

# TOBACCO & HIV

LINDA NGUYEN  
PATRICIA SANCHEZ, MPH  
SAMI LUBEGA, MD

ALAMEDA COUNTY TOBACCO TREATMENT TRAINING PROGRAM

LIFELONG MEDICAL CARE

AUGUST 2021

# OBJECTIVES FOR PARTICIPANTS

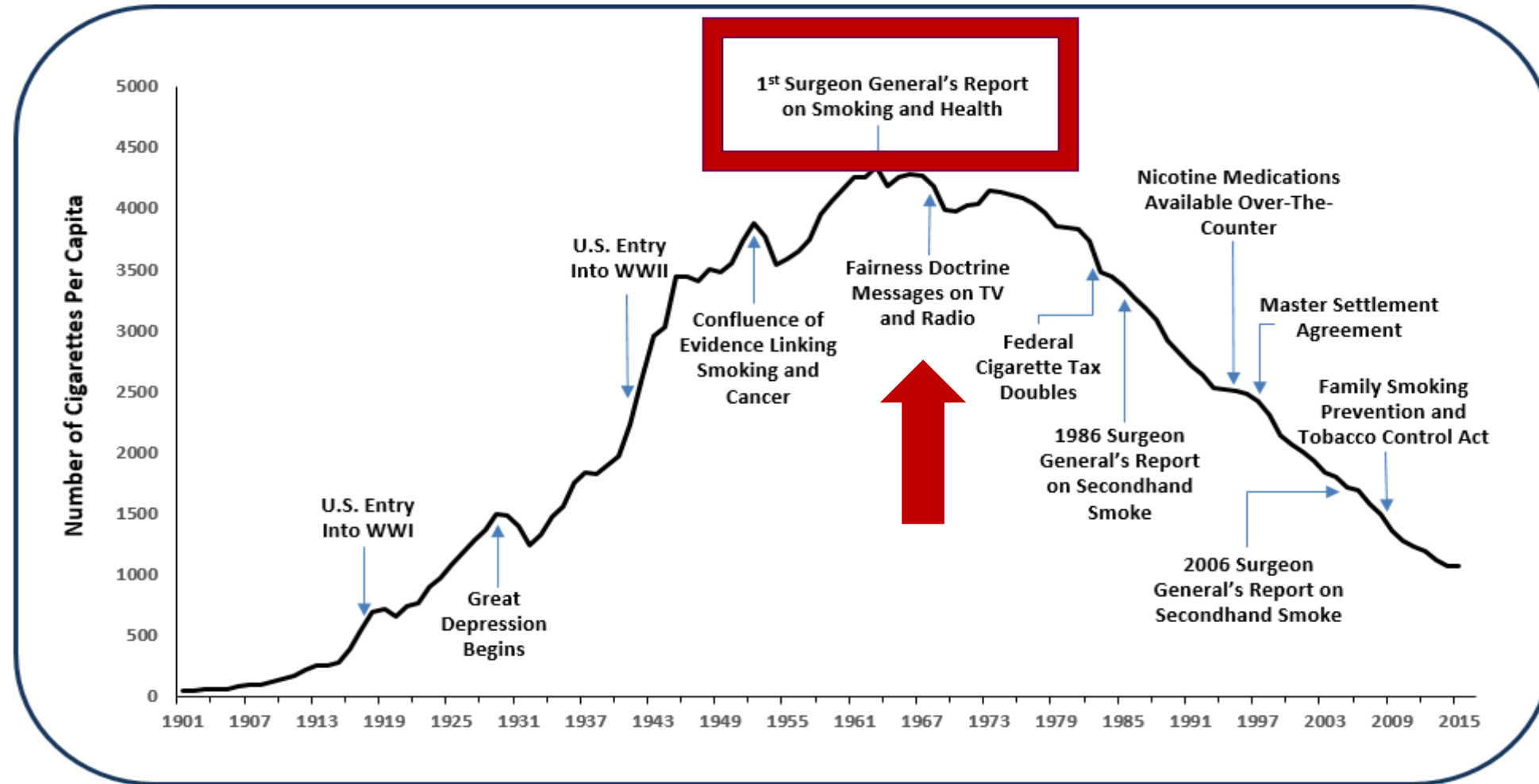
- Describe how tobacco-use affects people living with HIV/AIDS
- Name at least two treatment options and/or services that can help support special populations with tobacco treatment
- Demonstrate two Motivational Interviewing strategies to help create dialogue with patients who are ambivalent about tobacco treatment
- Demonstrate the Ask-Advise-Refer brief intervention with a client/patient in a one-on-one counseling session

# CASE - JASON

- 28 yo M, living with HIV for 6 yrs, on ART with an undetectable viral load
- History of alcohol use, depression, smoking ½ pack per day since he was 16
- Switches between cigarettes and \$2 cigars when he can't afford a pack
- Tired of "wasting money," also thinking more about his health and knows he needs to quit eventually
- Wants to move in with his boyfriend, but boyfriend wants him to quit first.
- Doesn't think he can do it..."everyone I know smokes...except for him."

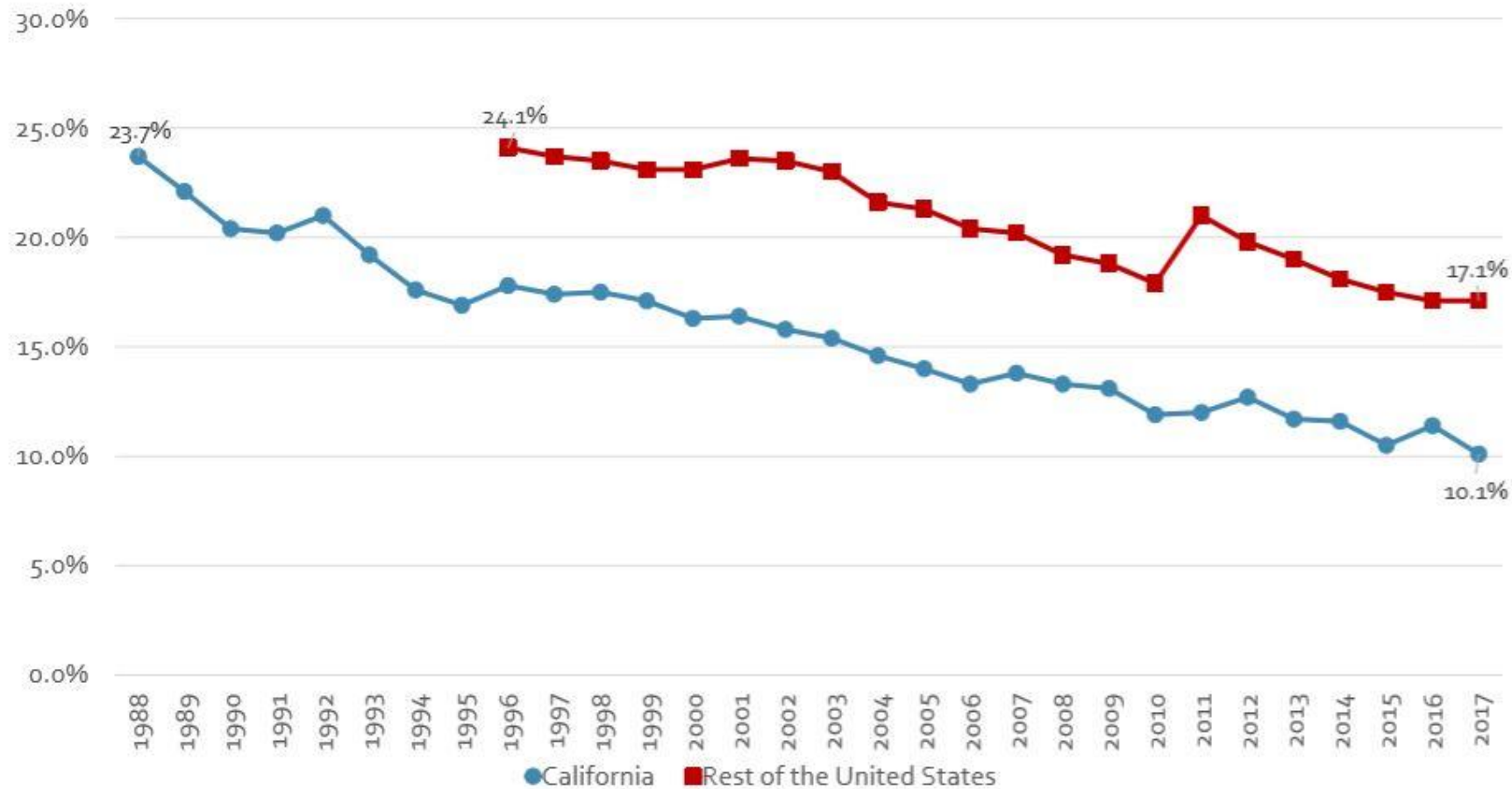


# Adult Per Capita Cigarette Consumption and Major Smoking/Health Events—United States, 1900-2015



Sources: Adapted from Warner 1985 with permission from Massachusetts Medical Society, © 1985; U.S. Department of Health and Human Services 1989; Creek et al. 1994; U.S. Department of Agriculture 2000; U.S. Census Bureau 2015; U.S. Department of the Treasury 2015.

# Adult Cigarette Smoking Rates in California and the Rest of the United States, 1988 to 2017



Note: Restricted to respondents aged 18 or older. Cigarette use is based on self-reported current use. A break in the trend line is shown for California data between 1995 and 1996 and between 2011 and 2012 due to methodological change. A break in the trend line is shown for the Rest of the United States data between 2010 and 2011 due to methodological change. Source: (1) Behavioral Risk Factor Surveillance System, 1988 to 2017, Sacramento, CA: California Department of Public Health, October 2018. (2) Behavioral Risk Factor Surveillance System, 1996 to 2017, Atlanta, GA: Centers for Disease Control and Prevention, October 2018.

# Vulnerable Populations

Population	Smoking Rate
Persons with MI or SU disorder	30.5% <sup>1</sup>
Low income	Uninsured: 31.0; Medicaid: 28.2% <sup>2</sup>
Least educated	GED: 36.8%; Less than H.S.: 23.1% <sup>2</sup>
LGBT	27.3% <sup>2</sup>
Disability/Limitation	25.0% <sup>2</sup>
Chronically homeless	80% <sup>3</sup>
Incarcerated persons	50% - 83% <sup>4</sup>
HIV Infected	42.4% <sup>5</sup>

<sup>1</sup>United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2017. Research Triangle Park, NC: RTI International [distributor]

<sup>2</sup>Wang TW, Asman K, Gentzke AS, et al. Tobacco Product Use Among Adults – United States, 2017. *MMWR Morb Mortal Wkly Rep* 2018;67:1225-1232. DOI: <http://dx.doi.org/10.15585/mmwr.mm6744a2>. \*\*Disability status defined by self-reported presence of selected limitations, including vision, hearing, cognition, and movement\*\*

<sup>3</sup>Tsai J, Rosenheck RA. Smoking Among Chronically Homeless Adults: Prevalence and Correlates. *Psychiatr Serv* 2012;63(6):569-76. doi: 10.1176/appi.ps.201100398

<sup>4</sup>Valera P, Reid A, Acuna N, Mackey D. The Smoking Behaviors of Incarcerated Smokers. *Health Psychol Open* 2019;6(1):2055102918819930. doi: 10.1177/2055102918819930

<sup>5</sup>Mdodo R, Frazier EL, Dube SR, et al. Cigarette Smoking Prevalence Among Adults with HIV Compared With the General Population in the United States: Cross-sectional Surveys. *Ann Intern Med* 2015;162(5):355-44. doi: 10.7326/M14-0954

# Keeping Customers: The Reach of Big Tobacco



PHILIP MORRIS  
INTERNATIONAL



# Focus vs. Non Focus Communities

(Wright, 2009)

## ▶ **Focus Communities: Inner-city, Colored and Poor**

- Less expensive, more desirable promotions
  - Buy 1, Get X Free
  - Summer/ Holidays

## ▶ **Non-focus Communities: Upscale, suburban, rural and white**

- More expensive, less desirable promotions
  - Buy 2, Get X Free
  - Buy 3, Get X Free

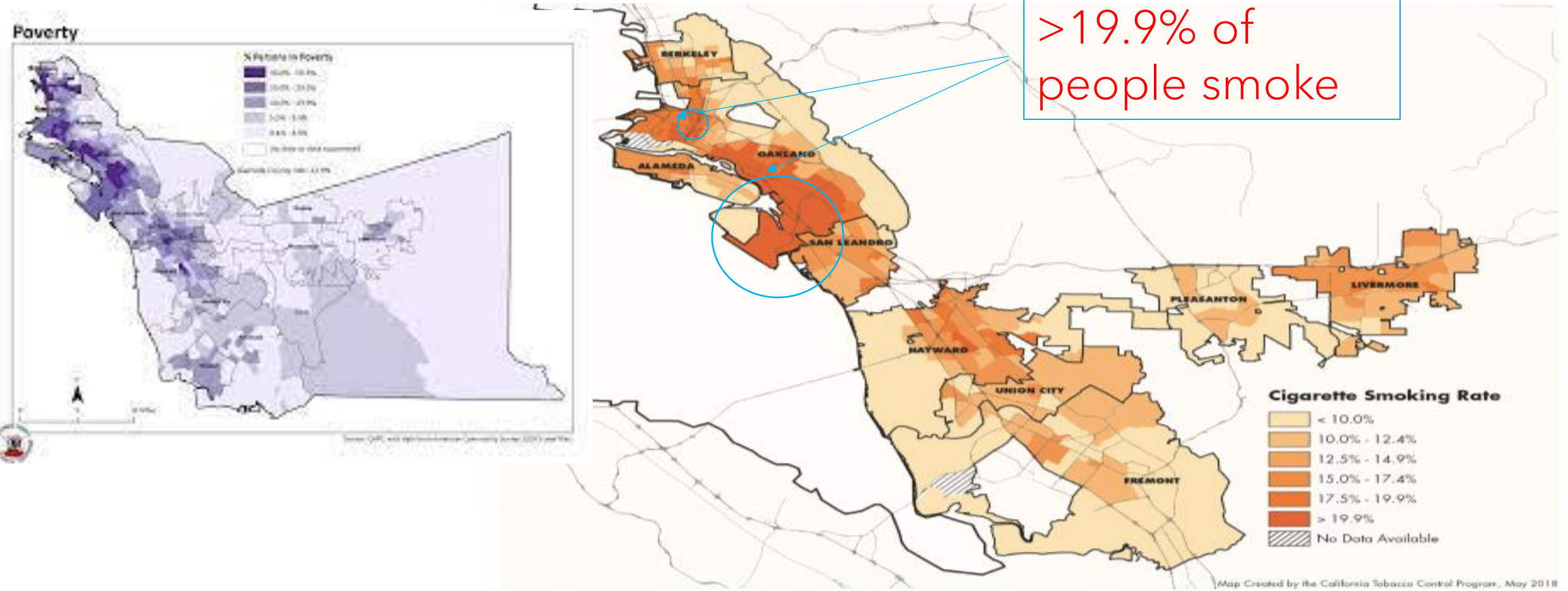
## ▶ **Menthol Cigarettes Cheaper**

- Non-focus- 50 cents off/ pack (\$5.00 off/ ctn)
- Focus- \$1.00-\$1.50 off/ pack (\$10.00-15.00 off/ ctn)



# ALAMEDA SMOKING RATES BY NEIGHBORHOOD

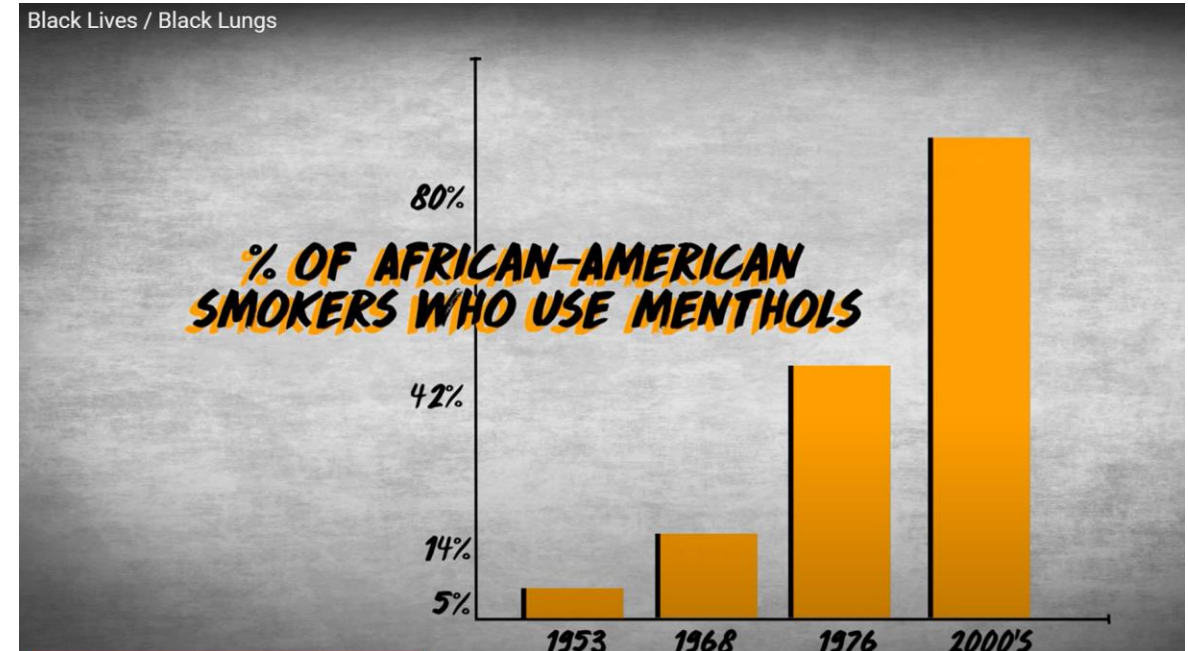
Figure 6. Modeled-based adult cigarette smoking rate in Alameda County by census tract, 2015



# MAKING MENTHOLS BLACK...

Black Lives, Black Lungs:

<https://www.youtube.com/watch?v=Eeg5BNx--uQ>



# TOBACCO TARGETING OF LGBTQ+ COMMUNITIES

- 1990: AIDS Coalition to Unleash Power (ACT-UP) started a year-long boycott of Philip Morris (Marlboro)
- Protesting the support of Senator Jesse Helms (R), an LGBTQ rights opponent
- Philip Morris pledged large donations to combat AIDS (undisclosed amounts) in exchange for calling an end to the boycott.
- "It's important that the money gets to AIDS programs and services that are in desperate need."



