

Nicotine Dependence and Cessation: Help People of All Ages Quit



A Worldwide Epidemic

Tobacco use killed
100 million people
in the 20th century.

We can expect 1 **billion**
humans to die tobacco-
related deaths
in the 21st century
if current smoking patterns
continue.



Here in Rhode Island

- We are 1,059,639 strong with a **14.4%** adult smoking rate and **4.8%** youth smoking rate
- **1800** RI adults/year die from smoking
- **150** adults, children and babies die each year as a result of others' smoking
- **23,000** of the RI children currently under 18 will ultimately die prematurely due to maternal and second-hand smoking



Secondhand Smoke

Secondhand smoke can cause serious health problems in children, including:

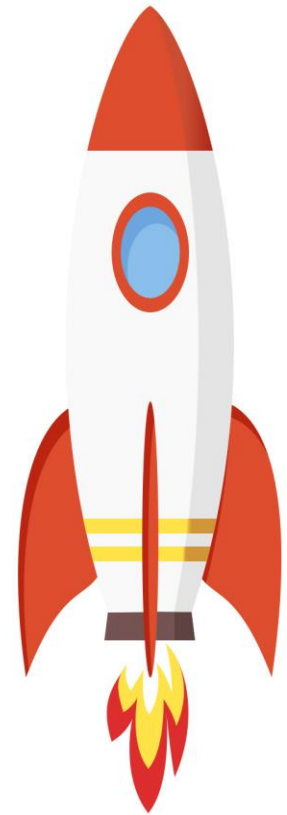
SIDS, less lung growth, more frequent bronchitis and pneumonia, wheezing and coughing, asthma and more severe and frequent asthma attacks, more ear infections and more operations to put in ear tubes for drainage.



Nicotine Delivery

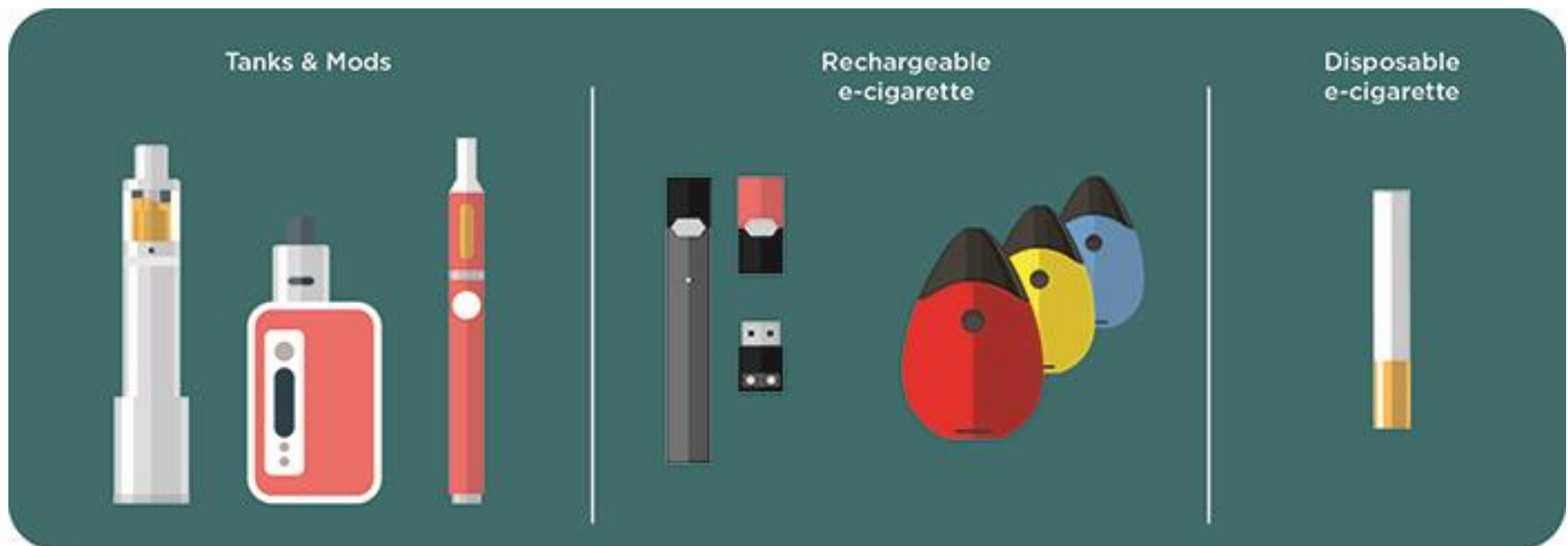
Smoking delivers nicotine via the lungs to brain in **7-10 seconds**, diabolically faster than any other nicotine delivery mechanism.

