

# Tobacco Cessation: What we need to know to move forward

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# Our Uphill Battle: Changing the Cost- Benefit Calculus

- Tobacco easily accessible
- Smoking in public legal
- Unfettered advertising
- **Poor access to cessation help**
- Cigarettes designed to addict
- New flavored products ↑ youth use; lead to addiction

Individual



**Tobacco  
Addiction**

Society

QUICK REFERENCE GUIDE FOR CLINICIANS  
2008 UPDATE

# Treating Tobacco Use And Dependence

U.S. Department of  
Health and Human Services  
Public Health Service

We Know What works!  
Yet there are so many barriers

Treating Tobacco Use and Dependence: Clinical Practice Guideline 2008 Update:

- Abstinence rates:
  - Quitting cold turkey, no counseling or medication: <5%
  - Screening for tobacco use: ~6%
  - Brief advice from physician: 10%
  - Low intensity Counseling alone: 16%
  - Medication alone: 23%
  - Medication + Quitline counseling: 28%
  - **Intensive counseling + medication: ~32%**

# NORTH CAROLINA TOBACCO TREATMENT STANDARD OF CARE

## FDA Approved Pharmacotherapy

**Specifically:** 12 weeks of Varenicline (**Chantix**®)

**or**

12 weeks of Combination Therapy  
(nicotine patches and nicotine gum or  
nicotine lozenge )

Other pharmacotherapy includes bupropion, nicotine  
nasal spray and nicotine inhaler



## Evidenced-Based Counseling

Specifically, in order of effectiveness:

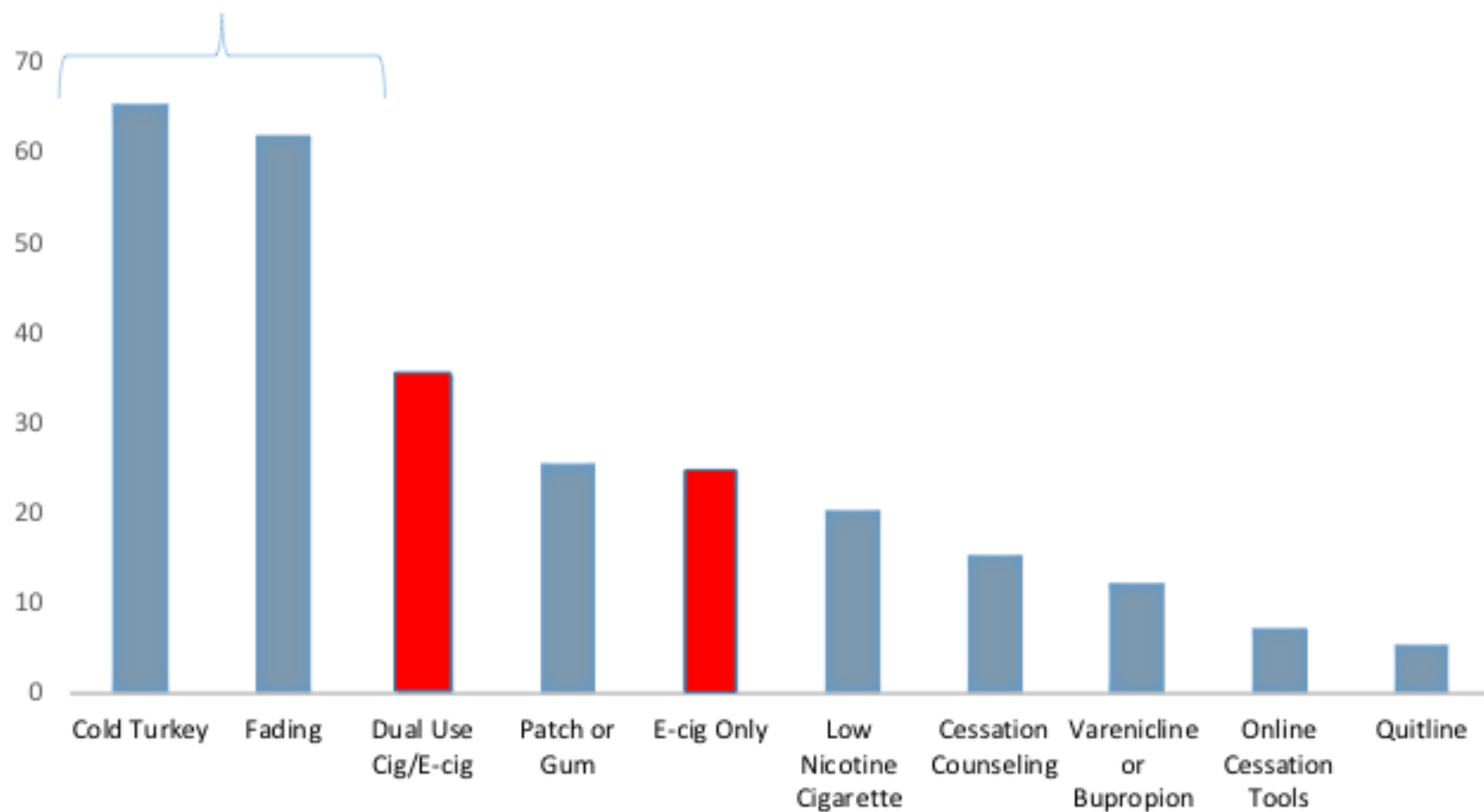
- Face to face individual counseling
- Group counseling
- QuitlineNC – telephonic, texting, and web-based counseling