# TOBACCO TARGETING OF LGBTQ+ COMMUNITIES

- 1990: ACT-UP boycott, pledge to donate to AIDS-related orgs
- 1991: Tobacco companies donated \$10,000 to GLAAD
- 1992: first cigarette ads appeared in a gay publication
- 1995: Project SCUM (Subculture Urban Marketing)

<https://www.youtube.com/watch?v=hBSM9Bpn31U>



# PROJECT SCUM

- 2000: RJ Reynolds (Camel, Pall Mall) - confidential documents leaked
- Outlined plans for an ad campaign simultaneously targeting young gay men in the Castro and homeless populations in the Tenderloin
- Targeted advertisements in LGBTQ press, cigarette giveaways, free merchandise
- Hosting booths at SF Pride and sponsoring after parties at popular gay clubs



# TOBACCO TARGETING OF LGBTQ+ COMMUNITIES

- Sponsor Pride Events
- Philanthropic giving to LGBTQ+ and HIV/AIDS organizations
- Civil rights and social justice messages manipulated into pro-tobacco messages
- <https://www.thetruth.com/video/a-parallel-story>

freedom. to speak.  
to choose. to marry.  
to participate. to be.  
to disagree. to inhale.  
to believe. to love.  
to live. it's all good.



Photo illustration by Lisa Larson-Walker. Ads by manufacturer via LGBT Tobacco.

# LGBT

The **LGBT community** is disproportionately impacted by tobacco.



- 20.6 % of LGB adults smoke
- 35.5% of Transgender adults smoke cigarettes
- Transgender adults are 2x as likely to use vapes and cigs
- 36% of LGBTQ+ smoke menthols

**TOBACCO USE IS NOT AN EQUAL OPPORTUNITY KILLER.**

**SMOKING DISPROPORTIONATELY AFFECTS THOSE MOST IN NEED SUCH AS THE POOR, THE HOMELESS, RACIAL MINORITIES, LGBTQ PERSONS AND THOSE SUFFERING FROM MENTAL ILLNESS AND SUBSTANCE USE DISORDERS.**



**TOBACCO CONTROL IS  
AN LGBTQ+ SOCIAL  
JUSTICE ISSUE**

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# What is OUT Against Big Tobacco OUT for?

**We're fighting back;** fighting for the institutional changes required to save our next generation from the predatory practices of Big Tobacco. Enough is enough. Big Tobacco has the money, but we have the **power of the people**.

We stand and fight for policy changes targeted to reduce the tobacco-related health disparities within our community. We are fighting to enact the following policies throughout Los Angeles County and California's Central Valley region:

1. Restrict the availability of ALL flavors in ALL tobacco products. No Exceptions.
2. No longer allow the use of discounts and price reduction promotions for the purchase of ANY tobacco product.
3. Create a culture of tobacco-free Pride celebrations
4. Remove the influence of Big Tobacco from California State elections

# ADDRESSING TOBACCO DISPARITIES

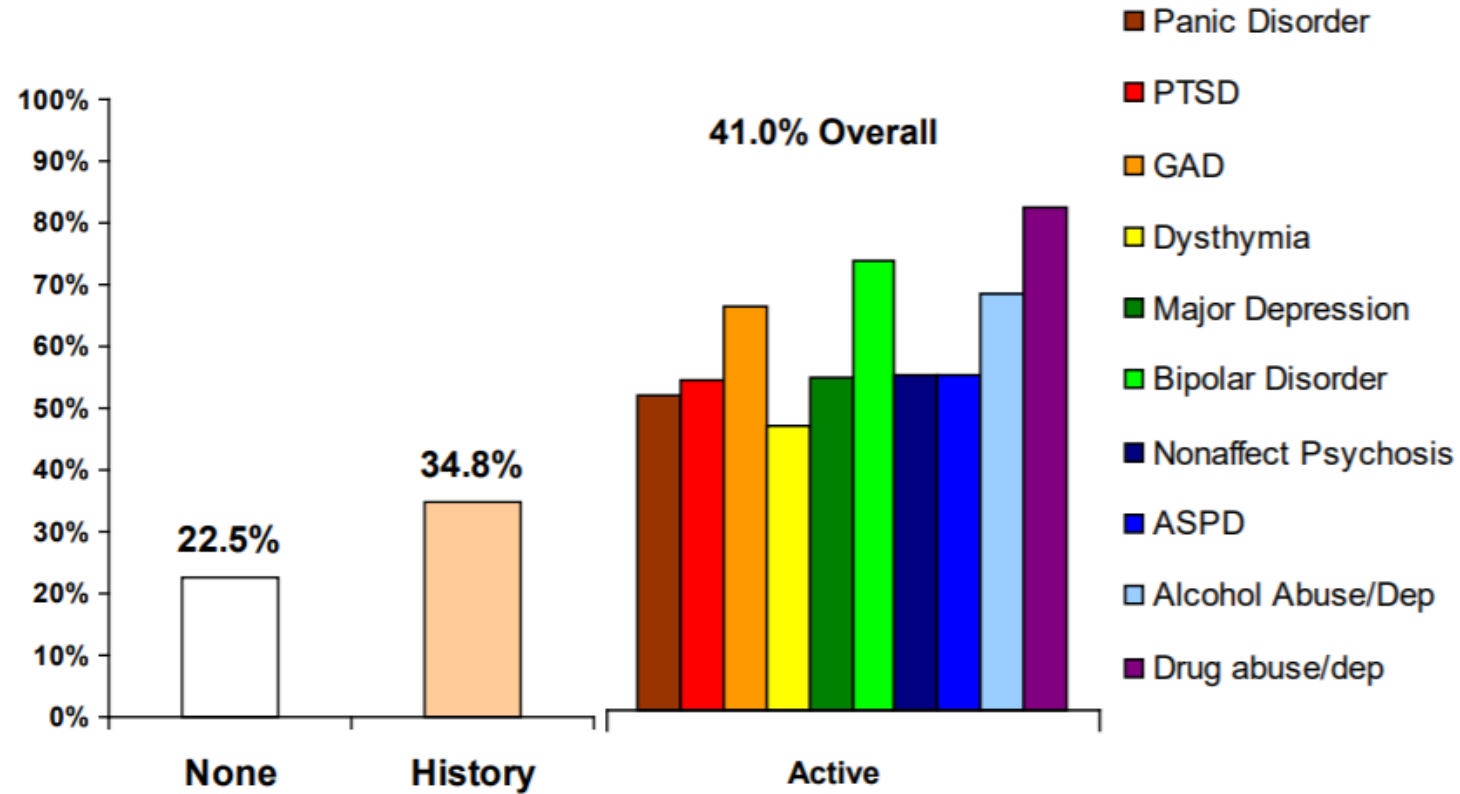
- Addressing social determinants of health
- Equitable tobacco industry influence in our communities
- Comprehensive tobacco control policies
- Offering evidence-based tobacco treatment to patients seeking care

# CASE - JASON

I've been telling my therapist and my HIV specialist about how I smoke to relieve stress for years now. They've never mentioned that I need to quit smoking...



# SMOKING PREVALENCE by PSYCHIATRIC DIAGNOSIS



National Comorbidity Survey 1991-1992  
Source: Lasser et al., 2000 JAMA

# Smoking as self-medication???

## TRUTH TOBACCO INDUSTRY DOCUMENTS

- 28 proposals to TI relating to schizophrenia
  - 7 funded
    - All on self-medicating effects
  - 21 unfunded
    - Study of the high smoking prevalence
    - Health harms (e.g., cancers, medication interactions)
    - Nicotine withdrawal effects

Prochaska et al. (2008) Schizophrenia Bulletin

# SMOKING AS SELF-MEDICATION?

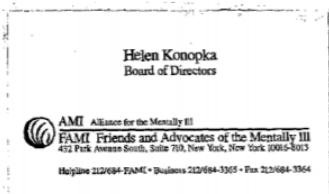
## HOSPITAL SMOKING BAN EXEMPTION for MENTAL HEALTH

THE WALL STREET JOURNAL TUESDAY, OCTOBER 11, 1994

### Mental Patients Fight to Smoke When They Are in the Hospital

"It's one of the very very few pleasures that schizophrenics and people with major depression have," says Helen Konopka, a 71-year-old retired New York teacher who organized a tidal wave of letters and petitions to the Joint Commission. She says

Ms. Konopka's crusade is backed by the National Alliance for the Mentally Ill, an influential advocacy group of patients and their families. The group says it hasn't had any contact with the tobacco industry.



*Philip Morris:  
FAMI is fighting the City, HHC  
and Bellevue Hospital bureaucracy.  
The patients in the psychiatric hospital  
write, bring up notes and admissions  
notes and a discrete smoking area and  
not be forced to go Cold Spring  
Landing*

### The New York Times

SUNDAY, FEBRUARY 19, 1995

JCAHO ultimately "yielded to massive pressure from mental patients and their families, relaxing a policy that called on hospitals to ban smoking."

in



Interoffice Memorandum

Subject: Gratis Request  
Operation Santa Claus

Date: November 16, 1984

To: Peter Allan

From: Miriam G. Adams



OK Post  
11-20

Attached is a request for cigarettes for Operation Santa Claus. This is an event we have made donation to over the years, and last year we donated 60 cartons.

This is for a worthwhile cause but would have to be charged to CPR as RJRT does not have sufficient budget.

Your comments would be appreciated.

**Operation Santa Claus  
60 cartons of cigarettes**

to the Forsyth County Residents of  
John Umstead & Murdoch Center

Corporate Public Relations

MGA:bkm

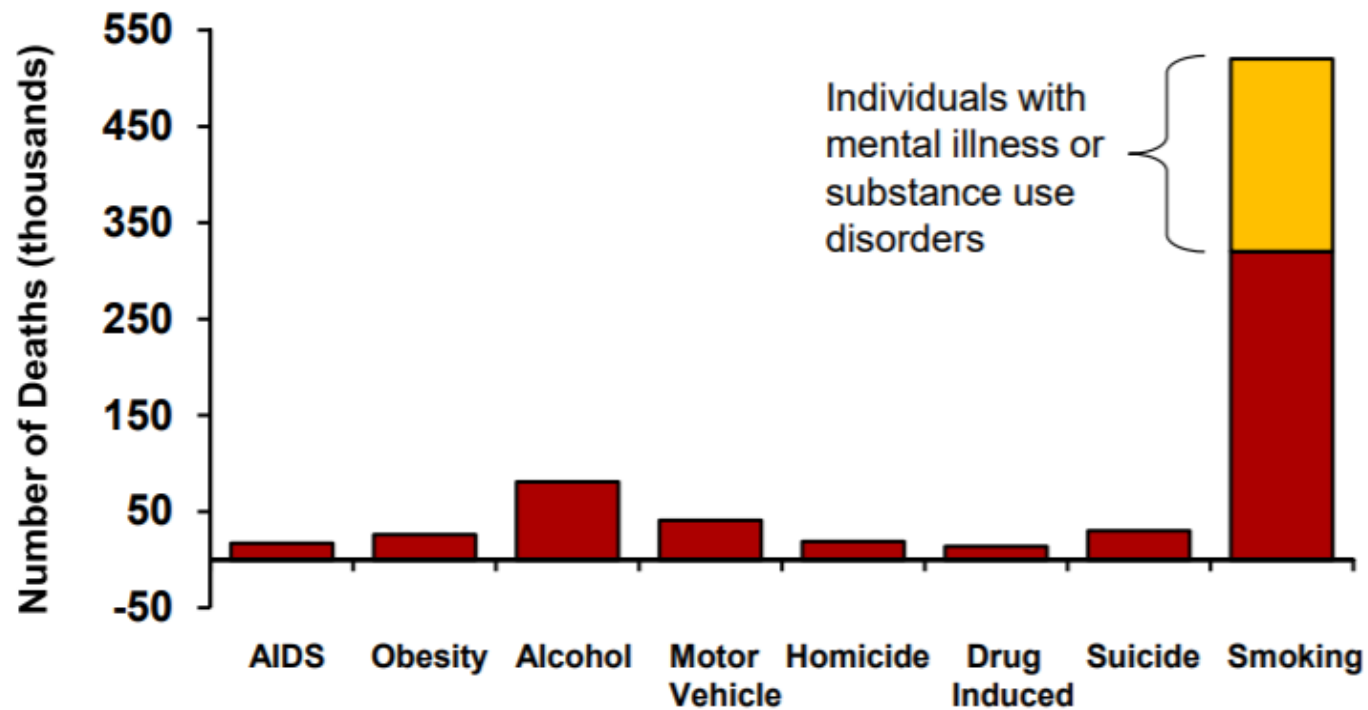
Attachment



## **MYTH OR FACT?**

“Cigarettes are not as deadly as other substances like heroin, meth, and crack cocaine”

# COMPARATIVE CAUSES of ANNUAL DEATHS in the UNITED STATES





## Provider Beliefs about Tobacco and BH

- Tobacco is necessary self-medication
- BH consumers are not interested in quitting
- They are unable to quit
- Quitting worsens recovery
- Smoking is a low priority problem
- **THESE ARE MYTHS**



**Discrimination**

**Uneducated  
providers**

**Barriers to  
care**



# Tobacco Use & Premature Death

- People with severe mental health disorders die 10-25 years sooner than the general population
- Half of all people in recovery die of tobacco-related diseases
- Studies show that less than half of people in MH or SUD treatment are offered tobacco treatment services/support



I didn't survive drugs & alcohol  
so I could die from lung cancer.

I had to stop smoking.

— SELMA

**CIGARETTES ARE MY GREATEST ENEMY**  
TOBACCO CAUSES MORE DEATHS THAN AIDS, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

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## **MYTH OR FACT?**

“When people with alcohol or substance use disorders try to quit, it increases their risk of relapse”

# TOBACCO TREATMENT IMPROVES BEHAVIORAL HEALTH OUTCOMES

- Quitting decreases risk of relapse to drugs
  - When SUD treatment is combined with tobacco treatment:
    - risk of relapse to drugs decreases by 25% one year later
    - More likely to stay in recovery up to 9 years later

# TOBACCO TREATMENT IMPROVES BEHAVIORAL HEALTH OUTCOMES

- Quitting improves mental health symptoms
  - Improves depression symptoms as much as SSRI after 2-3 months
  - Tobacco treatment combined with depression, PTSD, schizophrenia treatment causes NO worsening in clinical symptoms
- Quitting smoking can decrease need for/dosages of psych meds
  - Allows smaller doses of usual medication to be more effective



# TOBACCO TREATMENT IMPROVES TRANS HEALTH

- Combination of smoking and estrogen increases risk of blood clots
- Testosterone not associated with increased risk
- All tobacco treatment meds are safe to use with gender-affirming hormones (GAH)
- Trans women are typically strongly advised to quit smoking before start of feminizing hormone therapy
- Trans women who receive hormone therapy are MORE LIKELY to quit or decrease smoking
- Health benefits of access to trans-friendly care are far reaching; smoking should NOT be a reason to deny GAH, but an opportunity to engage in health promoting behaviors



# CASE - JASON

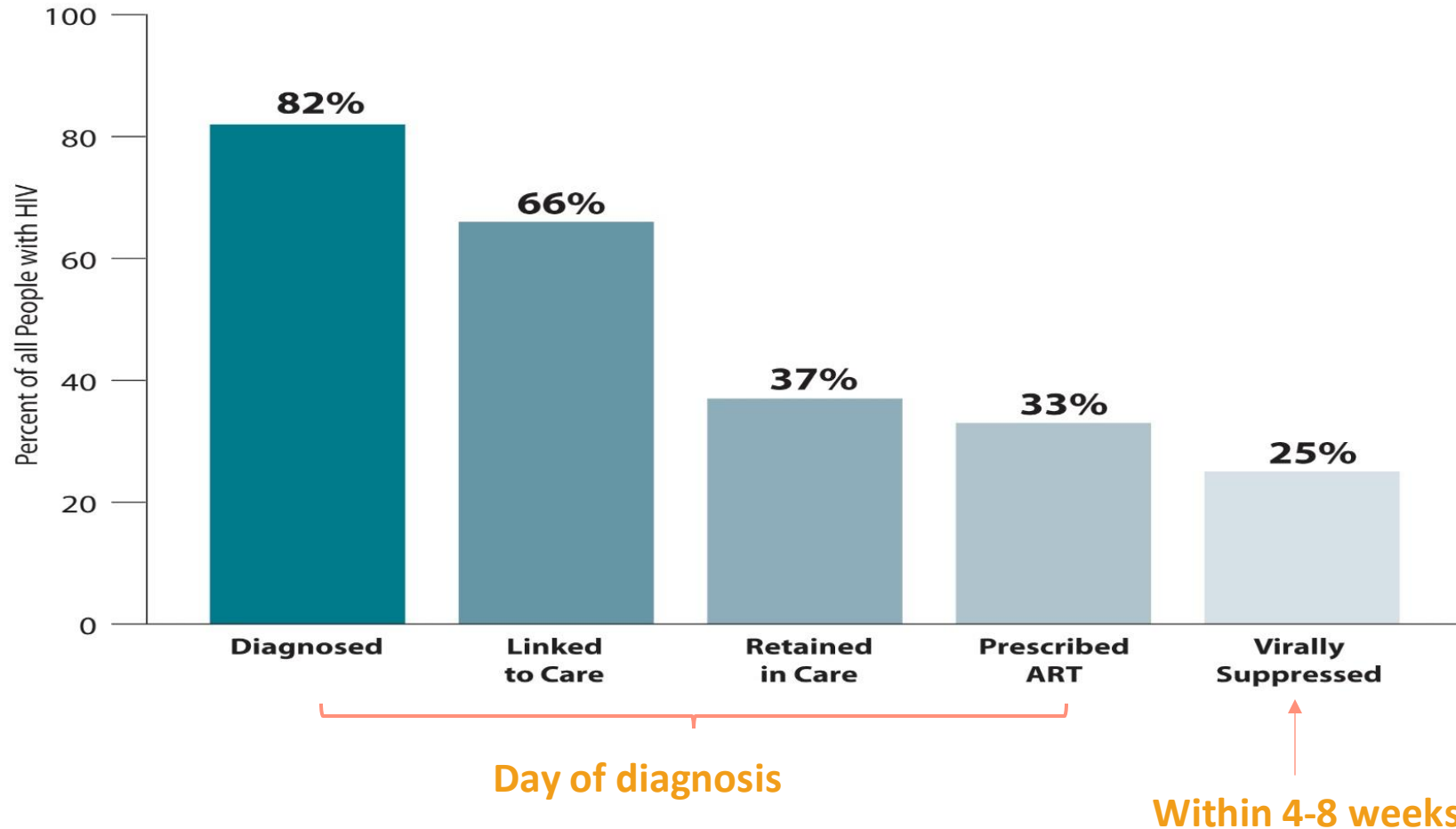
I finally became undetectable on my meds this past year. I've had trouble staying on my meds in the past when I get stressed, I'm just not sure it's worth the risk to my HIV.