Nicotine produces physiological effects, primarily stimulating the dopamine “Reward” pathway contributing to the establishment and maintenance of dependence.



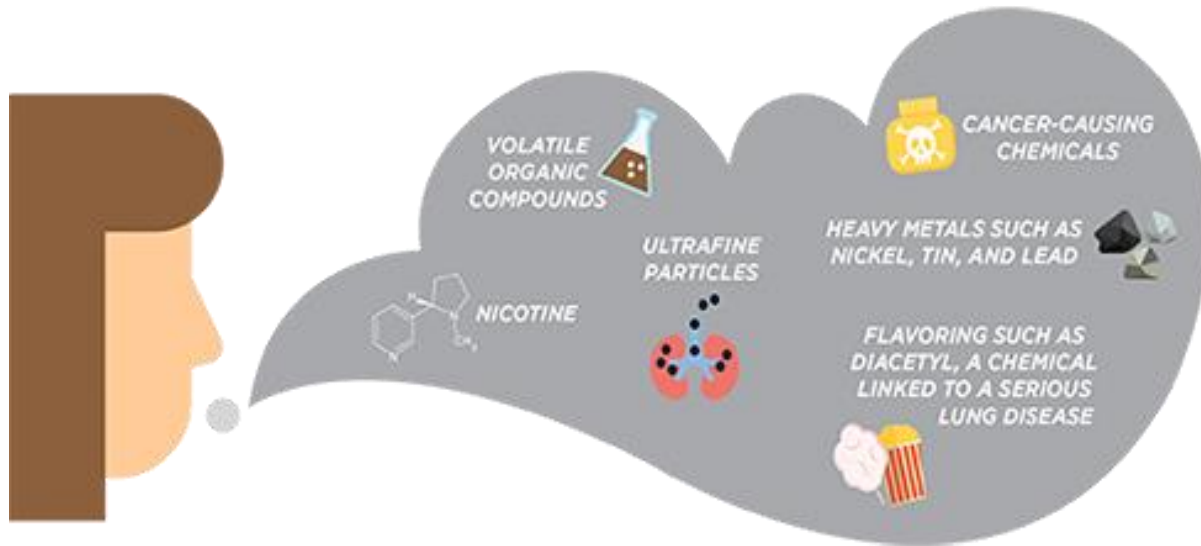
Electronic Nicotine Delivery Systems (ENDS)

- Most have a battery, a heating element, and a place to hold a liquid.
- Nicknames:
 - “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” and “tank systems.”



