFITS

- Participants have support from others trying to quit
- Hear stories from ex-smokers who have quit
- Have help from pharmacists, nurses, respiratory therapists and dieticians
BENEFITS

• Free of charge
• Ability to postpone the quit for 3 weeks to prepare
• Ability to find a buddy to quit with
PITFALLS

• Thinking quitting will be easier than it is

• Commitment takes time and the urge to quit waxes and wanes

• You mean there is “homework?”

• Stress in life continues
• Many of the smokers have major psychological issues

• 7 weeks is a long time

• If I cannot quit then I let the whole group down
TAILORING SUPPORT GROUPS TO MEET THE NEEDS

• What happens when the group has already started for the current session?

• Would shorter periods of groups help?

• What should you do when someone expresses interest in quitting?
TAILORING SUPPORT GROUPS TO MEET THE NEEDS

• What about those who relapse and are discouraged?

• The influence, positive or negative for workplace pressures such as No Hire, punitive fees, etc., for smokers

• Is there a perfect day/time to meet?
“But, can you help me quit smoking?”
THE NEXT STEP

• Started this in 2017 to try to help those still struggling at the end of Freedom from Smoking

• Meets monthly run by Baptist, UAMS, CARTI and now STVincent's

• Have a speaker who can address areas of interest to smokers
THE NEXT STEP

- Had a drawing for gift to those who came
- Numbers never were very high each meeting
- Some voiced need to meet weekly
IDEAS FOR NEXT STEP

• Need to meet weekly – Commitment!

• Anyone can come at anytime, no waiting for those who have decided to quit

• Run by ex-smokers
IDEAS FOR NEXT STEP

• One on one counseling is available, also support group

• Relapse prevention for the ex-smokers

• This can be a referral for anyone in city who sees patients who want to smoke
QUESTIONS?