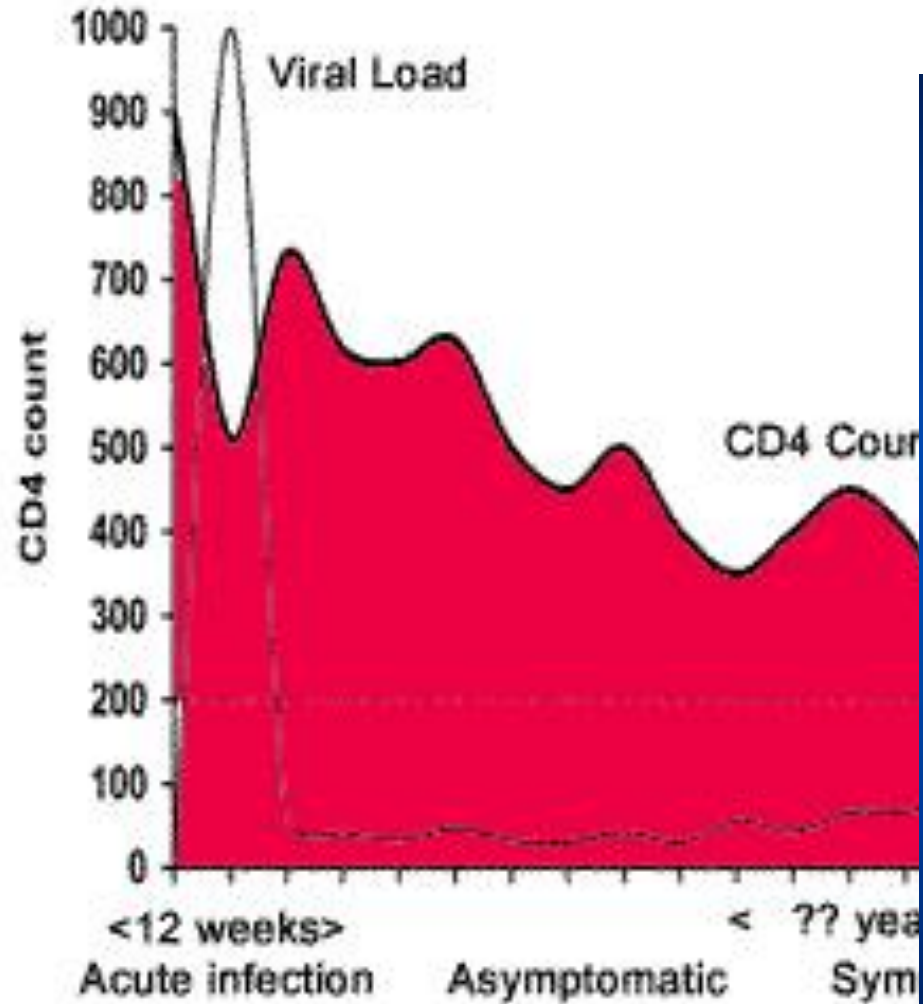


# RAPID ART & THE CARE CONTINUUM

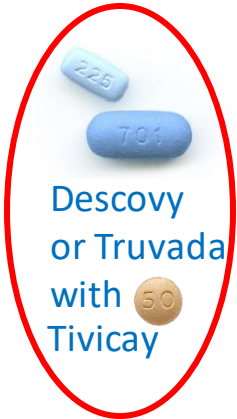
**OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.**



# We can control HIV in 4-8 weeks!



# 13 single-tablet regimens and 2 injectable.



These medications contain a complete regimen all in one:

**SINGLE-TABLET REGIMENS** (Multiple drug classes; see pregnancy information for integrase inhibitors below.)

**Atripla** ✓ RECOMMENDED INITIAL REGIMEN IN CERTAIN CLINICAL SITUATIONS  
 efavirenz/emtricitabine/tenofovir DF (EFV/FTC/TDF)  
 One tablet (600 mg efavirenz/200 mg emtricitabine/300 mg tenofovir DF), once daily. Take on an empty stomach, preferably at bedtime.

**Complera** ✓ RECOMMENDED INITIAL REGIMEN IN CERTAIN CLINICAL SITUATIONS IF VIRAL LOAD <100,000 COPIES/mL AND CD4 COUNT >200 CELL/mm<sup>3</sup>  
 rilpivirine/emtricitabine/tenofovir DF (RPV/FTC/TDF)  
 One tablet (25 mg rilpivirine/200 mg emtricitabine/300 mg tenofovir DF), once daily. Take with a meal.

**Dovato** ★ RECOMMENDED INITIAL REGIMEN FOR MOST PEOPLE EXCEPT THOSE WITH VIRAL LOAD >500,000 COPIES/mL, HBV CO-INFECTION, OR BEFORE RESULTS OF GENOTYPIC RESISTANCE OR HBV TESTING  
 dolutegravir/lamivudine (DTG/3TC)  
 One tablet (50 mg dolutegravir/300mg lamivudine), once daily. Take with or without food.

**Juluca** ✓ RECOMMENDED AS CONTINUATION THERAPY FOR PEOPLE WITH UNDETECTABLE HIV VIRAL LOAD FOR AT LEAST 6 MONTHS  
 dolutegravir/rilpivirine (DTG/RPV)  
 One tablet (50 mg dolutegravir/25 mg rilpivirine), once daily. For adults who are virologically suppressed on a current ART regimen for at least 6 months and who have no history of treatment failure or resistance mutations associated with rilpivirine or dolutegravir. Take with a meal.

**Stribild** ✓ RECOMMENDED INITIAL REGIMEN IN CERTAIN CLINICAL SITUATIONS  
 elvitegravir/cobicistat/emtricitabine/tenofovir DF (EVG/COBI/FTC/TDF)  
 One tablet (150 mg elvitegravir/150 mg cobicistat/200 mg emtricitabine/300 mg tenofovir DF), once daily. Take with food.

**Symfi Lo** ✓ RECOMMENDED INITIAL REGIMEN IN CERTAIN CLINICAL SITUATIONS  
 efavirenz/lamivudine/tenofovir DF (EFV/3TC/TDF)  
 One tablet (400 mg efavirenz/300 mg lamivudine/300 mg tenofovir DF), once daily. Should be taken on an empty stomach, preferably at bedtime.

**Triumeq** ★ RECOMMENDED INITIAL REGIMEN FOR MOST PEOPLE IF HLA-B\*5701 NEGATIVE  
 dolutegravir/abacavir/lamivudine (DTG/ABC/3TC)  
 One tablet (50 mg dolutegravir/600 mg abacavir/300 mg lamivudine), once daily. One additional 50 mg tablet of Tivicay 12 hours apart in people with viral resistance to INSTIs or when taken with certain other medications. Take with or without food.

**Biktarvy** ★ RECOMMENDED INITIAL REGIMEN FOR MOST PEOPLE  
 bictegravir/emtricitabine/tenofovir alafenamide (BIC/FTC/TAF)  
 One tablet (50 mg bictegravir/200 mg emtricitabine/25 mg tenofovir alafenamide), once daily. For adults who are treatment-naïve, or on treatment and virologically suppressed for at least 3 months, with no history of treatment failure or resistance mutations associated with components of Biktarvy. Take with or without food.

**Delstrigo** ✓ RECOMMENDED INITIAL REGIMEN IN CERTAIN CLINICAL SITUATIONS  
 doravirine/lamivudine/tenofovir DF (DOR/3TC/TDF)  
 One tablet (100 mg doravirine/300 mg lamivudine/300 mg tenofovir DF), once daily. Take with or without food.

**Genvoya** ✓ RECOMMENDED INITIAL REGIMEN IN CERTAIN CLINICAL SITUATIONS  
 elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide (EVG/COBI/FTC/TAF)  
 One tablet (150 mg elvitegravir/150 mg cobicistat/200 mg emtricitabine/10 mg tenofovir alafenamide), once daily. Take with food.

**Odefsey** ✓ RECOMMENDED INITIAL REGIMEN IN CERTAIN CLINICAL SITUATIONS IF VIRAL LOAD <100,000 COPIES/mL AND CD4 COUNT >200 CELL/mm<sup>3</sup>  
 rilpivirine/emtricitabine/tenofovir alafenamide (RPV/FTC/TAF)  
 One tablet (25 mg rilpivirine/200 mg emtricitabine/25 mg tenofovir alafenamide), once daily. Take with a meal.

**Symfi** ✓ RECOMMENDED INITIAL REGIMEN IN CERTAIN CLINICAL SITUATIONS  
 efavirenz/lamivudine/tenofovir DF (EFV/3TC/TDF)  
 One tablet (600 mg efavirenz/300 mg lamivudine/300 mg tenofovir DF), once daily. Should be taken on an empty stomach, preferably at bedtime.

**Symtuza** ✓ RECOMMENDED INITIAL REGIMEN IN CERTAIN CLINICAL SITUATIONS  
 darunavir/cobicistat/emtricitabine/tenofovir alafenamide (DRV/COBI/FTC/TAF)  
 One tablet (800 mg darunavir/150 mg cobicistat/200 mg emtricitabine/10 mg tenofovir alafenamide), once daily. Take with food.

**LONG-ACTING REGIMEN**



PHOTO UNAVAILABLE

**cabotegravir/rilpivirine long-acting** ● DHHS RECOMMENDATION NOT YET ESTABLISHED (CAB LA/RPV LA)  
 NOT YET APPROVED AT PRESS TIME.  
 Long-acting injection of 400 mg cabotegravir plus 600 mg rilpivirine every 4 or 8 weeks in studies. Dose in studies consisted of two 2 mL injections. Rilpivirine must be taken with food. Induction phase with oral medication used in research and will be used when approved. Cabotegravir lead-in dose tablet may not otherwise be available on the market.

HIV medication chart from Positively Aware, 3/2020.

HIV ART protocols: EBGTZ.org/resources

# WHEN DO WE START TREATMENT?

**THE SOONER,  
THE BETTER!**

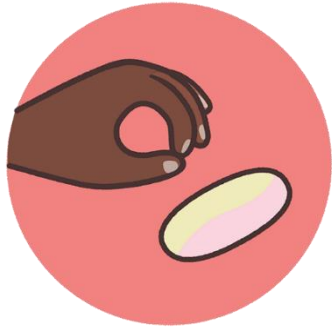
Rapid ART: first dose of treatment on day of diagnosis (or ASAP after diagnosis)

- Reduces mortality
- Increases viral load suppression rates
- Increases retention in care
- Reduces transmission by 96%



**TREATMENT  
REDUCES  
TRANSMISSION BY  
96%**

# TREATMENT AS PREVENTION: U=U



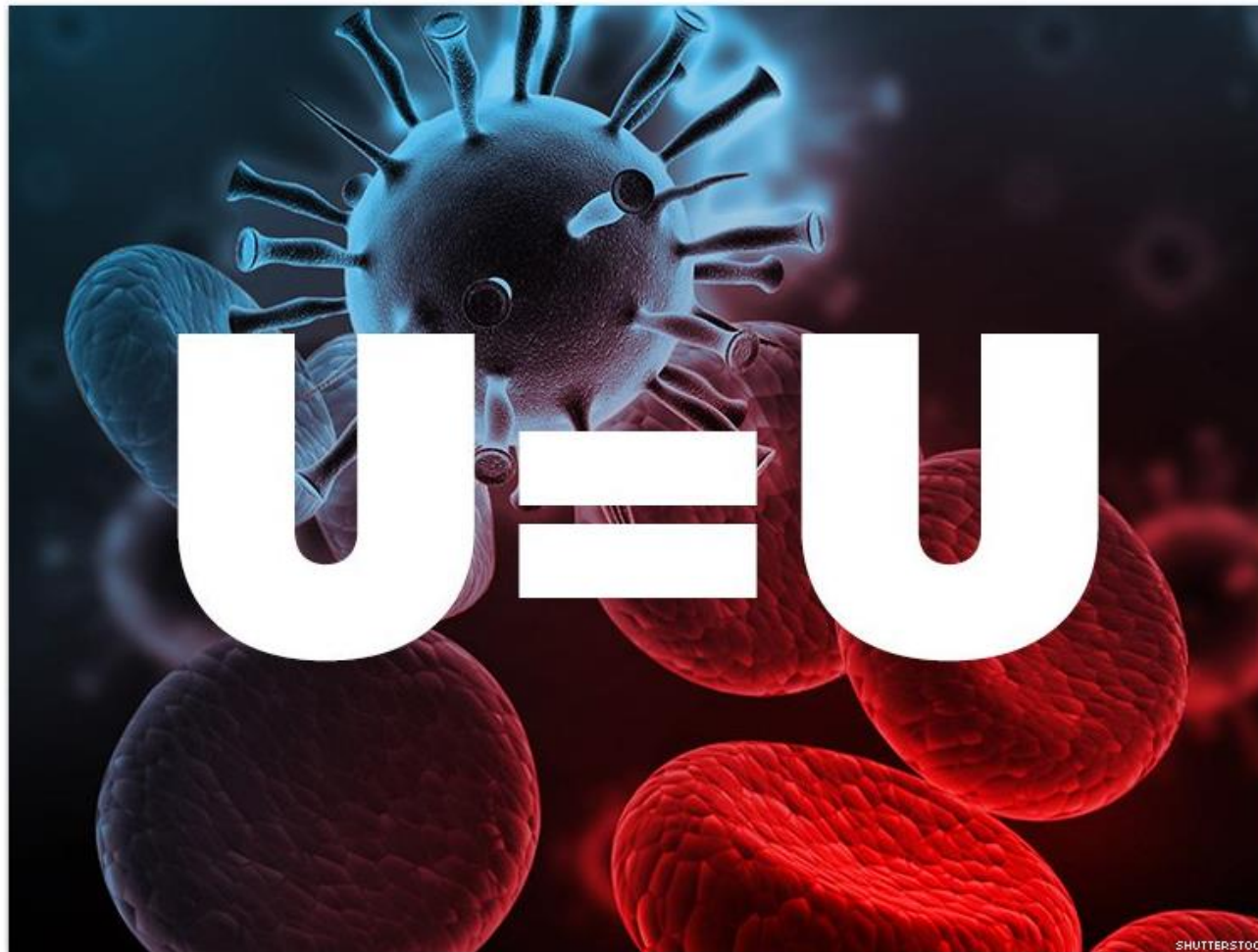
A person living with HIV taking antiretroviral therapy daily until reaching viral load suppression for 6 months

*In over 150,000 condomless, PrEPless sex acts, there have been ZERO transmissions when virally suppressed.*

*\*That's having sex every day for 416 years.*



## CDC Officially Admits People With HIV Who Are Undetectable Can't Transmit HIV



In a historic letter, the Centers for Disease Control and Prevention support the science behind "Undetectable Equals Untransmittable."

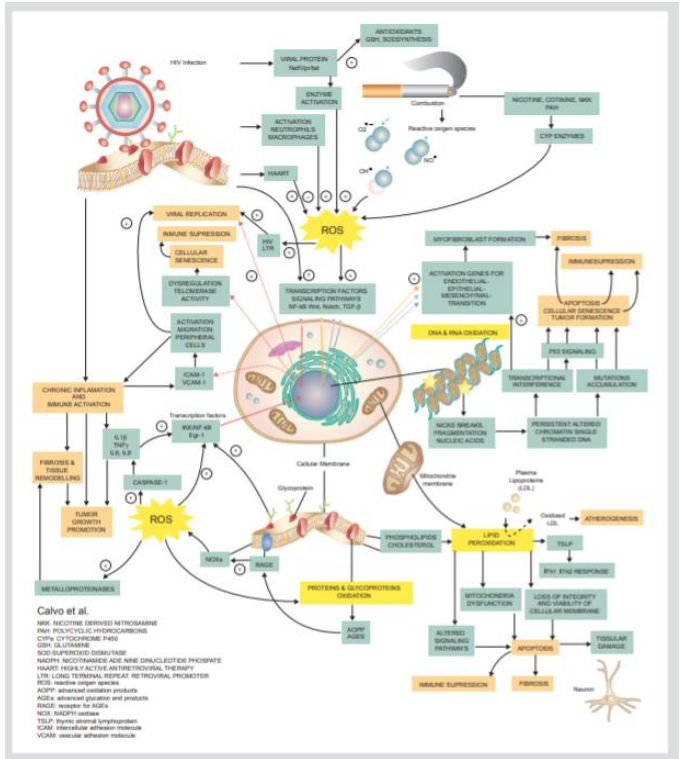
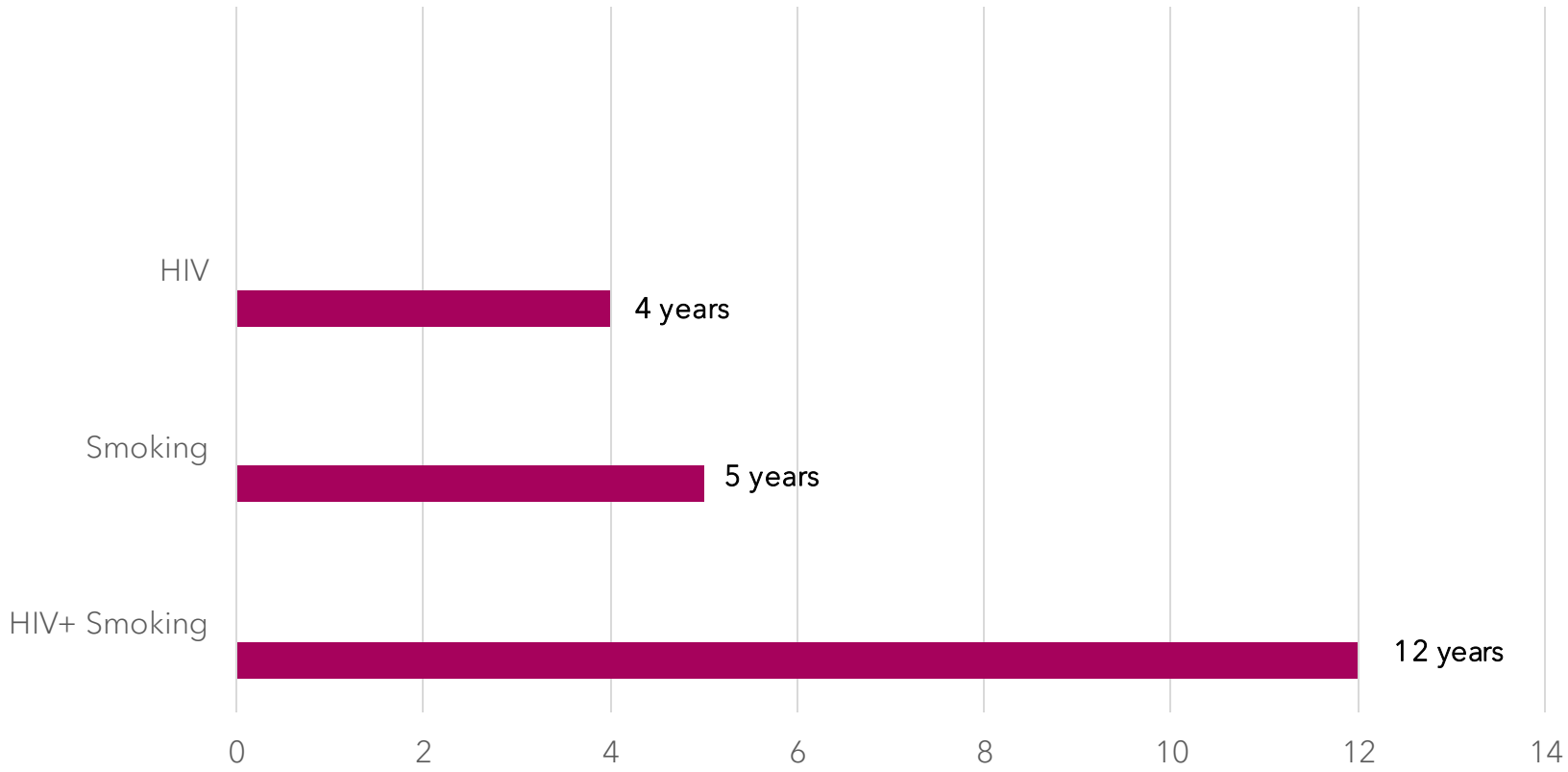
# HIV AND TOBACCO

- 1.1 million people in the US are living with HIV
- 40% of PLWH smoke cigarettes
- Life expectancy among PLWH who smoke is reduced by at least 16 years
- PLWH who smoke are more likely to develop:
  - Tobacco-related cancers
  - Heart disease and stroke
  - COPD (chronic obstructive pulmonary disease)
  - Pneumonia/Lung infections, including COVID-19
  - Serious HIV related infections
- PLWH who QUIT smoking have 40% lower risk of death



# HIV & TOBACCO

Years of Life Lost Due To...