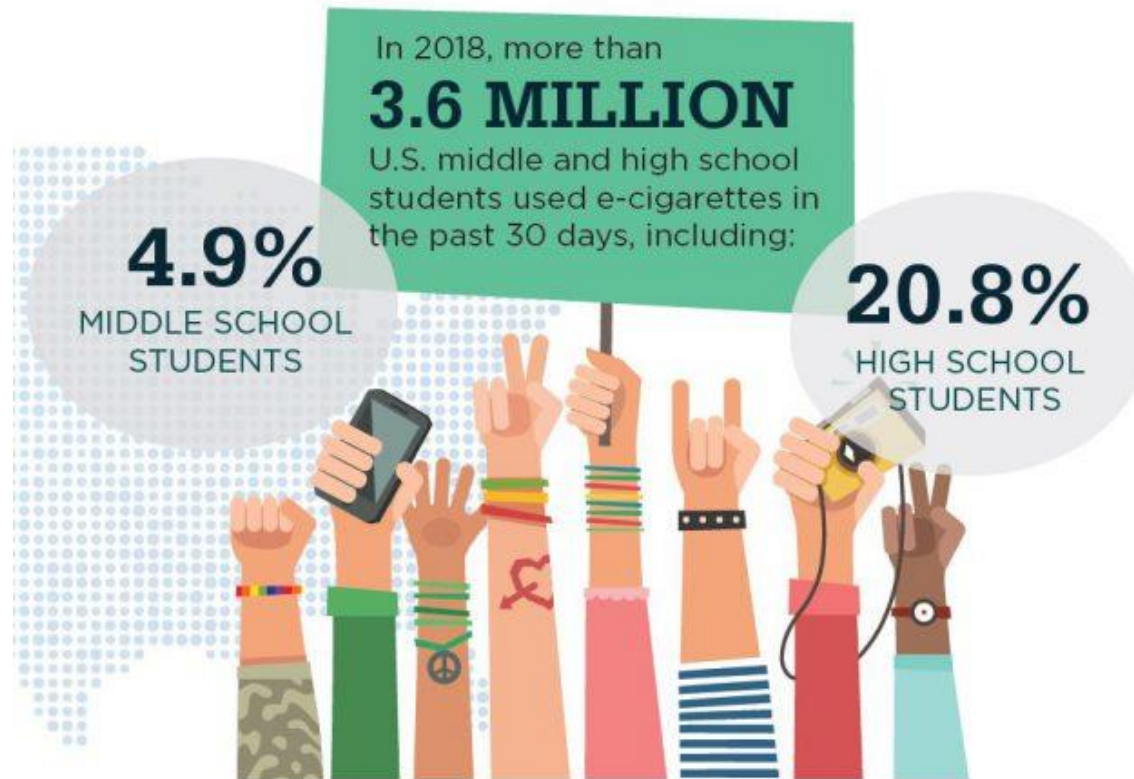
Electronic Nicotine Delivery Systems (ENDS)

- It is difficult for consumers to know what these products contain.
- *Some e-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine.*