Standard-of-Care	OR and RR	Abstinence Rate (strong data)
Varenicline	OR = 2.88 RR = 2.43	24%
Combination NRT: Nicotine Patch + Gum, Lozenge (Immediate Release)	OR = 2.73 RR = 2.33	23%
Mono-therapy	OR and RR	Abstinence Rate (strong data)
Nicotine Patch	OR = 1.91 RR = 1.75	18%
Nicotine Gum	OR = 1.68 RR = 1.59	16%
Nicotine Lozenge	OR = 1.68 RR = 1.59	16%
Nicotine Inhaler	OR = 2.02 RR = 1.82	18%
Nicotine Nasal Spray	OR = 2.16 RR = 1.93	19%
Bupropion	OR = 1.85 RR = 1.71	17%
Nortriptyline	OR = 1.85 RR = 1.71	17%
Clonidine	OR = 1.89 RR = 1.74	17%

# Efficacy Rates

**Cochrane Review:  
Cahill 2013**

## Quit Attempt Method Used By US Cigarette Smokers (N=15,943), 2014-2016



# CDC Author Dr. Ralph Caraballo's Comments/ *My Questions*

Most smokers who tried to quit cigarettes used a combination of methods (12417) in their last quit attempt compared to those who reported using only one method (3526).

***Most are not using the most effective combination – Counseling plus Varenicline or Combination NRT – What can we do to change that?***

For those who only tried using one method of quitting most do not use FDA approved medication.

***What can we do to change that?***



**1-800-QUIT-NOW**  
1 - 8 0 0 - 7 8 4 - 8 6 6 9

**Spanish Speaking**  
**1-855-Dejelo-Ya**

- An evidence-based telephone tobacco treatment service
- **Recommended for tobacco users ready to quit**
- Consists of four treatment sessions
  - Special 10 treatment sessions and protocol for pregnant women;
  - Coming soon: Behavioral Health Protocol
- Highly trained, professional Quit Coaches
- Available free to all North Carolina residents, based on availability of funds
- Comprehensive services available at reasonable rates
- Accessible 24 hours a day, 7 days a week
- English, Spanish and interpretation service
- Integrated with an interactive web-based tobacco treatment program





**1-800-QUIT-NOW**  
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# QuitlineNC - Funding limitations

- QuitlineNC funding allows for only about 1% of the NC population that uses tobacco to have services.
- CDC recommends funding Quitlines to serve 7% of the population that use tobacco.
- QuitlineNC funding only allows Medicaid and Uninsured to get standard of care treatment:
  - 4 calls plus
  - 12 weeks combination NRT

Unless the Payer can pay for these services.