# HIV & TOBACCO

- Over 5000 chemicals in cigarettes causing toxic cell damage
- Higher chance of developing life-threatening illness associated with low CD4 count
- Higher rates of long-term inflammation linked to:
  - heart disease, lung disease, certain cancers and fractures due to low bone density



# HIV, TOBACCO, & LUNG CANCER

- 1 in 4 cancers among PLWH are caused by smoking
- Lung cancer is the leading cause of cancer death among PLWH on ART
- 94% of lung cancer diagnoses among PLWH could be prevented by quitting smoking
- PLWH who smoke are more likely to be diagnosed with lung cancer at a younger age & to die from lung cancer compared to people without HIV
- PLWH who smoke are much more likely die from lung cancer than from any HIV/AIDS related causes



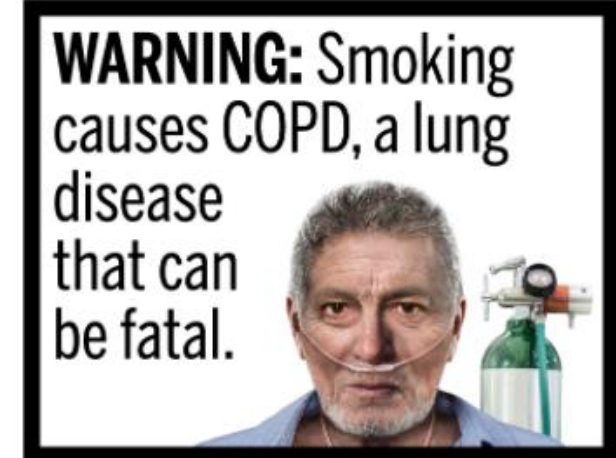
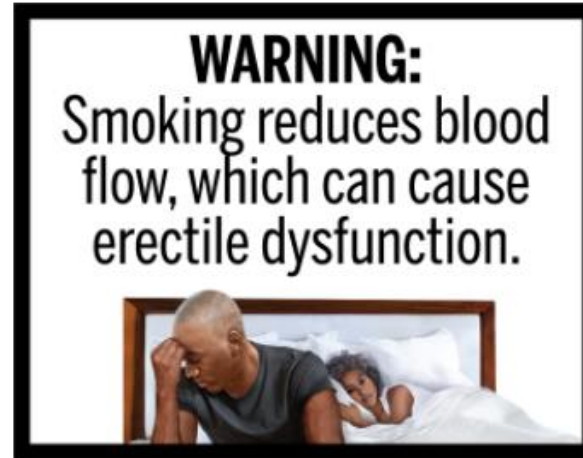
# HIV, TOBACCO, & OTHER CANCERS

- 1 in 4 cancers among PLWH are caused by smoking
- PLWH who smoke are more likely to develop:
  - Head & neck cancers
  - Cervical cancer
  - Anal cancer
  - Advanced HIV related cancers



# HIV, TOBACCO, & OTHER CONDITIONS

- PLWH who smoke are more likely to develop:
  - Heart disease and stroke - 70% of heart attacks in PLWH are attributed to smoking
  - COPD (chronic obstructive pulmonary disease)
  - Serious HIV related infections
  - Pregnancy loss
- PLWH who quit smoking report fewer HIV-related symptoms including fatigue, nausea, and body pain



# CASE - JASON

I've been smoking since I was 16. That's almost half my life already. Quitting doesn't really benefit people who have smoked that long...



## **MYTH OR FACT?**

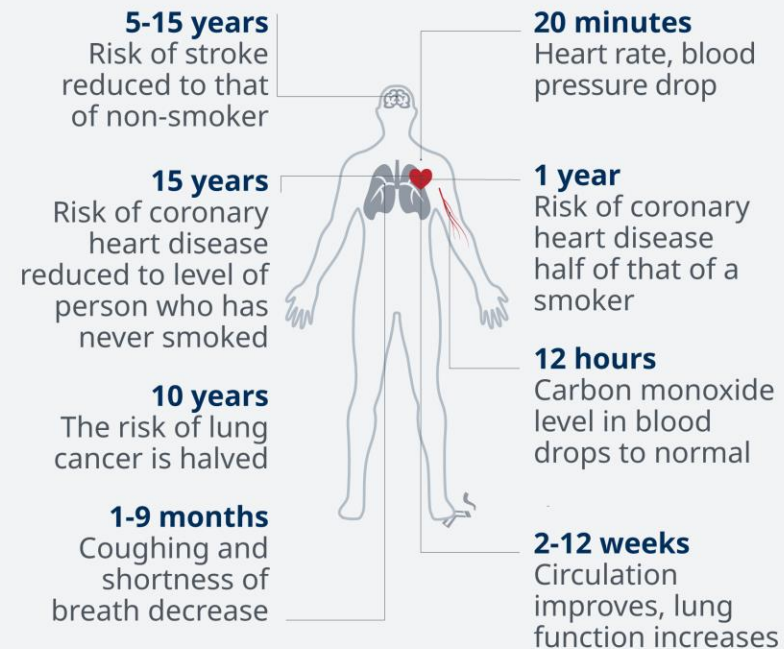
“After a certain point, the damage caused by smoking is irreversible, so there is less benefit in quitting ”

# TOO LATE TO QUIT? REVERSING THE DAMAGE:

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=Y18VZ51NKOS](https://www.youtube.com/watch?v=Y18VZ51NKOS)

## The effects of quitting smoking

Health improvements and time required



Source: WHO

©DW

## How Quitting Tobacco Helps Your Body

### Short-Term Benefits

#### 48 HOURS

- Ability to smell and taste is enhanced

#### 2 WEEKS TO 3 MONTHS

- Walking becomes easier

#### 1 TO 9 MONTHS

- Body's overall energy increases

### Long-Term Benefits

#### 1 YEAR

- Excess risk of coronary heart disease is half that of a smoker

#### 5 YEARS

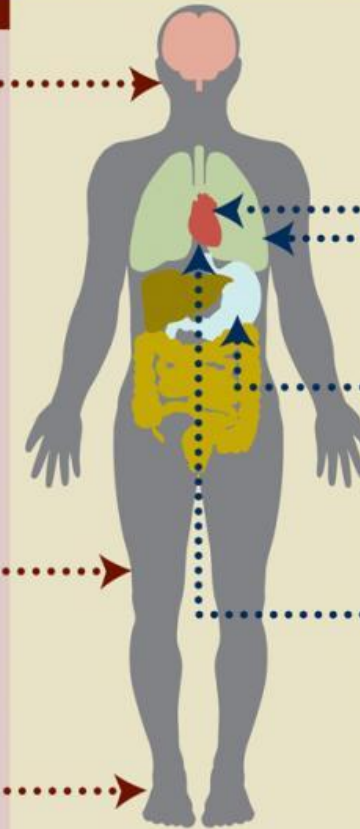
- Lung cancer death rate decreases by almost half

#### 10 YEARS

- Risk of cancer of the mouth, throat, esophagus, bladder, kidney, cervix and pancreas decreases

#### 15 YEARS

- Risk of coronary heart disease is that of a non-smoker



Sources: American Cancer Society and the Centers for Disease Control and Prevention



# Physical Health Impact

## Tobacco Exposure



- First-hand smoke



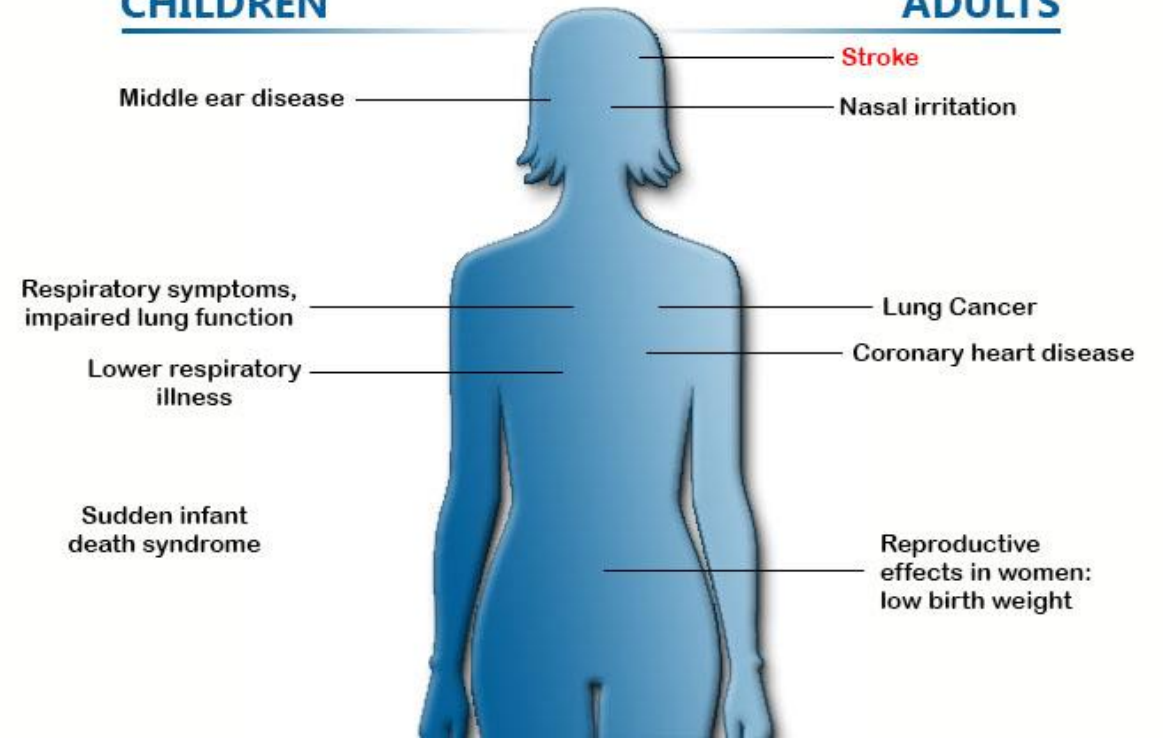
- Second-hand smoke



- Third-hand smoke

### CHILDREN

### ADULTS

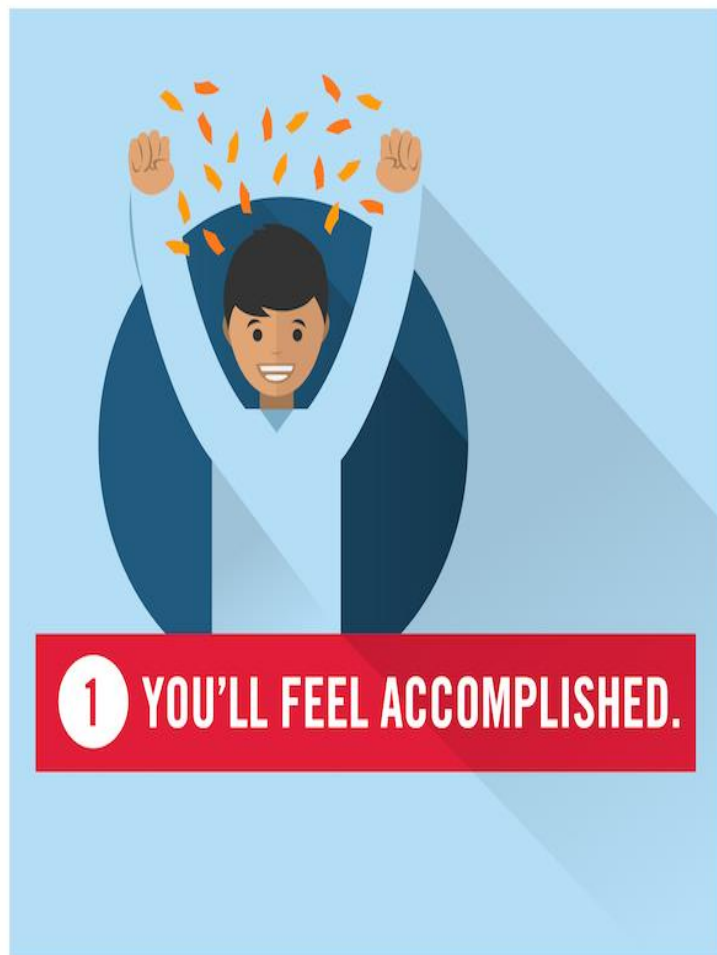


Leading the Charge to a Healthier Chatham.

Chatham County Public Health Department • Holly Coleman, Health Director • [www.chathamnc.org/publichealth](http://www.chathamnc.org/publichealth)



# BENEFITS OF TREATMENT



- Increase Job opportunities
- Expand Housing opportunities
- Save money - up to \$300 a month
- Better Relationships
- Less Isolation
- More time in the day
- Improved mood
- Potential for less medication use

## **MYTH OR FACT?**

“If I quit smoking, I will gain weight”

# **WEIGHT GAIN: A COMMON BARRIER**

Reason for weight gain:

- metabolism slows down without nicotine
- eating more to replace the oral fixation
- nicotine withdrawal can cause food cravings
- smell and taste improve making food taste better

# WEIGHT GAIN

- The average person gains less than 10 lbs, some people lose weight
- Metabolic change can be balanced by regular exercise
- It is not a good idea to diet when quitting
- Gaining a lot of weight may indicate probable eating disorder – consider referral to support services
- Zyban/bupropion delays weight gain

# CASE - JASON

2 weeks later, Jason calls you back. He got in a fight with his boyfriend when he caught Jason smoking on his balcony and is "tired of all of the drama."

He wants to know what you think about switching to Juuls...



## **MYTH OR FACT?**

“Vaping is an effective tool for quitting smoking.”

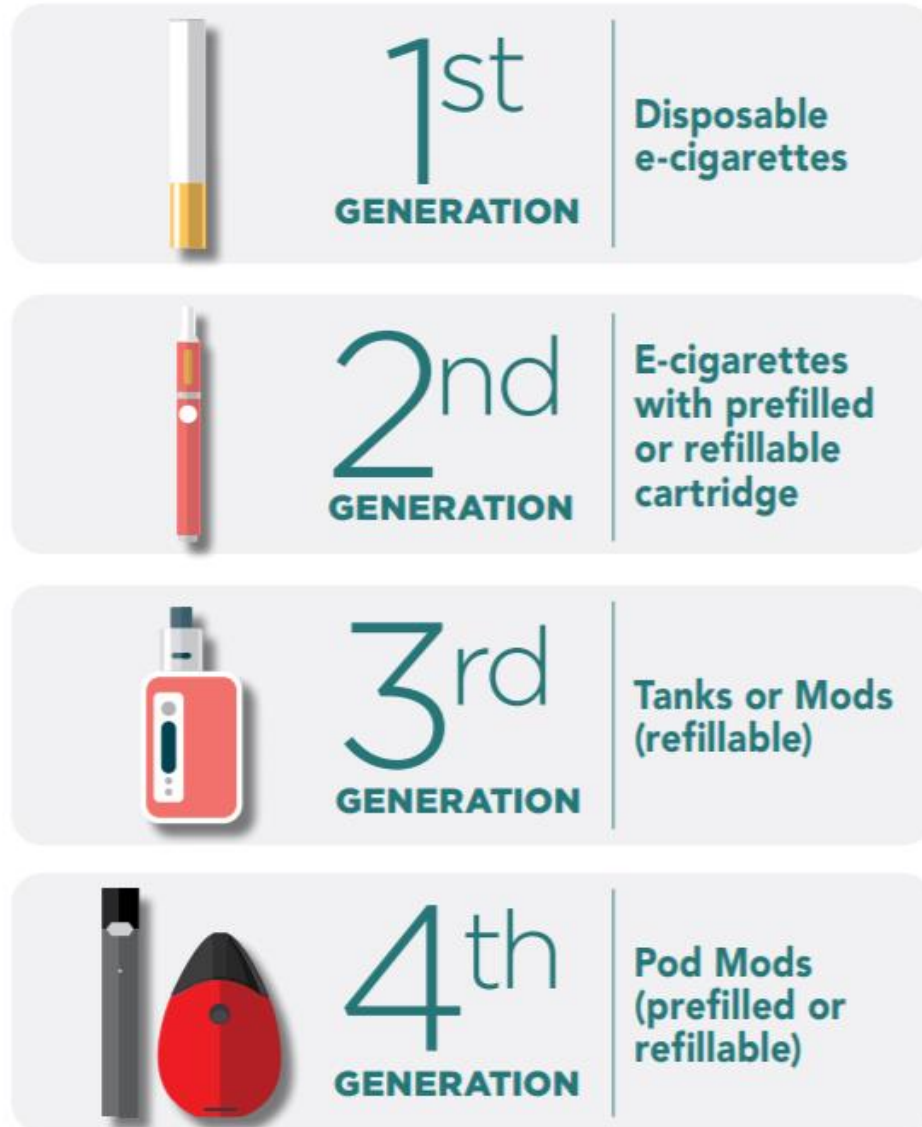
# WHAT DO WE KNOW ABOUT VAPING?