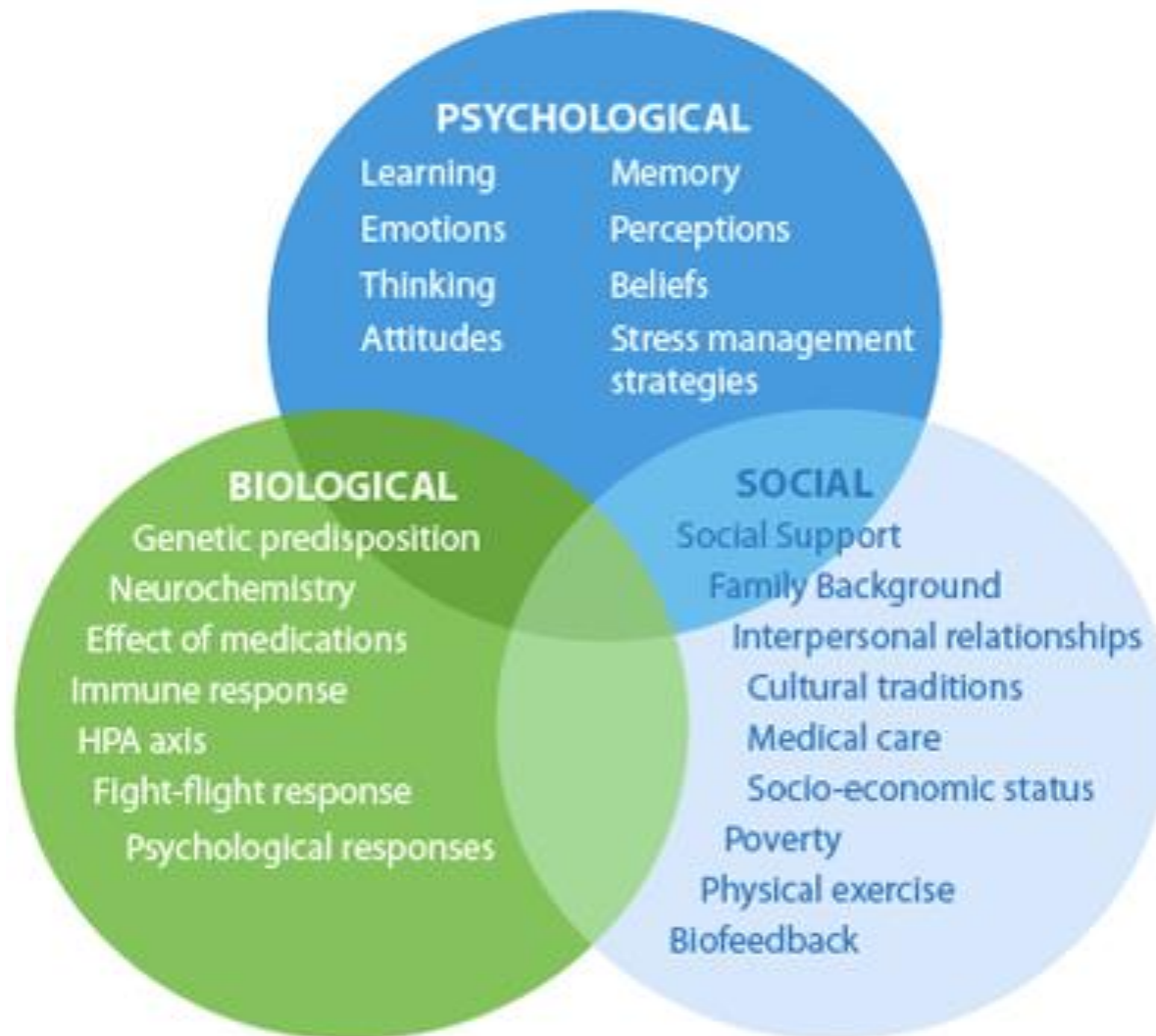


Electronic Nicotine Delivery Systems (ENDS)

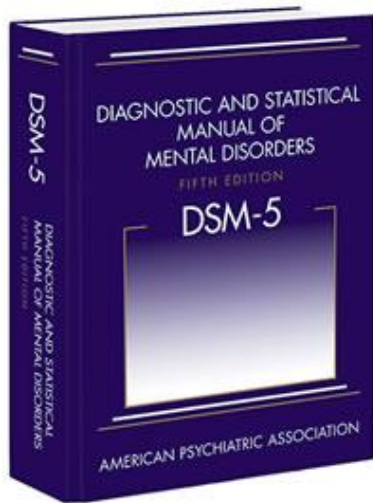
Who is using these products?



Bio/Psycho/Social Model of Tobacco Use



Tobacco Use Disorder: Definition



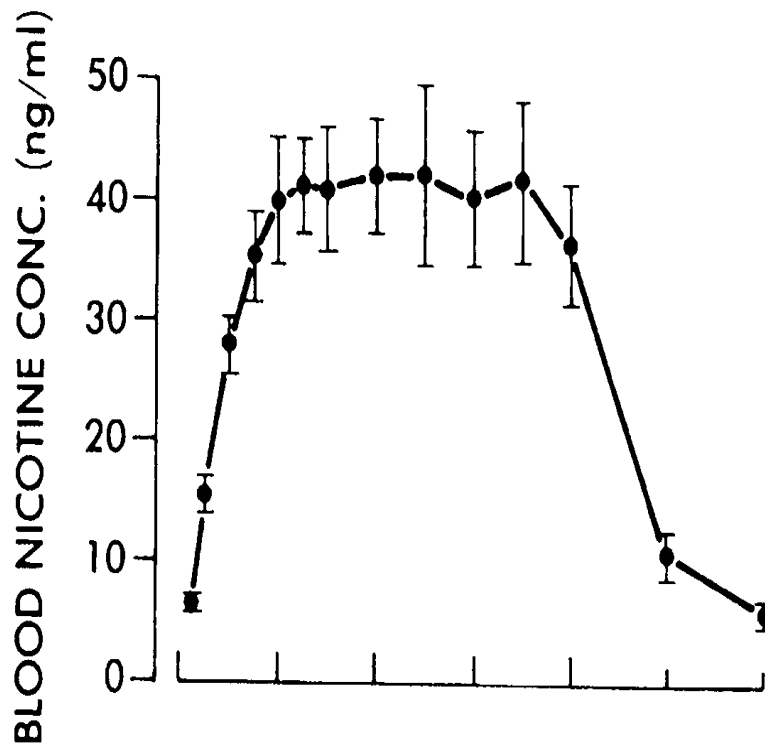
Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM 5)