NY State is finding best results come from campaigns that promote standard of care - Both physicians and patients benefit

# Combine nicotine patch and gum

to triple your patients' chances of quitting.

## The 5As Brief Interventions for Nicotine Addiction

- Ask** Ask about tobacco use: "Do you currently smoke or use other forms of tobacco?"
- Advise** Advise the patient to quit: "Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit."
- Assess** Assess readiness to quit: "Are you interested in quitting? Have you tried to quit before? What methods have you used in previous quit attempts?"
- Assist** Assist the patient in quitting: Provide brief counseling about the risks of smoking, the rewards and roadblocks to quitting, and the importance of social support. When appropriate, provide a prescription for an FDA-approved smoking cessation medication including varenicline, bupropion, or nicotine replacement therapies (NRT: patch, gum, lozenge, inhaler, nasal spray). See USPSTF Clinical Guidelines for Treating Tobacco Dependence for more information on medication effectiveness.
- Arrange** Arrange for follow up: Follow up regularly with patients who are trying to quit.

Treat your patients' nicotine addiction.  
For other effective combinations, go to [TalkToYourPatients.health.ny.gov](http://TalkToYourPatients.health.ny.gov)



For additional help, call the New York State Smokers' Hotline (866) MY-QUIT, (866) 697-8487 or visit [TalkToYourPatients.health.ny.gov](http://TalkToYourPatients.health.ny.gov)

# 2019: Year of Cessation CDC

## New Surgeon General's Report

### CDC's priority areas:

- ✓ Increase quit attempts among people who use tobacco products
- ✓ Increase the use of evidence-based cessation interventions
- ✓ Increase reach of evidence-based cessation interventions



## Promoting Quitting/Increasing Reach

### Our questions:

Besides a 10%+ increase in tobacco tax, what price incentives work best to increase quit attempts? e.g. How successful are “carrots and sticks” (e.g., premium differentials) approach to tobacco users in attempting and succeeding in long-term abstinence?

How can we best reach each group of vulnerable populations with culturally specific and appropriate messages to increase successful quitting?

How can Telehealth and QuitlineNC help reach rural and underserved populations?

What will work to more fully engage behavioral health providers to offer standard of care treatment concurrently with treatment for other drug use disorders and/or mental health treatment



# Our questions

What percentage of primary care physicians know of and practice standard of care tobacco treatment?

What clinical practices are the most important to reach with training for tobacco treatment in order to sustain health systems change across NC?

How can we reduce disparity of those who receive assistance for tobacco dependence by providers?

What will it take to incorporate standard of care tobacco treatment into all electronic health records?

What is the effectiveness of Opt Out vs Opt In referrals to quit programs (e.g, Quitlines, hospital and community programs) on quit attempts, long-term abstinence and patient satisfaction?



## Our questions

Does use of ineffective methods decrease quit attempts over time, and if so, what do we need to do to stop the use of ineffective methods? When do unsuccessful quit attempts made by tobacco users become a detriment to trying again, if at all?

Do media campaigns that run year round and rotate “Why Quit” with “How to Quit” messages improve quit rates?

How can we increase successful quitting in each of the most vulnerable populations?



# Our questions

How do we assist e-cigarette users to quit? Dual users?

How does nicotine salts affect the uptake of nicotine?

Should daily adolescent tobacco users be offered Standard of Care counseling and medications?

What is the ideal duration and spacing of tobacco treatment counseling for long-term abstinence? Ideal duration of medication?

What are effective counseling and medication interventions for the lighter tobacco user who smokes less than 10 cigarettes per day an/or for the intermittent tobacco user? Cigar smokers, for example.



# Help us Change the Cost-Benefit Calculus!

## Thank you!

**Individual**



- Tobacco more expensive and less accessible
- Smoke-free policies
- Counter-marketing and promotion restrictions
- **Easy access to tobacco treatment**
- Cigarettes made less addictive
- New products regulated