- Called Electronic Nicotine Delivery Systems, but considered “Tobacco Product” by FDA
- Heat liquid to **aerosol vapor + particles** (~ 100-250 °C, vs combustible tobacco 600-900 °C)
- Hand-to-mouth action, vapor looks like smoke





## The Evolution of E-Cigarette, or Vaping, Products



- **1<sup>st</sup> Gen:** Battery + Replaceable Flavor Cartridge
- **2<sup>nd</sup> Gen:** larger battery, customizable e-liq (flavor and strength)
- **3<sup>rd</sup> Gen:** explosive battery pack, “Cloud Chasing” and Vape Tricks
- **4<sup>th</sup> Gen:** smaller battery, more nicotine with less vapor (easy to conceal)

### Other Emerging Vaping Devices

**Phix**



**Suorin**



**Smok**



**Puff Bar**



**STIG**



## Vaping Accessories



## FDA Flavor Ban...What Isn't Covered

1. Disposable flavored e-cigarettes will remain widely available



3. Popular open systems will remain widely available, including refillable Juul-compatible pods



2. 15,000+ flavored e-liquids will remain widely available



4. Juul and other menthol-flavored pods will remain widely available

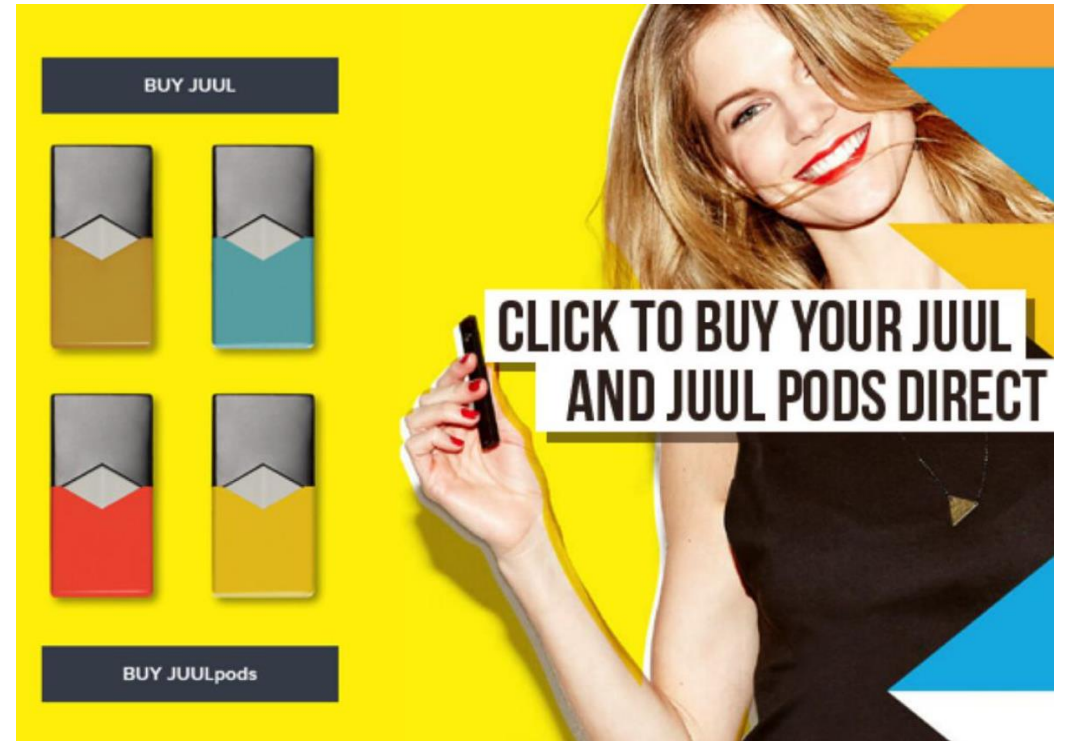


## Nicotine-Free Flavor Add-Ons



# WHAT DO WE KNOW ABOUT VAPING?

- Hard to track use: No natural end - 1 pod  $\geq$  1 pack
- High rates of "Dual-Use": e-cigs + combustible cigs to maintain nicotine levels throughout day
- Tobacco Industry marketing messages:
  - freedom, sexuality, social, fun
  - healthy, useful for quitting, can be used in smoke-free environments



# E-CIGARETTE USE: YOUTH VS ADULT

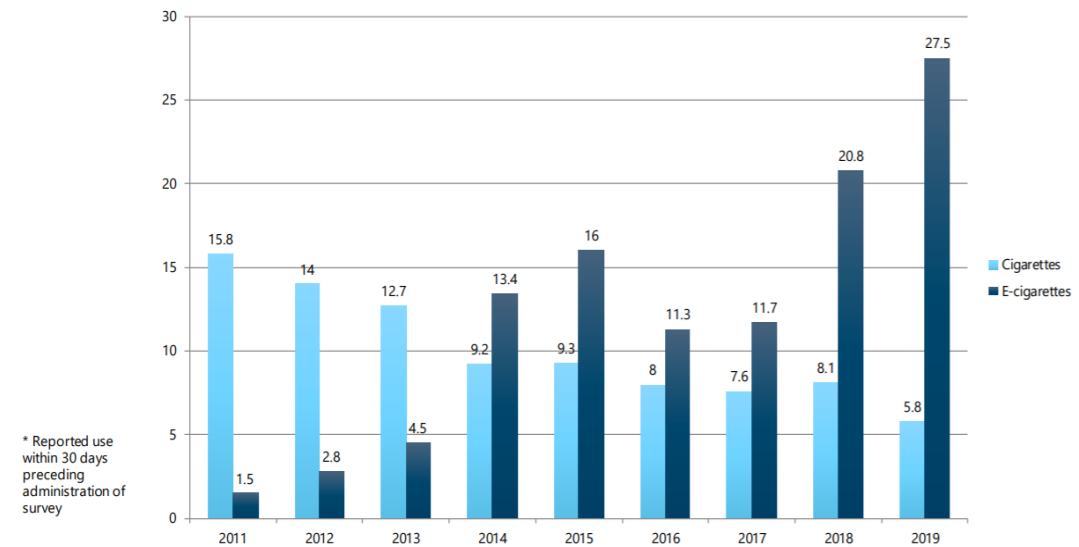
## Youth:

- Before vapes, less than 10% reported using cigarettes
- Now: 1 in 4 youth report current vaping
- 40% of youth vape users have never smoked a cigarette

## Adults:

- 90% of adult vape users are current/former smokers

National Youth Tobacco Survey\*: Youth Use of E-Cigarettes Continues to Climb



Source: 2019 National Tobacco Survey

# LGBTQ+ YOUTH

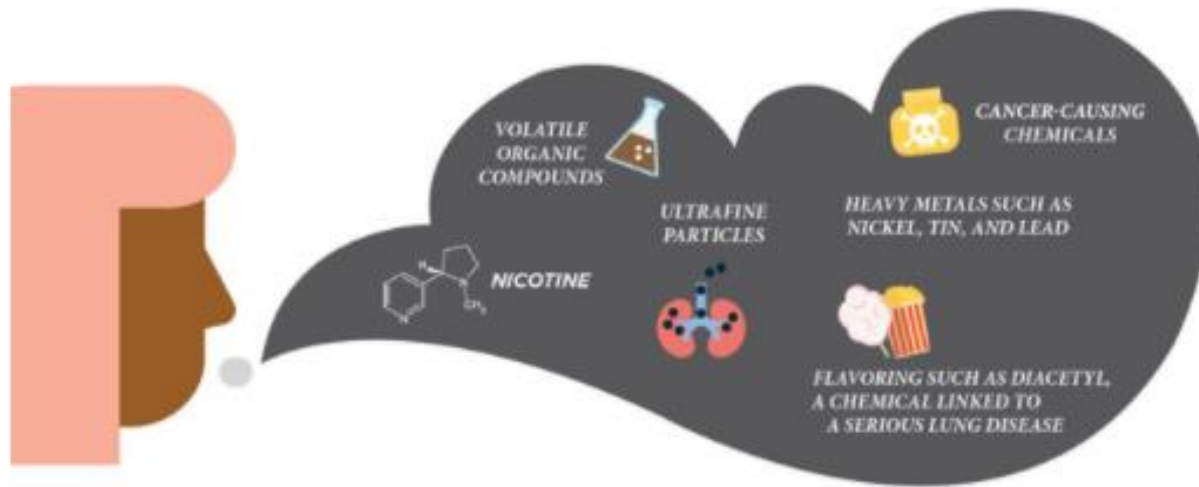
- 31-36% LGBTQ+ youth report current smoking
- 18-24 are 2x as likely to smoke as hetero peers
- Trans youth: 4x cig use & 3x vape use vs cis youth
- Higher rates of "dual use" of vapes/cigs
- 1/3 use menthol products



Photo illustration by Lisa Larson-Walker. Ads by manufacturer via LGBT Tobacco.

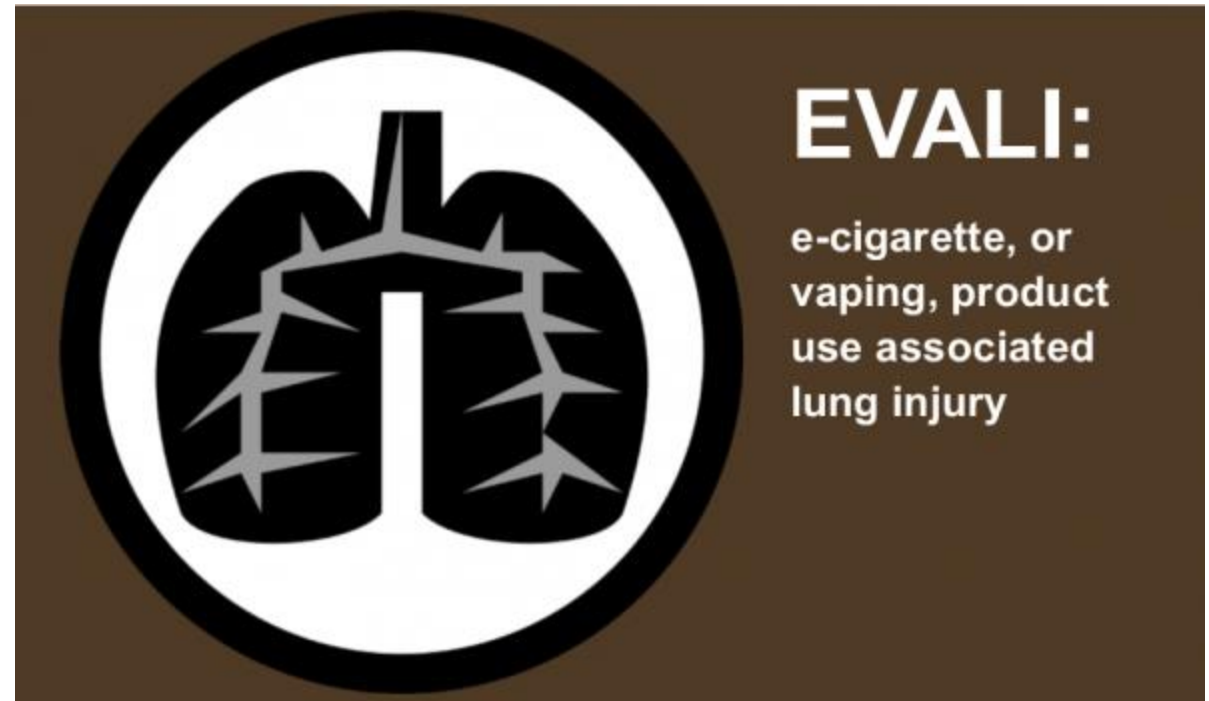
# WHAT DO WE KNOW ABOUT VAPING?

- 7000+ flavors – approved for dietary consumption, not inhalation
- Aerosols linked to life-threatening lung injury
- Growing evidence of cardiovascular and pulmonary effects of inhaling particulate & toxins



# E-CIGARETTE OR VAPING ASSOCIATED LUNG INJURY

- 2668 cases of acute respiratory distress
- 60 deaths, at least 3 in California
- Majority THC-containing
- Vitamin E acetate –most likely cause
- CDC & FDA advise:
  - no THC-containing vape products, particularly “informal sources”
  - Do not add substances to vape devices



# SMOKING/VAPING & COVID-19

- Adults of any age with the following conditions are or might be at increased risk of severe illness from the virus that causes COVID-19:

Are at increased risk	Possibly at increased risk
Cancer	Asthma
Chronic Kidney Disease	Liver Disease
COPD (emphysema)	High Blood Pressure
Heart Conditions (CHF, CAD)	Cerebrovascular Disease (stroke)
Obesity	Overweight
Type II Diabetes	Type I Diabetes
Sickle Cell Disease	Thalassemia
<b>SMOKING</b>	Cystic Fibrosis
	Neurologic conditions (dementia)
	Pregnancy





# YOUNG PEOPLE & COVID-19

Young people who  
ever used **e-cigarettes**

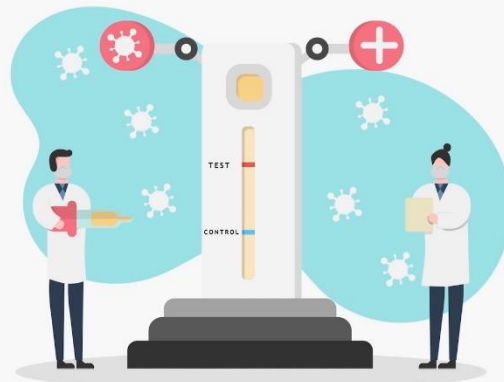
**5x**

more likely to be  
**diagnosed with COVID-19**

Young people who  
ever used **e-cigarettes plus  
conventional cigarettes**

**7x**

more likely to be  
**diagnosed with COVID-19**



ELSEVIER

Original article

Association Between Youth Smoking, Electronic Cigarette Use,  
and Coronavirus Disease 2019

Shivani Mathur Gaiha, Ph.D.<sup>a</sup>, Jing Cheng, Ph.D.<sup>b</sup>, and Bonnie Halpern-Felsher, Ph.D.<sup>a,\*</sup>

<sup>a</sup>Division of Adolescent Medicine, Department of Pediatrics, Stanford University, Palo Alto, California

<sup>b</sup>Division of Oral Epidemiology and Dental Public Health, University of California, San Francisco, San Francisco, California

JOURNAL OF  
ADOLESCENT  
HEALTH

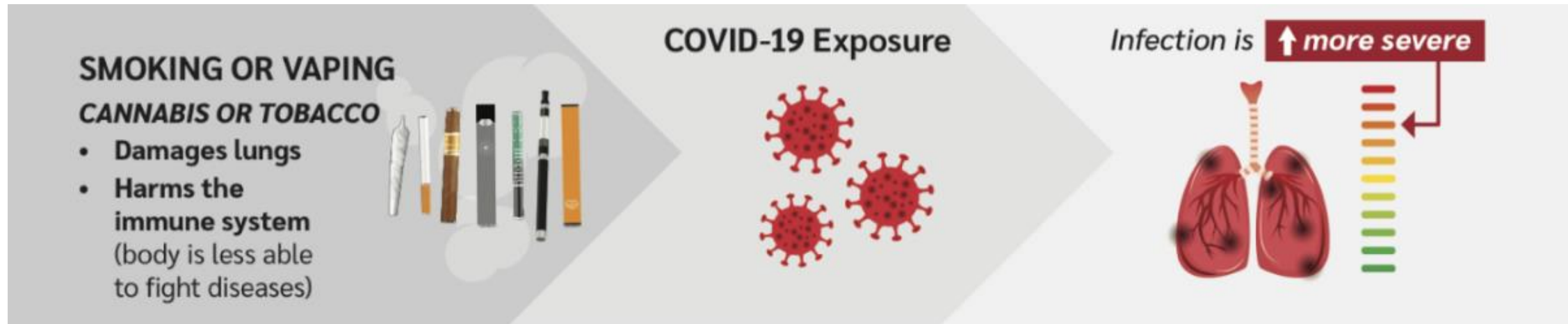
[www.jahonline.org](http://www.jahonline.org)

## Smoking or vaping increases risk for **GETTING COVID-19** because:

- The risk of transmitting the virus is greater since fingers are in contact with lips from holding the nicotine product
- The risk of transmitting the virus is greater if sharing a nicotine product such as a vape or hookah

## Smoking or vaping increases risk for **SEVERE COVID-19** because:

- The lungs produce more of the ACE-2 receptor, which acts as a "doorway" for the virus
- The immune system is suppressed making the lungs less ready to fight a COVID-19 infection



# SECOND-HAND SMOKE & COVID-19

- Breathing in cigarette smoke and nicotine from secondhand smoke compromises the immune system
  - may increase the chance of catching COVID-19 in the lungs
  - make it harder for the body to defend itself during a COVID-19 infection.

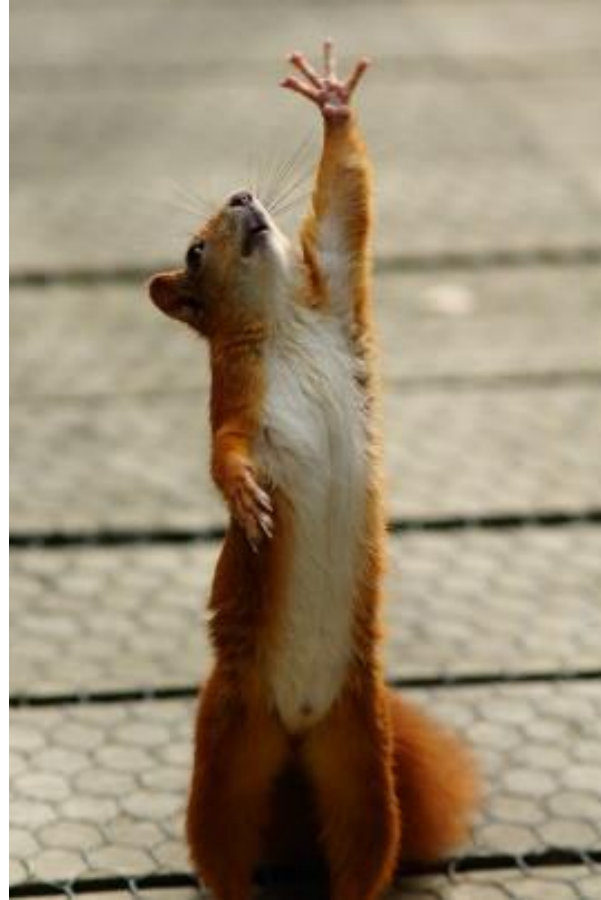


# WHAT'S THE TRUTH ABOUT VAPING?

- Introducing youth to nicotine at record rates
- Impacting LGBTQ+ youth disproportionately
- Research is mixed on whether vapes can help with quitting
- NOT FDA approved as a quit aid:
  - more research is needed on quitting aid & health effects
- NOT SAFE for people who do not currently use tobacco products.
- If using vapes:
  - Need to fully switch and stop all other tobacco to possibly achieve any meaningful health benefits .
  - Once switched, ultimate goal should be to also stop using vapes completely to achieve the maximum health benefit.

[https://www.cdc.gov/tobacco/data\\_statistics/sgr/2020-smoking-cessation/fact-sheets/adult-smoking-cessation-e-cigarettes-use/index.html](https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/fact-sheets/adult-smoking-cessation-e-cigarettes-use/index.html)

# STRETCH BREAK...



# CASE - JASON

Jason says he is “ready to try something” so you share some information about options for treatment.

“I don’t know about medications. There are always so many side effects. Plus, I can’t take anything that interacts with my meds for HIV. I’ve tried to quit like 5 times before...maybe I just need to try harder this time.”



## **MYTH OR FACT?**

More times you try to quit, the less likely you are to be successful.