- Problematic pattern of tobacco use
- Resulting in clinically significant impairment or distress
- Diagnosis requires 2 symptoms over a 12-month period

Diagnostic Criteria

1. Craving
2. Tolerance
3. Taken in larger amounts or over longer period than intended
4. Persistent desire or unsuccessful efforts to cut down or quit
5. Great deal of time spent to obtain or use
6. Recurrent use resulting in failure to fulfill major role obligations
7. Use despite persistent social or interpersonal problems
8. Giving up or reducing important activities because of use
9. Recurrent use in physically hazardous situations
10. Use despite persistent physical or psychological problems
11. Withdrawal

Biological Overview



- Nicotine accumulates over 6-8 hours, plateaus and rapidly drops off during sleep, explaining the importance of the first cigarette smoked each day. It provides the most enjoyment.
- This short half-life drives the need for rapid re-dosing to reduce withdrawal, a significant marker of dependence.

Withdrawal Symptoms

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Increased appetite/weight gain
- Restlessness/impatience
- Depressed mood/dysphoria
- Insomnia

Onset: **1-2 days**
Peak: **first 7 days**
Lessen: **2-4 weeks**



Tobacco Dependence

Dependence does not require a long smoking history.
Withdrawal symptoms can occur in new and social smokers.
Special concern for adolescents:



- “Priming effect” – Adolescent brains are more responsive to nicotine’s rewarding effects than adults’
- 80% of smokers have their first cigarette before age 18
- Youth don’t perceive vaping as dangerous

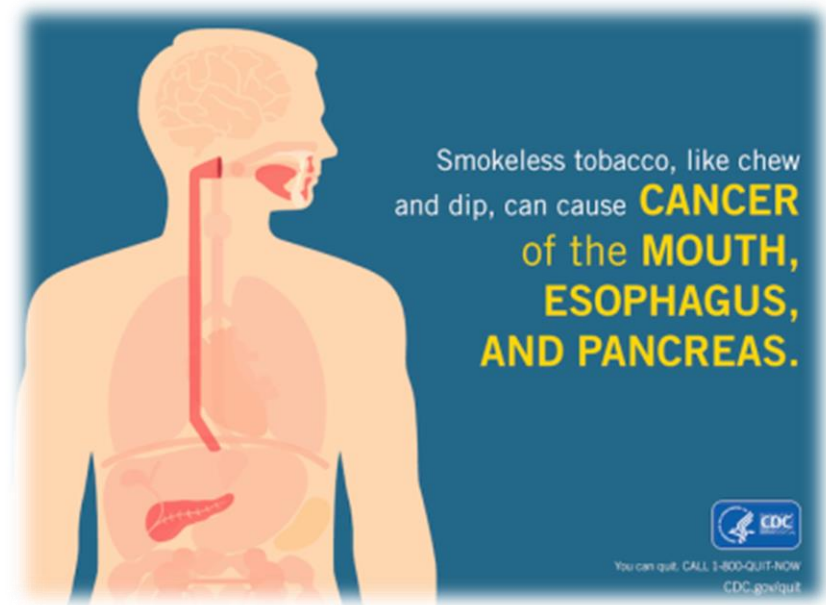
What About Smokeless Tobacco?

Dip and chew can cause periodontal disease, cavities, and leukoplakia (white patches and oral lesions which can lead to oral cancer).

Most patients
don't know:



A can of dip or
snuff a day
contains
approximately
144 milligrams of
nicotine, the
equivalent of 80
cigarettes -
**four packs of
cigarettes/day.**



Psychological Overview

- Psychological factors contribute to the initiation and maintenance of smoking including:
 - Perceived psychological and cognitive benefits, stress relief, concentration, etc.
 - Attitudes about smoking/quitting, personality and emotions
 - Strong correlation with the use of alcohol and other substances
 - High prevalence among persons with mental illnesses



Social Overview

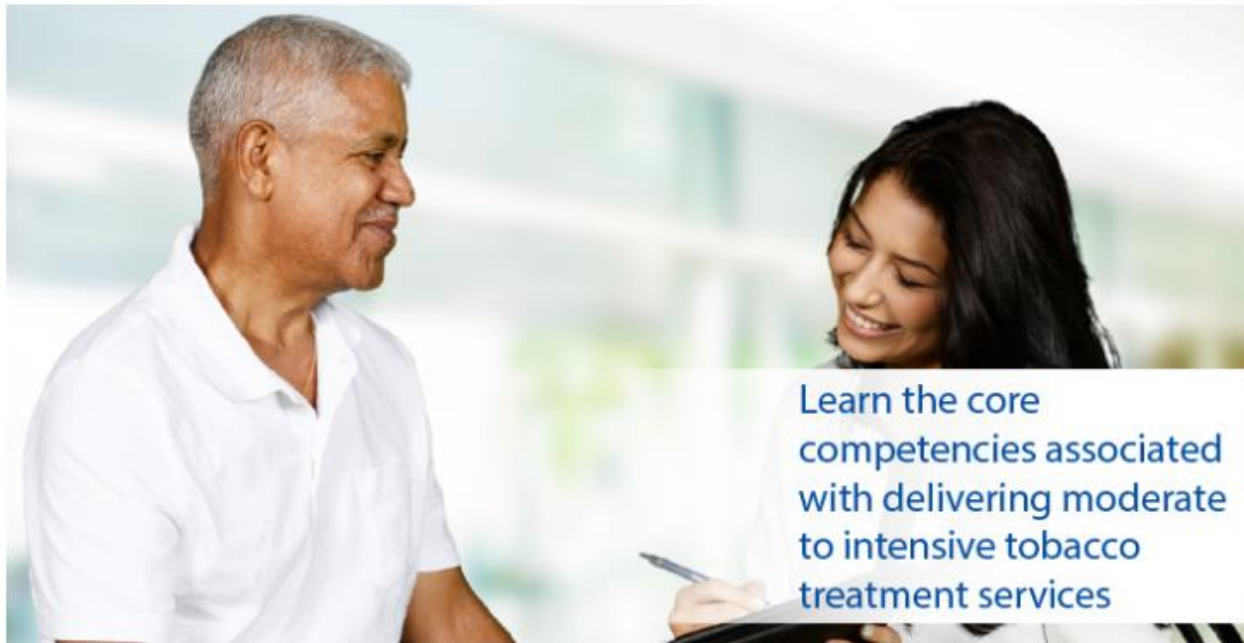
- Social factors contribute to the initiation and maintenance of smoking
- Social determinants include:
 - Demographics (age, ethnicity, socioeconomic status, etc.)
 - Peers have the greatest influence
 - Parental/family history of smoking
 - Current home/work environments
 - Cultural factors which can influence beliefs and social norms about tobacco use

Part Three: Treatment



CODAC Trains Tobacco Treatment Specialists

Tobacco Treatment Specialist (TTS) Core Training



Learn the core competencies associated with delivering moderate to intensive tobacco treatment services

About the training

The TTS Core Training is an intensive 4-day, in-person, evidence-based training program. Successful completion of this training qualifies as training requirement to apply for the [National Certificate in Tobacco Treatment Practice](#). The training is designed for persons who deliver moderate to intensive tobacco treatment services within health care or community setting. The curriculum addresses a set of core competencies for tobacco treatment specialists. The competencies were first defined by the Massachusetts Certification Steering Committee in 1998. Later, the competencies were further defined by the Association for the Treatment of Tobacco Use and Dependence (ATTUD).