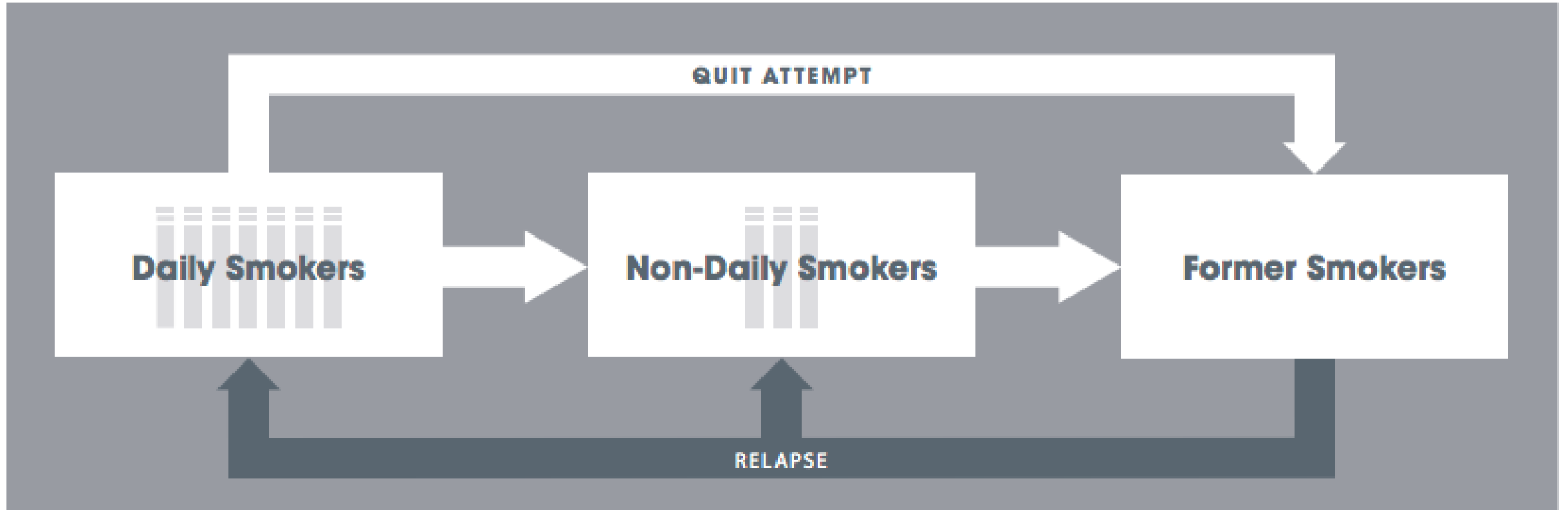
# ATTEMPTING TO QUIT

- 75% of PLWH report wanting to quit
- 2/3 have made a quit attempt since HIV diagnosis
- 1/3 try to quit every year
- On average it takes 10 attempts to be successful
- Only 3-5% of smokers achieve long-term abstinence on their own





# BUILDING THE QUITTING MACHINE



# BUILDING THE QUITTING MACHINE



- 1. Support interest in quitting or decreasing use**
- 2. Share evidence-based info about tobacco treatment options**
- 3. Count every step toward quitting as a success!**

# MOTIVATIONAL INTERVIEWING IS...

...a collaborative conversation  
style for strengthening a  
person's own motivation and  
commitment to change

*(Miller & Rollnick, 2013)*

# USING A MOTIVATIONAL INTERVIEWING APPROACH

MY  HOUSTON  RS

# WHAT IS THE BEST TREATMENT FOR TOBACCO DEPENDENCE?



Self-quitting (aka Cold Turkey): 5%



Physician Advice: 10%



Group or Individual Counseling: 20%

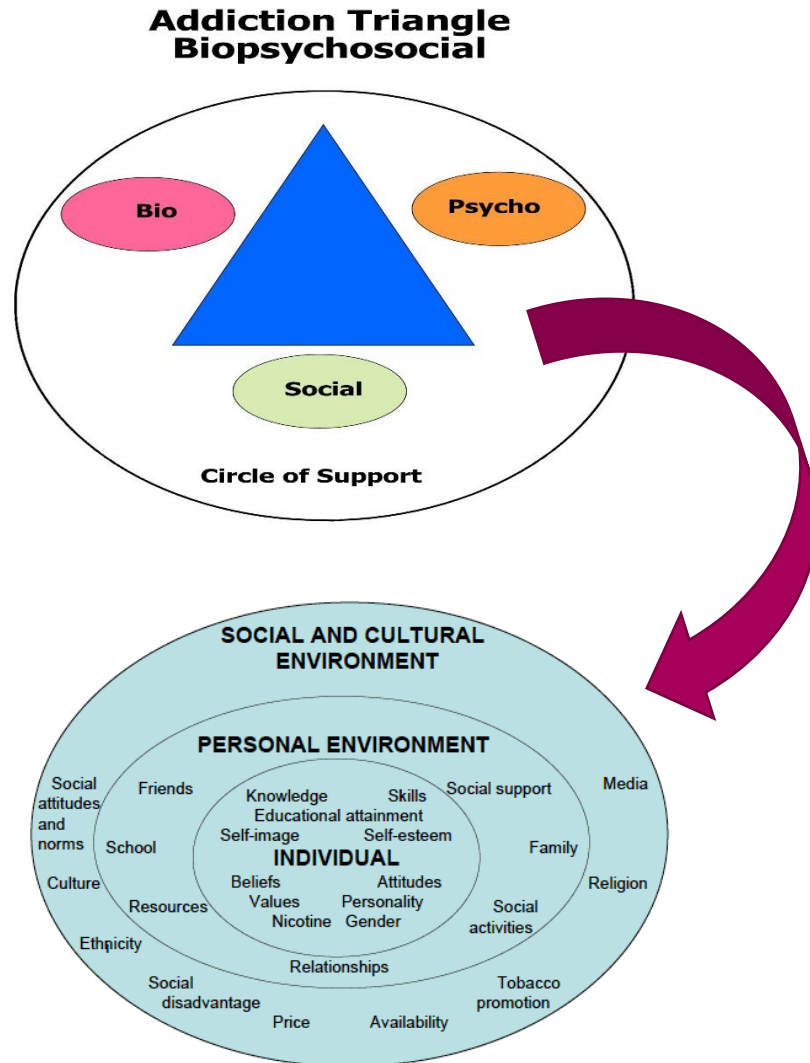


Medication: 20%



Combination **medication + counseling**: 35-40%

# TREATING TOBACCO USE



Medication +

Behavioral support

- Integrated Counseling
- Support Groups
- Quitline Referral
- Peer-to-Peer Interventions

# CALIFORNIA SMOKER'S HELPLINE

## 1-800-NO-BUTTS

- FREE Nicotine Replacement (Patches)
- One-on-one counseling support
- Specialized in Tobacco Treatment
  - + Behavioral Health conditions
- Services in 6 languages
- Smoking & Vaping
- Phone/Web Chat/App/Text services
- Available for teens (>14 years old)

**SMOKERS**

CALL FOR  
**FREE  
NICOTINE  
PATCHES**

MAILED TO YOUR HOME

While supplies last. Eligibility requirements apply.



1 • 844 • 8 • NO • VAPE  
>>> tap to call <<<

**YOU'RE ALREADY  
ONE STEP CLOSER.**

**PROTECT YOUR LUNGS**

Get Help to Quit

A small, dark-colored pot containing a plant with green leaves and small purple flowers, set against a dark background.

Coronavirus (COVID-19)

CALIFORNIA  
SMOKERS' HELPLINE  
1-800-45-NO-FUME

Usted puede dejar de fumar.  
¡Nosotros le podemos ayudar!

Asesoría Gratuita- Confidencial- Personalizada  
Hemos ayudado a cerca de un millón de Californianos.

¡Llámenos! 1-800-456-6386

¡Llame ahora!

PARCHES DE  
NICOTINA  
GRATIS



ENVIADO DIRECTAMENTE A USTED

Hasta que los parches se terminan. Disponibles para las personas elegibles.

# How Quitlines Work

<https://www.youtube.com/watch?v=7WKdUU--5eA>

简体中文

English

한국어

Tiếng Việt



華語戒煙專線  
ASIAN SMOKERS' QUITLINE  
1-800-838-8917

點擊通話

立即戒煙

協助他人戒煙

ASQ資源

關於ASQ

## ASQ 《華語戒煙專線》

我們提供國語、粵語、韓語及越南語的免費電話諮詢服務、自助戒煙資料、免費戒煙貼及網上協助，幫助你成功戒煙。

立即致電 >

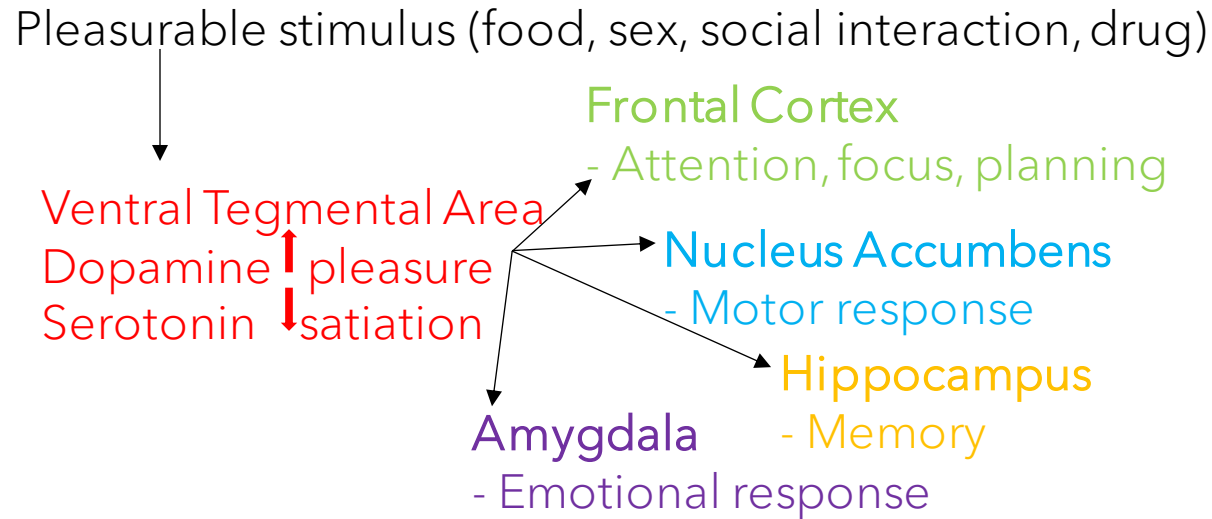




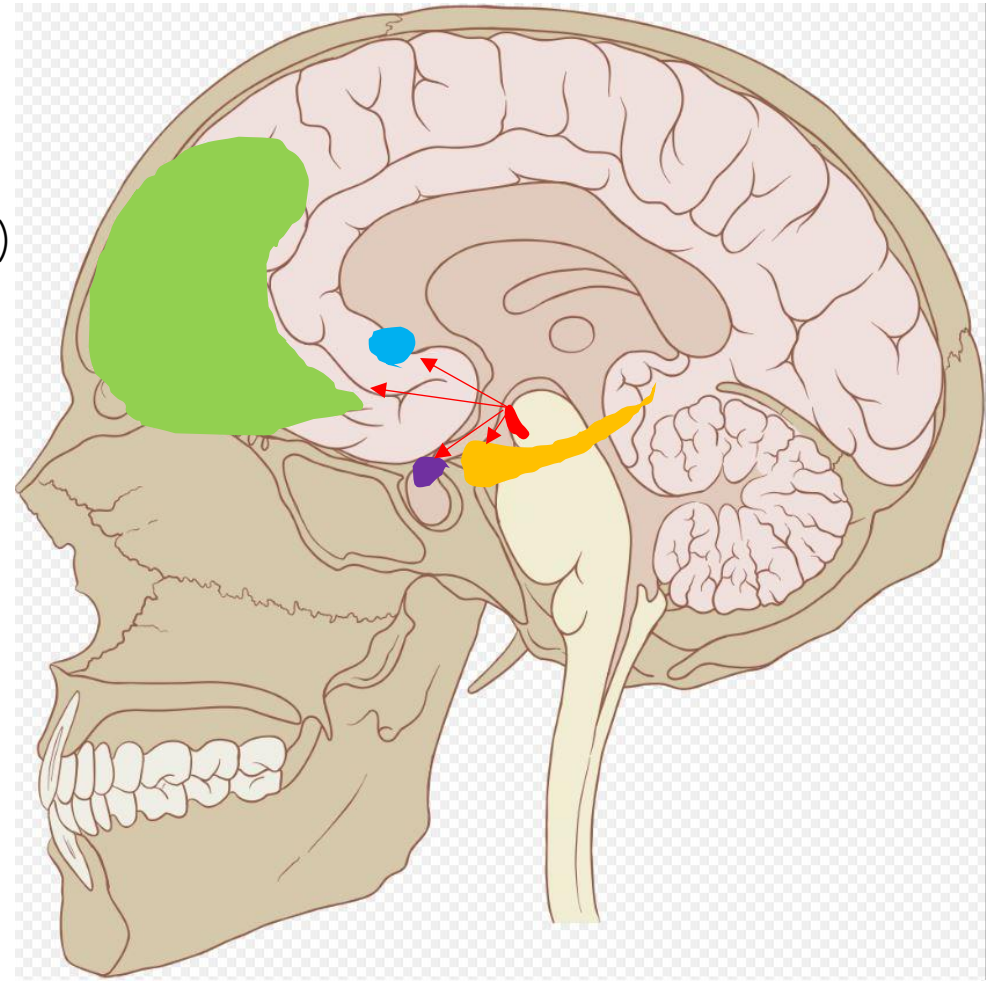
## MYTH OR FACT?

“I can become addicted to nicotine replacement – it’s just replacing one addiction with another.”

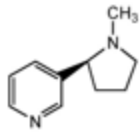
# REWARD CIRCUIT



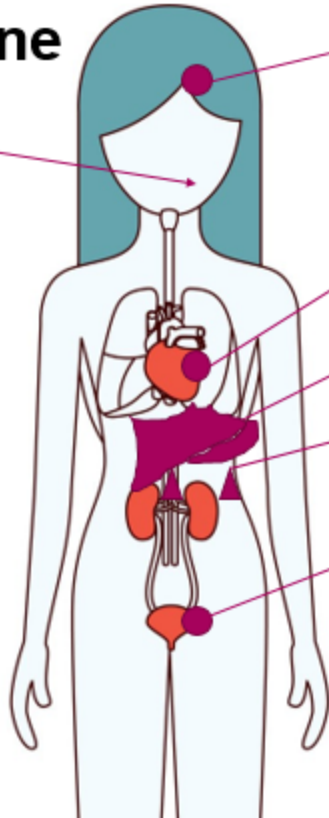
“That was good, let’s do it again”



# Nicotine



**Half-life: 2 hours**  
(very short – need to dose frequently)



**Brain: stimulates reward pathway**  
Dopamine production increases,  
Serotonin decreases

**Heart** Rate increases,  
blood vessels constrict,  
blood pressure rises

**Liver** breaks it down (~1 day)  
=> cotinine

**Adrenal glands** => adrenaline  
"fight or flight"

**Developmental Effects**  
=> negative effect on  
fetal brain development

**↑ Insulin Resistance**  
=> Stress hormones

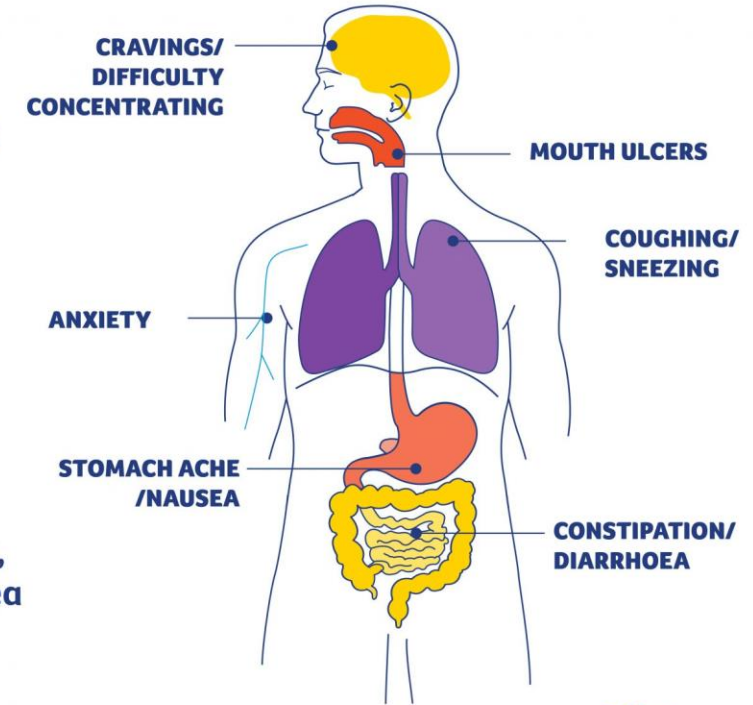
**↓ Nutritional status** =>  
Anorexigenic effect

## Symptoms of nicotine withdrawal:

- urges to smoke or cravings
- restlessness or difficulty concentrating
- difficulty sleeping
- irritability or anger
- anxiety or a low mood

### Less common nicotine withdrawal symptoms:

- cold symptoms such as coughing, sore throat and sneezing
- constipation, diarrhoea, stomach aches or nausea
- dizziness or feeling light-headed
- mouth ulcers



**CRAVINGS/  
DIFFICULTY  
CONCENTRATING**

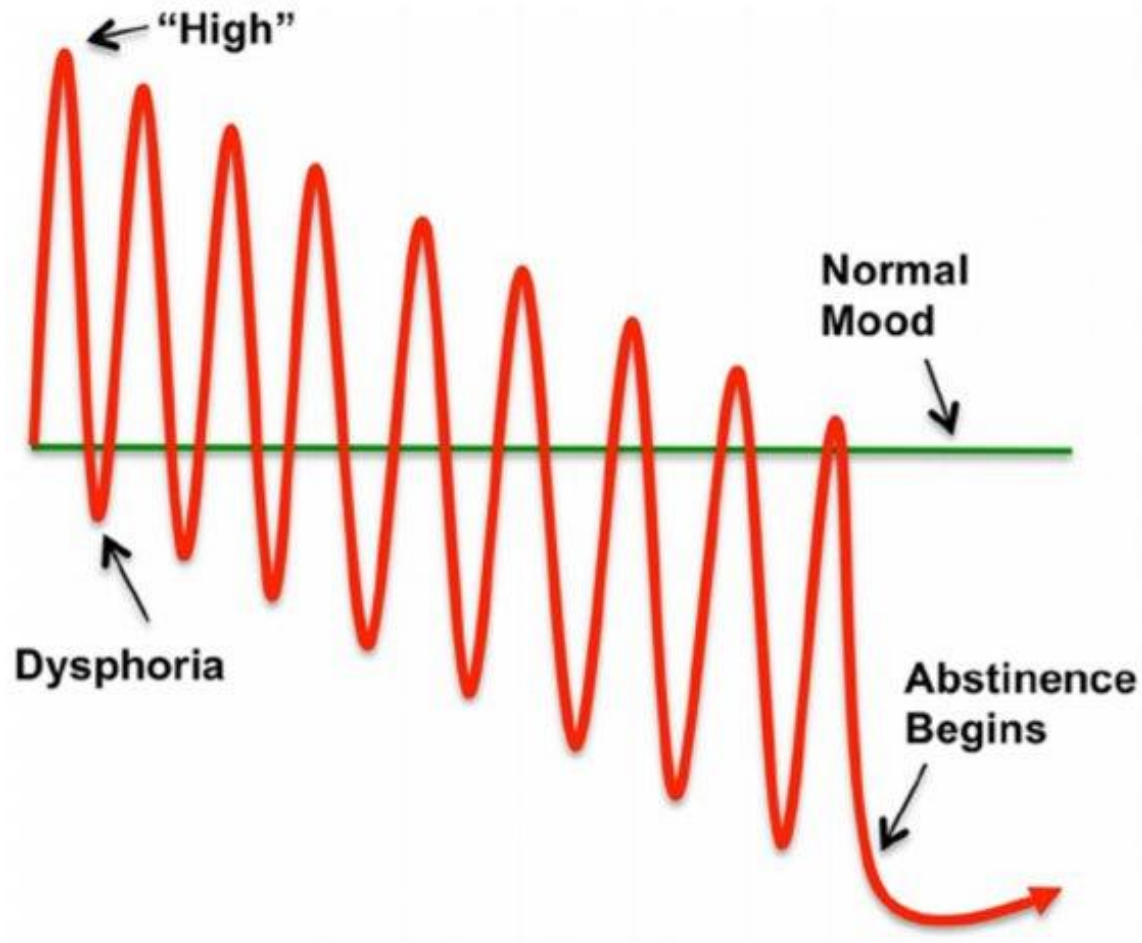
**MOUTH ULCERS**

**COUGHING/  
SNEEZING**

**ANXIETY**

**STOMACH ACHES  
/NAUSEA**

**CONSTIPATION/  
DIARRHOEA**



# WITHDRAWAL DYSPHORIA

# WHY MEDICATION?

## MEDICATION- ASSISTED TREATMENT

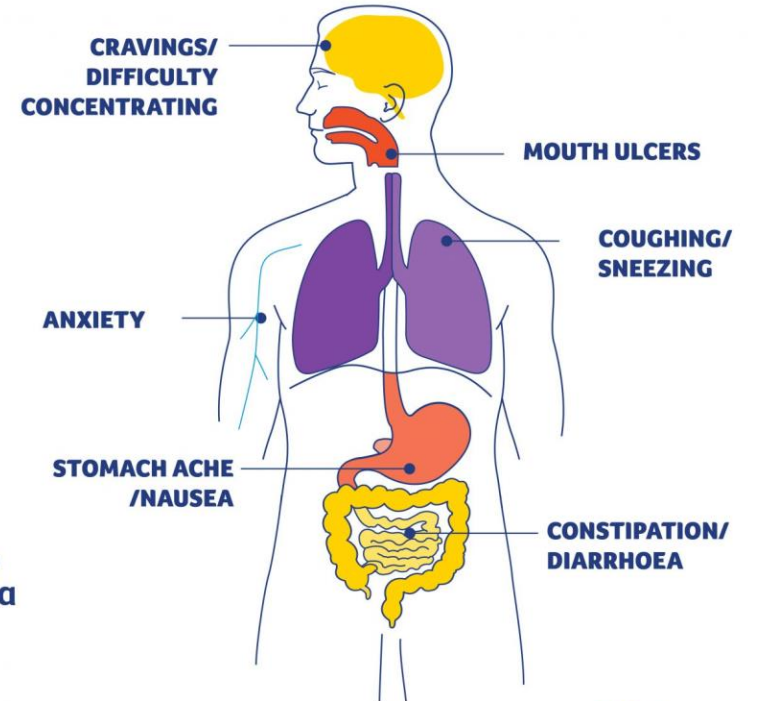


### Symptoms of nicotine withdrawal:

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- difficulty sleeping
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- anxiety or a low mood