Contact CODAC for Training

To learn more about tobacco/nicotine treatment training and resources please contact:

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BBennett@codacinc.org

401.207.7788



Integration of Pharmacotherapy

- A combination of counseling and pharmacotherapy is more effective than either alone
- Best practice is combination therapy (e.g., patch + gum/lozenge, NRT + bupropion)
- Method must be consistent with patient's preferences, lifestyle and beliefs



Quitting Takes Practice

- Quitting smoking almost always requires multiple attempts.
- Each smoker is different and the number of attempts is NOT what matters
- Eventually quitting is the goal, no matter *how long* it takes or *how many* attempts are made.



In-person Group and Individual Treatment



- Tobacco treatment at 7 CODAC locations
- Workshops for healthcare professionals
- Professional training for candidates seeking the National Certificate in Tobacco Treatment Practice
- Consulting services and solutions for organizations implementing TTx or smoke-free campuses

Telephonic and Digital Resources

Ready to quit smoking?
Free help is available*
in Rhode Island.



**Counseling by phone + NRT
can double a smoker's chances
of quitting.**

FREE services are available that can double
your chances of Quit Success.

- **The Rhode Island Smoker's Helpline (1-800-QUIT-NOW)**
 - Get up to 5 free quit smoking coaching lessons by phone.
 - Certified Tobacco Treatment Specialists will share strategies to quit smoking, manage cravings, and more!
- **A free two-week supply of Nicotine Replacement Therapy (NRT).**
 - NRT is available to eligible callers as patches, gum, or lozenges (while supplies last).
 - NRT is clinically proven as safe and effective by the FDA.

1-800-QUIT-NOW



QUITWORKS™-RI

- Referring patients to free tobacco cessation services is fast and easy by fax or online.
- Get free follow-up reports on your patient's quit journey.

www.QuitWorksRI.org



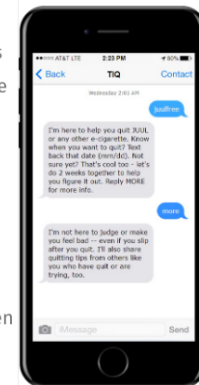
quitting e-cigarettes

e-cigarettes cessation



In the wake of the **surgeon general declaring a youth e-cigarette epidemic**, Truth Initiative® has expanded its quit-smoking resources to include a **first-of-its kind e-cigarette quit program**. This innovative and free text message program was created with input from teens, college students and young adults who have attempted to, or successfully, quit e-cigarettes.

The program is tailored by age group to give teens and young adults appropriate recommendations about quitting. The program will also serve as a resource for parents looking to help their children who now vape.



To access the new e-cigarette quit program, users can text "QUIT" to (202) 804-9884. Users can also enroll in **This is Quitting** or **BecomeAnEX®**, free digital quit programs from Truth Initiative that integrate the text program.

www.QuitNowRI.com

QUITWORKSSM-RI

A solution for providers to
help patients quit smoking.

[Home](#)[About Us](#)[Getting Started](#)[Provider Resources](#)[Patient Resources](#)[Evidence & Training](#)

You can help your patients quit smoking in 3 easy steps using telephone-based counseling **FREE** to all Rhode Island residents regardless of whether they have health insurance or not:

1. **ASK** about tobacco use and readiness to quit.
2. **ASSIST** by identifying reasons to quit and prescribing medications.
3. **REFER** your patients to QUITWORKS-RI using the [online](#) or [fax](#) enrollment form.

[Learn More »](#)

Now up to
4 weeks of NRT

Increase your patients' chances of quitting smoking.

Nicotine replacement therapy is **NOW** available to patients ages 18 and over at no charge. Patients may receive a 2-week supply of gum, patches, or lozenges while supplies last. **ACT NOW!**

References

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