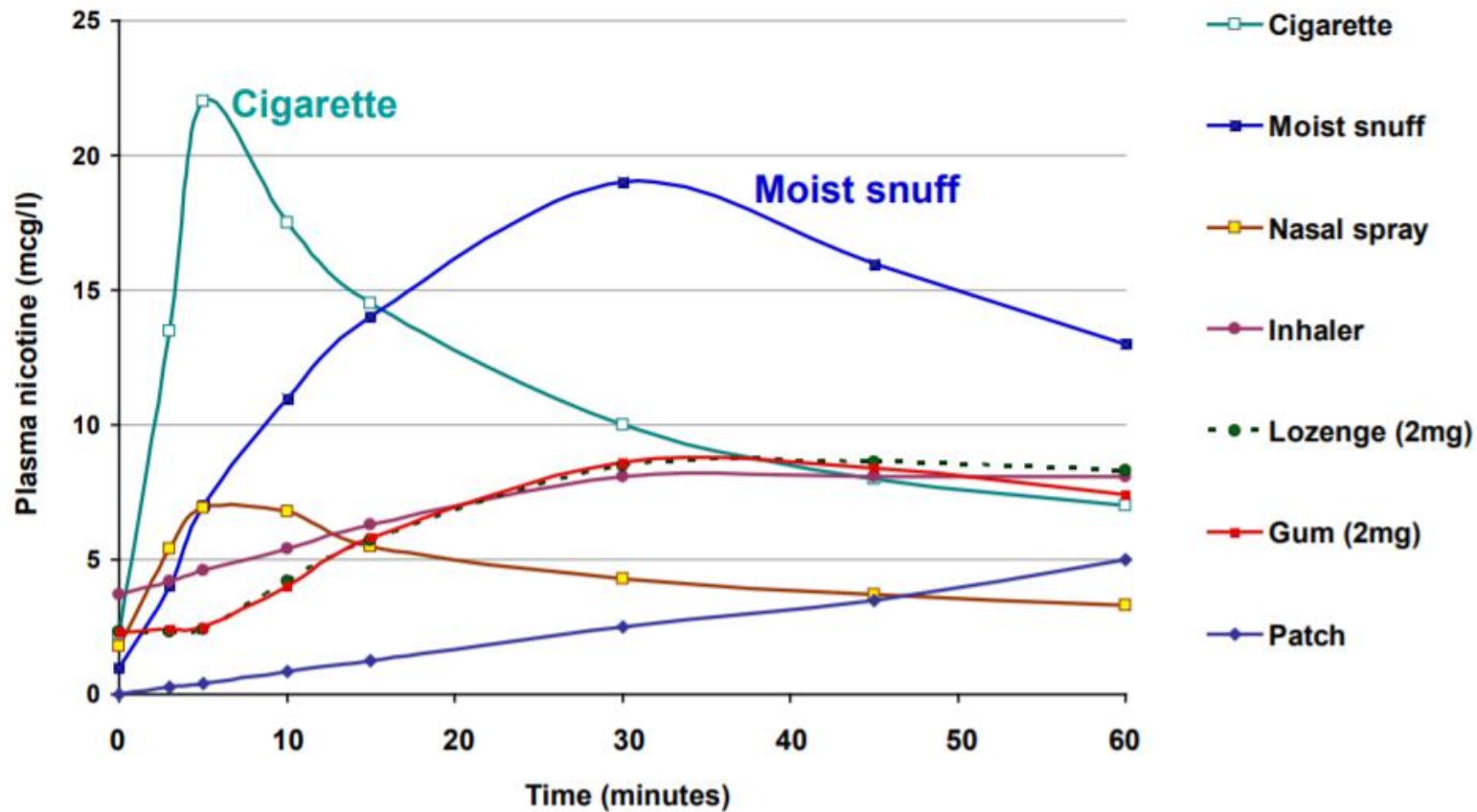
### Less common nicotine withdrawal symptoms:

- cold symptoms such as coughing, sore throat and sneezing
- constipation, diarrhoea, stomach aches or nausea
- dizziness or feeling light-headed
- mouth ulcers

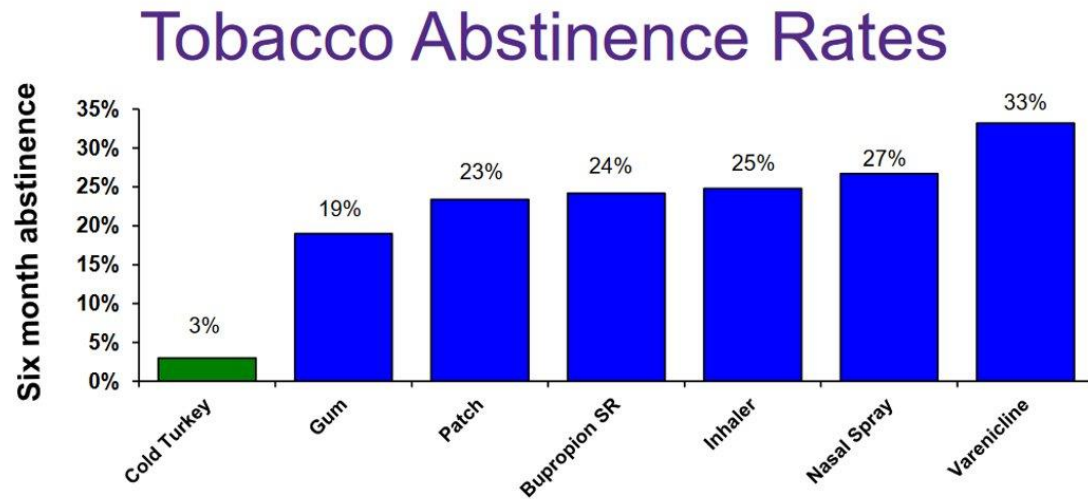




# PLASMA NICOTINE CONCENTRATIONS for NICOTINE-CONTAINING PRODUCTS



# TRADITIONAL QUITTING APPROACH: 12 WEEKS MEDICATION TAPER



Hughes 2004; Fiore 2008

- Standard FDA Approved Dosing:
  - Choose Medication(s)
  - Pick quit date
    - NRT – start on quit date
    - Pills – start 1-2 weeks before quit date
  - Taper medications over 12 weeks

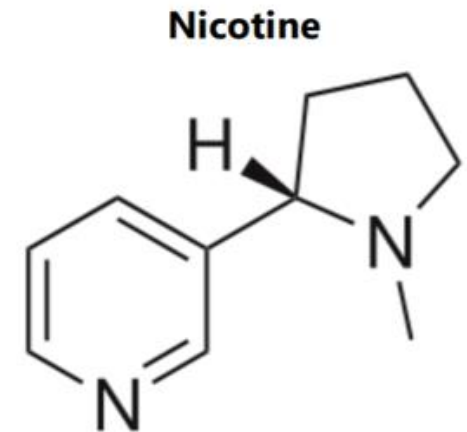
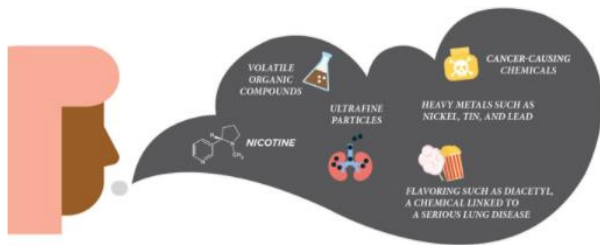
# GENTLE QUITTING APPROACHES

- **Non-NRT Alternative options with evidence:**
  - **Medication Preloading:** Pills 6 weeks to 6 months before set quit date
  - **Reduce to Quit:** Pills + Setting goal to reduce total # cigs by 50%
  - **Continuing meds** until no longer interested in cigs (12 weeks - 6+ months)
- **NRT: Intro to Nicotine Replacement Therapy:** "Quit for a day" or "Situational Quitting"
  - No tobacco at work
  - Stop for weekend with family
  - NRT while hospitalized
  - World No Tobacco Day (May)/ Great American Smoke-out (Nov)



# MYTH OR FACT?

Tobacco treatment meds are more toxic than using "natural" tobacco products



# MEDICATION ASSISTED TREATMENT

- Strongly recommended as first line for smoking cessation
- Possible exceptions:
  - Pregnant women
  - Light/non-daily smoking
  - Smokeless tobacco use
  - Adolescents
- Official recommendation for other groups is counseling with careful consideration of pharmacotherapy

# NICOTINE REPLACEMENT IN YOUTH

“Given the effectiveness of pharmacotherapy for adults and the severe harms of tobacco dependence, AAP Policy recommends that pediatricians consider off-label pharmacotherapy for youth who are moderately or severely addicted”

(Clinical Resource #351202: Page 2 of 2)

## Vaping Cessation Guide

Level of Nicotine	Nicotine content (mg)	Example Products (nicotine content/pod)	Cigarette Equivalency
None	0	<i>Halo 0 mg, Jam Monster 0 mg, Naked 0 mg</i>	One <i>JUUL</i> pod 5%, contains approximately 40 mg of nicotine. This is considered to be equivalent to smoking about 20 combustible tobacco cigarettes.
Vry Low/Ultra-Light	~3 to 4	<i>Halo 3 mg, Jam Monster 3 mg, Naked 3 mg</i>	
Low/Light	~6 to 8	<i>Halo 6 mg, Jam Monster 6 mg, Naked 6 mg</i>	
Medium	~11 to 12	<i>Halo 12 mg, Naked 12 mg</i>	
High	~16 to 18	<i>Blu 1.2%, Halo 18 mg</i>	
Very High/Extra Strength	~24	<i>JUUL 3%, Halo 24 mg, Jam Monster 24 mg</i>	
Ultra-High/Very Strong	≥36	<i>JUUL 5%, Blu 2.4%, Jam Monster 48 mg</i>	



# PHARMACOLOGIC METHODS: FIRST-LINE THERAPIES

---

## **Three general classes of FDA-approved drugs for smoking cessation:**

- Nicotine replacement therapy (NRT)
  - Nicotine gum, lozenge, patch, nasal spray, inhaler
- Psychotropics
  - Sustained-release bupropion
- Partial nicotinic receptor agonist
  - Varenicline

# How Meds Work Video:

<http://www.permanente.net/homepage/kaiser/video/Smoking/sc/>

Quit aids are tools that make it easier to quit smoking. The FDA has approved two types: NRT (nicotine replacement therapy) & non-nicotine pills. Both of these cut withdrawal symptoms, like cravings and irritability.

## NRT



### Nicotine Patch

- Worn on the skin like a Band-Aid®
- Gives nicotine to the body through the skin
- Can get over-the-counter

### Nicotine Gum

- Chewed and “parked” between the cheek and gums
- Gives nicotine to the body through the lining of the mouth
- Can get over-the-counter

### Nicotine Lozenge

- Looks like hard candy and dissolves in the mouth
- Gives nicotine to the body through the lining of the mouth
- Can get over-the-counter

### Nicotine Inhaler

- Users puff on it and get hits of nicotine vapor
- Requires a prescription

### Nicotine Nasal Spray

- A pump bottle that contains nicotine
- The tip of the bottle is put into the nose and sprayed
- Requires a prescription

## Non-nicotine Pills



### Zyban (bupropion)

- Does not have nicotine
- Also sold as Wellbutrin SR® (an anti-depressant)
- Requires a prescription

### Chantix (varenicline)

- Does not have nicotine
- Cuts cravings by tricking the body to feel like it is getting nicotine
- Blocks the pleasure of smoking
- Requires a prescription



# COMBINATION PHARMACOTHERAPY

Regimens with enough evidence to be 'recommended' first-line

## ■ **Combination NRT**

Long-acting formulation (patch)

- Produces relatively constant levels of nicotine

**PLUS**

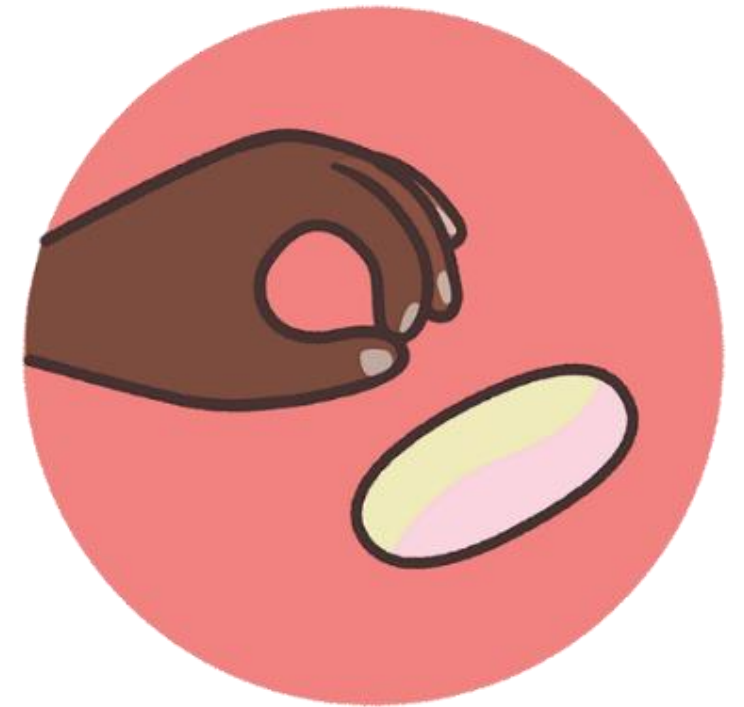
Short-acting formulation (gum, inhaler, nasal spray)

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

## ■ **Bupropion SR + Nicotine Patch**

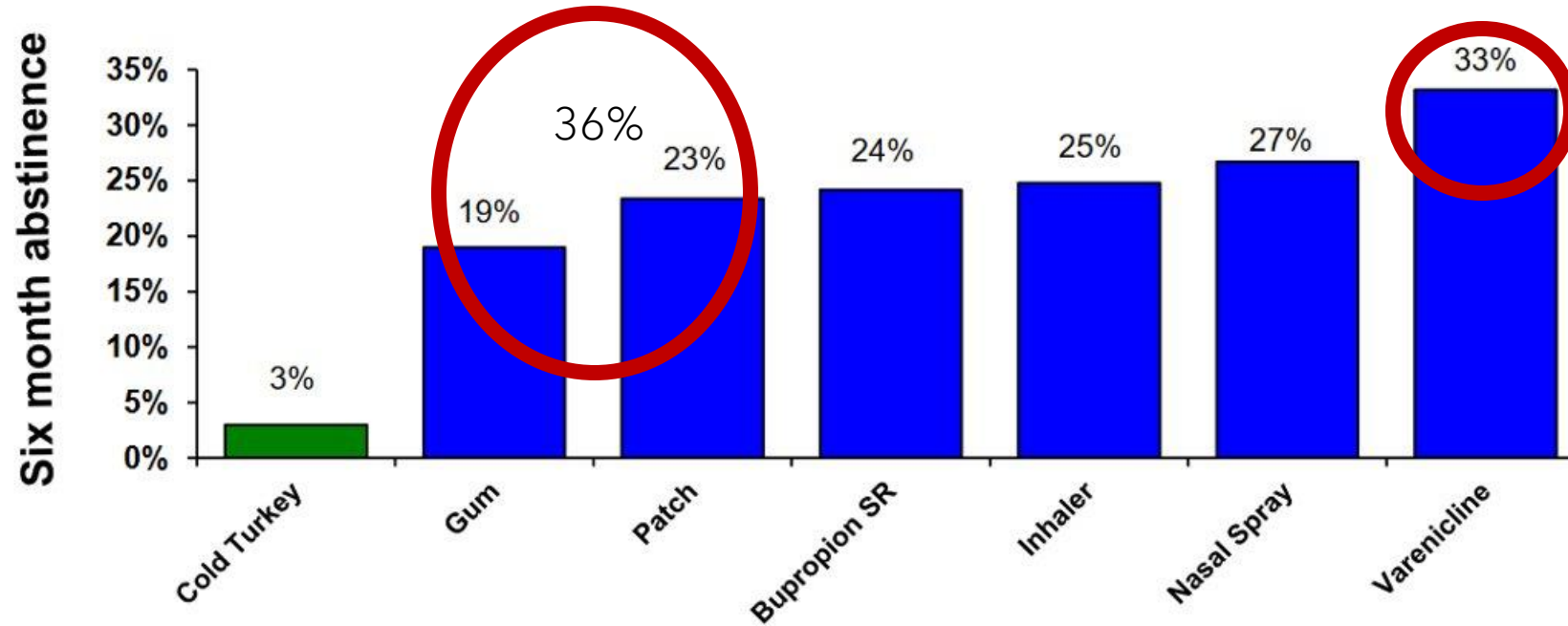
# TOBACCO TREATMENT & ART

- No clinically significant interactions with nicotine replacement therapy
- Limited studies of bupropion (Wellbutrin) – suggest no ART interactions
- Limited studies of varenicline (Chantix) – suggest no ART interactions
- **ALL medications effective** in PLWH whether or not they are taking ART.



# WHICH MEDICATION WORKS THE BEST FOR TOBACCO TREATMENT?

Whichever one a person is willing to take.





# SUPPORTING QUIT ATTEMPTS

- Practice harm reduction:  
Meet patients "where they're at"
- Ask if your patient is interested in quitting  
...eventually
- Support patients who are interested in quitting  
in moving toward quitting
- Avoid making assumptions



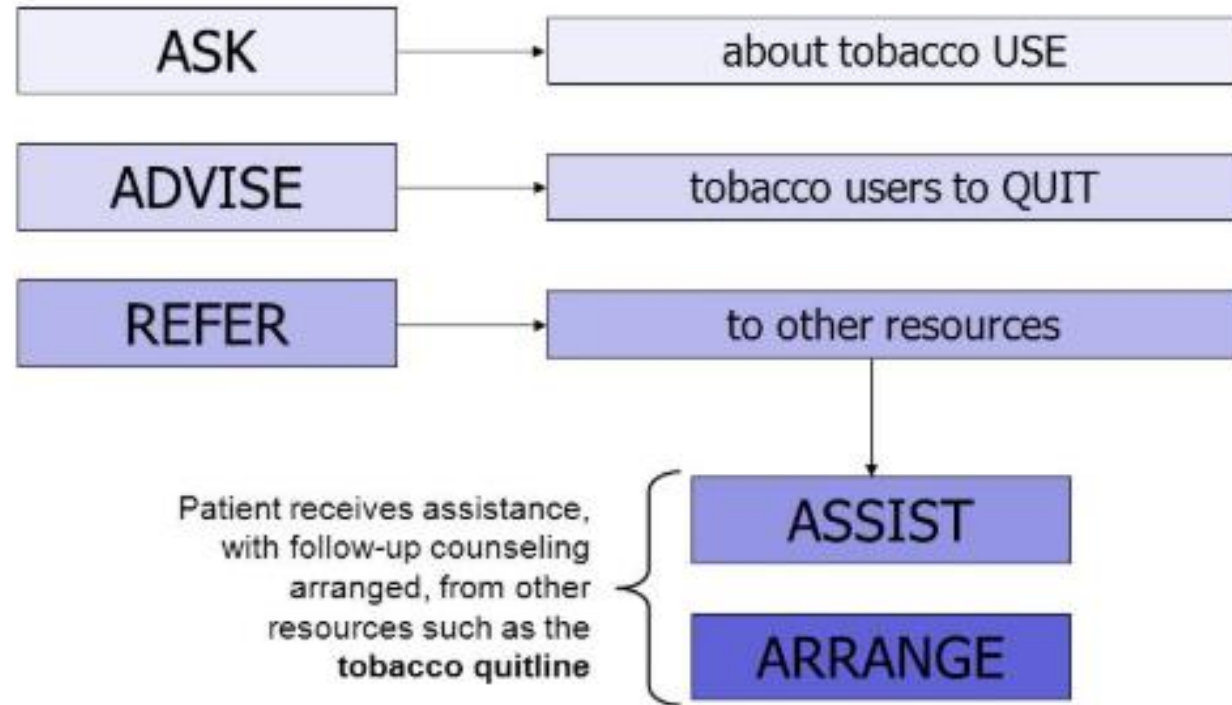
# ASSESSING READINESS TO QUIT

- **“Could we talk about how tobacco fits in your life?”**
- Listen
- Summarize
- Assess readiness:
  - “Are you interested in talking about quitting smoking today or working on a plan to help you quit in the future?”**

# Ask, Advise Refer



## BRIEF COUNSELING: ASK, ADVISE, REFER



ASK

Advise

Refer

# ASK

Would it be ok if we spend a few minutes talking about your relationship with cigarettes/tobacco/vaping?

“Tell me, how does smoking fit into your life?”



ASK

**ADVISE**

Refer

# ADVISE

**CLEAR:** "It is important that you quit smoking, and I can help you. Even occasional or light smoking puts your health at risk"

**STRONG:** "As you provider/educator/counsellor, I need you to know that quitting smoking is one of the most important things you can do to protect your health, now and in the future. We can help you."

**PERSONALIZED:** Tie use to current health concerns, social/economic cost, impact of tobacco on children or others in household.

"Continuing to smoke can make HIV worse and makes it harder for your meds to work. Quitting can dramatically improve your health."

ASK

ADVISE

REFER



# REFERRAL FOR TOBACCO TREATMENT



shutterstock.com • 1176843931

Medication +

Behavioral support

- Integrated Counseling
- Support Groups
- Quitline Referral
- Peer-to-Peer Interventions

# ASSESSING READINESS TO QUIT

- Assess readiness:

"Are you interested in talking about quitting smoking today?"

"Do you think you would want to quit eventually?"

"What do you think it would take for you to be ready?"

**"I'M NOT READY!"**

*You're not ready to quit right now and that's ok. You're the only one who can make a decision to quit.*

*We'll be here for you if you want to talk about it in the future.*

# Not ready yet...but contemplating

## Tools:

- **Imagine quitting**
  - If you were to think about quitting one day, how would you do it?
- **Decisional Balance**
  - Likes vs Dislikes
- **Readiness Ruler**
  - Importance
  - Confidence



# WORKING THROUGH AMBIVALENCE: DECISIONAL BALANCE

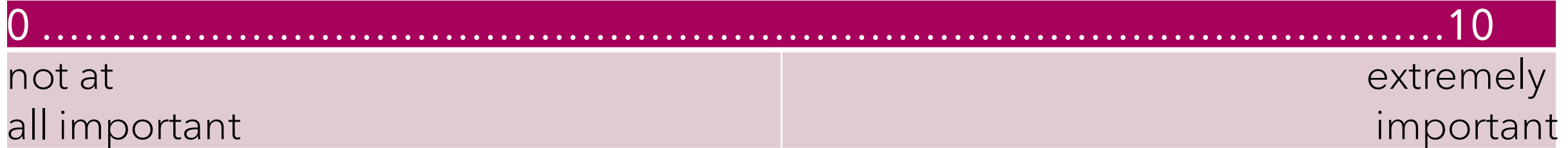
- “On the one hand you like smoking because...”

AND

- “On the other hand you don’t like...”



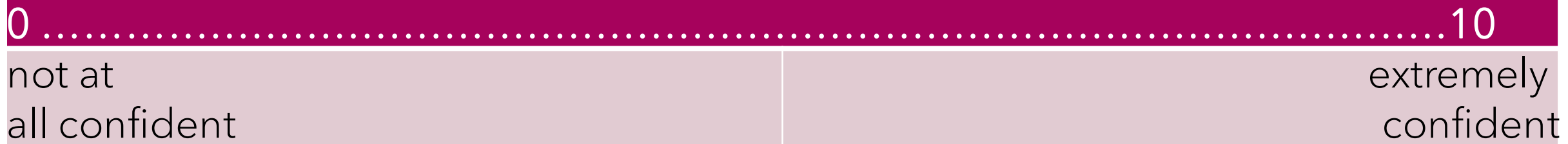
# WORKING THROUGH AMBIVALENCE: IMPORTANCE/CONFIDENCE RULER



On a scale of 0 to 10:

- How important is it for you to quit right now?
  - A. Why are you there and not at 0?
  - B. What would need to happen for you to raise your score a couple of points?

# WORKING THROUGH AMBIVALENCE: IMPORTANCE/CONFIDENCE RULER

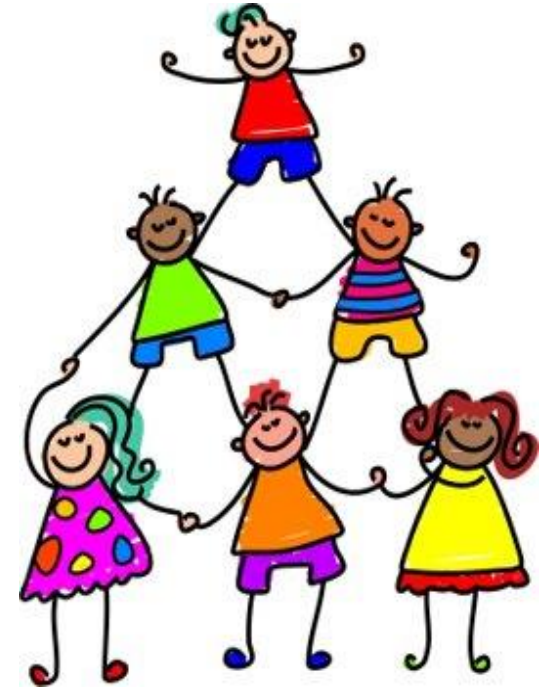


On a scale of 0 to 10:

- If you did decide to quit, how confident are you that you could do it?
  - A. Why are you there and not at 0?
  - B. What would need to happen for you to raise your score a couple of points?

# SUPPORTING QUIT ATTEMPTS

- **Building the QUITTING MACHINE**
- Find out what helped stay tobacco free
- Provide encouragement when someone relapses
- **Provide options:**
  - Medication "preloading" (trying out)
  - Quitting for a day with meds
  - Gradual reductions with meds
- **Count every quit attempt or step toward quitting as a success!**





# Ready to Quit

## Ready for Quit Plan

- Joining with client
- Planning together
- Support of systems
- Problem solving

*“What makes you want to quit smoking?”*

*“How do you plan to quit?”*

*“What did you learn from prior attempts that can help you with this?”*

# ASSIST & ARRANGE: MAKING A QUIT PLAN

## Why Do You Smoke?

Here are some things people have said about why they smoke. How often do you feel this way? Circle the number that best describes you, and find out your score on the back.

	Always	Often	Sometimes	Almost Never	Never
<b>A</b> I smoke cigarettes to keep myself from slowing down.	5	4	3	2	1
<b>B</b> Handling a cigarette is part of what I enjoy about smoking.	5	4	3	2	1
<b>C</b> Smoking cigarettes is pleasant and relaxing.	5	4	3	2	1
<b>D</b> I light up a cigarette when I feel angry.	5	4	3	2	1
<b>E</b> When I run out of cigarettes, I can hardly stand it until I get more.	5	4	3	2	1
<b>F</b> I light up and smoke without thinking about it.	5	4	3	2	1
<b>G</b> I smoke cigarettes to perk myself up.	5	4	3	2	1
<b>H</b> Part of what I enjoy about smoking comes from the steps I take to light up.	5	4	3	2	1
<b>I</b> Cigarettes make me feel good.	5	4	3	2	1
<b>J</b> When I feel upset about something, I light up a cigarette.	5	4	3	2	1
<b>K</b> When I am not smoking, I am very much aware of it.	5	4	3	2	1
<b>L</b> I light up a cigarette without realizing I still have another one burning.	5	4	3	2	1
<b>M</b> I smoke cigarettes to give me a lift.	5	4	3	2	1
<b>N</b> Part of what I enjoy about smoking is watching the smoke I breathe out.	5	4	3	2	1
<b>O</b> I want a cigarette most when I am relaxed.	5	4	3	2	1
<b>P</b> When I feel "blue" or want to take my mind off worries, I smoke cigarettes.	5	4	3	2	1
<b>Q</b> When I have not smoked for a while, I get a hunger for cigarettes that won't go away.	5	4	3	2	1
<b>R</b> I've found a cigarette in my mouth and didn't recall putting it there.	5	4	3	2	1

The more you



the more likely  
you will **succeed.**

**QUITTING SMOKING IS HARD AND OFTEN  
TAKES SEVERAL ATTEMPTS.**

### TOP 5 Quitting Tips

- 1. Find your reason to quit:** Do you want to breathe easier? Save money? Spend more time with your family?
- 2. Make a plan:** What triggers your smoking? Stress? Being around smokers? Plan strategies to avoid or manage trigger situations.
- 3. Get support:** Contact the California Smokers' Helpline or other quit services for help. Talk to family and friends about your plan to quit.
- 4. Use a quitting aid:** Nicotine patches or gum and some medications may help you quit. Talk to your doctor or pharmacists about your options.
- 5. Set a quit date:** Choose the date you will quit. If you slip, pick a new date and try again.

For free help quitting tobacco, call 1-800-NO-BUTTS  
(1-800-662-8887) or visit [www.nobutts.org](http://www.nobutts.org)

# Assist & Arrange: Making a Quit Plan



Quitting takes hard work and a lot of effort, but –

## You Can Quit Smoking

– Support and Advice

A Personalized Quit Plan for: \_\_\_\_\_

### Want to Quit?

- ✓ Nicotine is a powerful addiction.
- ✓ Quitting is hard, but don't give up.
- ✓ Many people try a number of times before they quit for good.
- ✓ Each time you try to quit, the more likely you will be to succeed.

### Good Reasons for Quitting:

- ✓ You will live longer and live healthier.
- ✓ The people you live with, especially your children, will be healthier.
- ✓ You will have more energy and breathe easier.
- ✓ You will lower your risk of heart attack, stroke, or cancer.

### Tips to Help you Quit:

- ✓ Get rid of ALL cigarettes and ashtrays in your home, car, or workplace.
- ✓ Ask you family, friends, and coworkers for support.
- ✓ Stay in nonsmoking areas.
- ✓ Breathe in deeply when you feel the urge to smoke.
- ✓ Keep yourself busy.
- ✓ Reward yourself often.

### Quit and Save Yourself Money:

- ✓ At \$5.76 per pack (2015), if you smoke 1 pack per day, you will save \$2100 each year and \$21,000 in 10 years.
- ✓ What else could you do with this money?

## You Can Quit Smoking

### Five Keys for Quitting



#### 1. Get ready.

- ✓ Set a quit date and stick to it – not even a single puff!
- ✓ Think about past quit attempts. What worked and what did not?



#### 2. Get support and encouragement.

- ✓ Tell your family, friends, and coworkers you are quitting.
- ✓ Talk to your doctor or other health care provider.
- ✓ Get group, individual, or telephone counseling.



#### 3. Learn new skills and behaviors.

- ✓ When you first try to quit, change your routine.
- ✓ Reduce stress.
- ✓ Distract yourself from urges to smoke.
- ✓ Plan something enjoyable to do every day.
- ✓ Drink a lot of water and other fluids.



#### 4. Get medication and use it correctly.

- ✓ Talk with your health care provider about which medication will work best for you.
  - Bupropion SR
  - Nicotine gum
  - Nicotine inhaler
  - Nicotine nasal spray
  - Nicotine patch



#### 5. Be prepared for relapse or difficult situations.

- ✓ Avoid alcohol.
- ✓ If you are around other smokers, try not to stay around them too long.
- ✓ If you are angry, upset, sad or frustrated, don't smoke! Try other things to feel better, like taking a walk.
- ✓ Eat a healthy diet and stay active.

### Your Quit Plan

1. Your Quit Date: \_\_\_\_\_

2. Who can help you? \_\_\_\_\_

3. Skills and behaviors you can use: \_\_\_\_\_

4. Your medication plan:

Medication: \_\_\_\_\_

Instructions: \_\_\_\_\_

5. How will you prepare? \_\_\_\_\_

*Quitting smoking is hard. Be prepared for challenges, especially in the first few weeks.*

Follow-up Plan: \_\_\_\_\_

Other Information: \_\_\_\_\_

Referral: \_\_\_\_\_

# 10 MINUTE BREAK

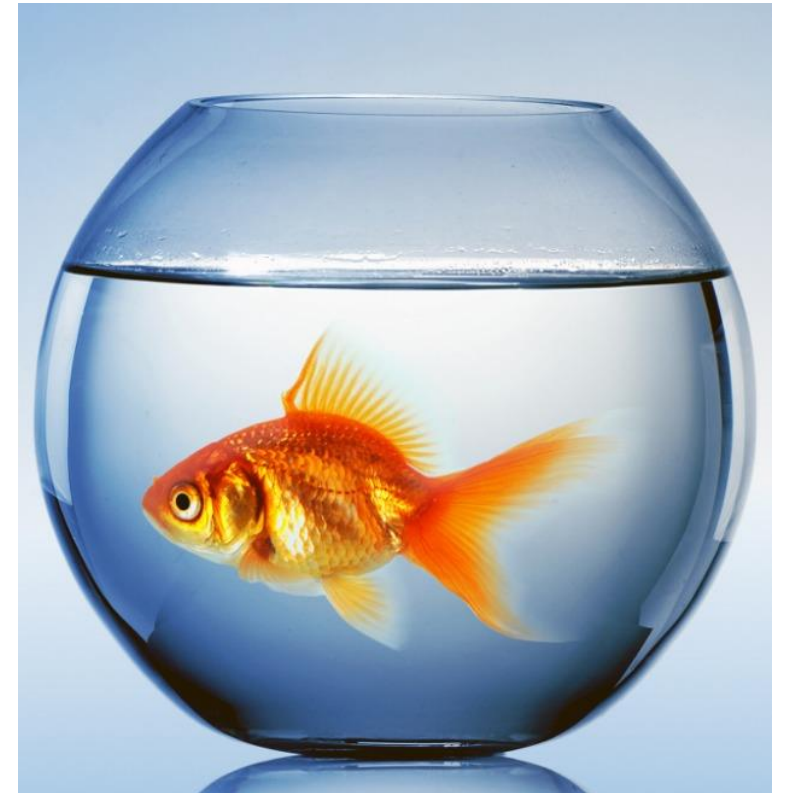


*It's Time For A Break*

# FISHBOWL EXERCISE

In Breakout Rooms

*Use the Tobacco Counseling Worksheet to complete a brief intervention around each patient's tobacco use...*



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# FISHBOWL EXERCISE

Room 1: Tina (Patty)

Room 2: Tasha (Sami)

- *Use the Tobacco Counseling Worksheet to complete a brief intervention around each patient's tobacco use...*



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# This is a social justice issue.

## **BIG TOBACCO IS TARGETING PEOPLE THEY SEE AS VULNERABLE.**

People suffering from mental illnesses.  
People struggling to make ends meet.

People we know. People we care about. People like us.

Big Tobacco has gone after them,  
From price fixing to faux-science,  
Treating them unfairly in the name of profit.

That's not a coincidence.  
It's exploitation.



# SUMMARY

- Ask EVERYONE about tobacco use, integrate counseling into medical, behavioral, and substance use care
- Get familiar with the 7 tobacco treatment medications
- Learn how to refer people to the California Smokers' Helpline
- Treat every change attempt as a success!
- Work toward policy changes that help vulnerable communities live tobacco-free
- Contact us for technical support, materials, and/or training

## COUNSELING



## MEDICATIONS





# **ATOD CONTACT INFO**

Patricia Sanchez, Program Manager

Email: [psanchez@lifelongmedical.org](mailto:psanchez@lifelongmedical.org)

Phone number 510-446-7167

Linda Nguyen, Program Coordinator

Email: [lnguyen@lifelongmedical.org](mailto:lnguyen@lifelongmedical.org)

Phone number: 510-446-7173