WEBINAR:

Normalizing Quit-Attempts and Reframing Relapse

Presented live: Wednesday, May 29, 2024

Moderators

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CME Disclosures

Speakers

- Susan Y. Urban, MD, FACP
- Sara Siddiqui, MD, FAAP, DipABOM, IBCLC

Role Plays

- Rosanne Aulino, RN, CHMN, TTS
- Darlene Drake, NCNTT
- Tony Astran, MPA, APR, TTS

None of the speakers, planners, and committee members, who are not already listed, have any relevant financial relationships with ineligible companies within the last 24 months.

All relevant financial relationships with ineligible companies have been mitigated.

Presenters

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Clinical Associate Professor of Medicine
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Role Plays

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New York State Quitline

Disclosures and Advisements

- Today’s presenters have no conflicts of interest to declare.
- There is no funding associated with this webinar and no financial benefit for our presenters.
- **The term tobacco throughout this webinar refers to the use of manufactured, combustible commercial products and vape products – *not* the sacred, medicinal and traditional use of tobacco by Native American nations and other indigenous groups.**

Webinar Goal

The goal of this webinar is to educate healthcare professionals and all those interested in ways to normalize quit-attempts and to reframe relapse.

Webinar Objectives

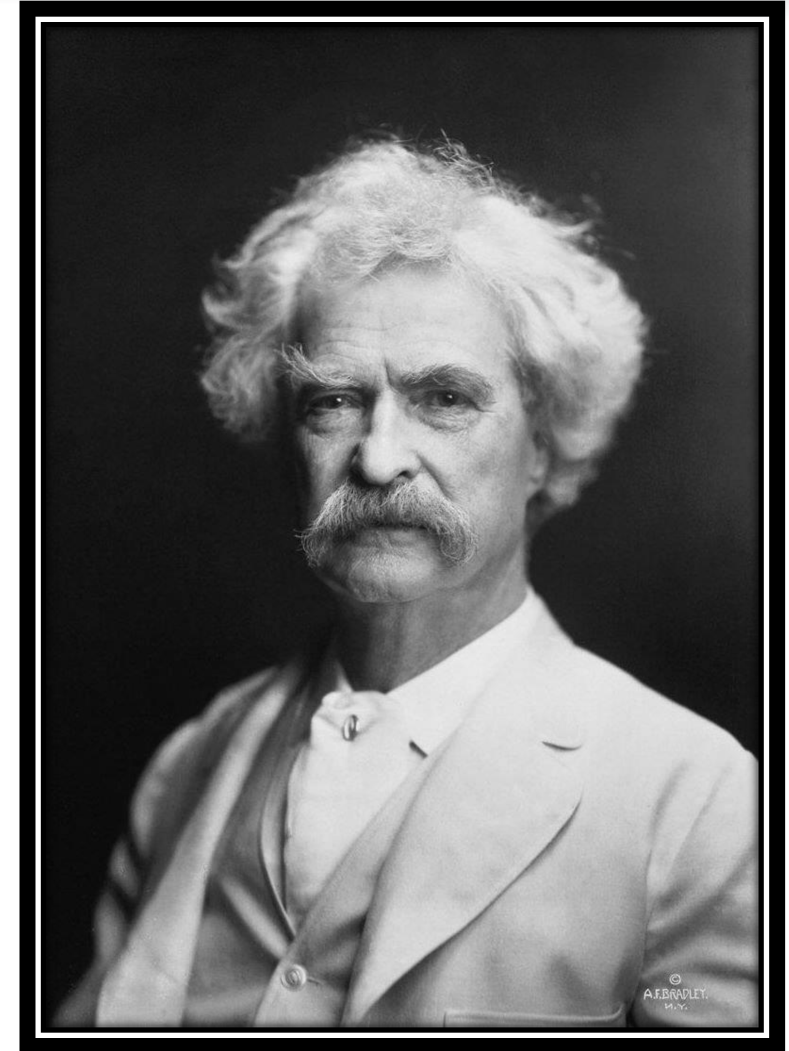
At the conclusion of this webinar, attendees will be able to:

1. Explain two (2) ways a nonjudgmental approach by healthcare professionals can have an effective influence on encouraging patients to make multiple quit-attempts.
2. State two (2) examples of motivational interviewing statements healthcare professionals can use with patients making multiple quit-attempts.
3. Identify at least one (1) way to address three (3) common barriers to successful quit-attempts from commercial tobacco use and electronic nicotine delivery systems.
4. Learn how to identify at least two (2) barriers which contribute to a patient's past quit-attempt relapses and use this information to support their plan for a future quit-attempt.

Framing the Discussion

"Quitting smoking is easy; I've done it a thousand times."

- Mark Twain



Normalizing the Quit-Process

For your patients who use tobacco, normalizing the quit-process is a nonjudgmental recognition that making multiple quit-attempts and experiencing relapses are common.

Both the healthcare professional and the patient can view or reframe these experiences as learning opportunities instead of failures.

It is helpful to remember:

- >70% want to quit; it can take 7 to 10 or more quit-attempts before achieving success.
- Individuals quit differently; and timeframes can vary for when thinking about or making a quit-attempt may resonate.
- Patients typically trust their healthcare professional and benefit from repetitive quit-support.

Source: https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf

Normalizing Quit-Attempts: ALL Tobacco Products

- Although tobacco use treatment is traditionally framed as mostly appropriate for patients *who are ready to quit*, offering tobacco treatment support and medications **can help anyone** who smokes or vapes to avoid withdrawal symptoms, reduce their tobacco use, or avoid smoking in specific situations.

- There are patient-centered, tobacco treatment, and cessation support approaches for **ALL** patients who smoke or vape, regardless of their "readiness to quit."

Source: https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/1106038

Normalizing Quit-Attempts

No matter how ready one is to change their tobacco use behavior, or how many times they have made a quit-attempt, this approach:

- ✓ promotes an ongoing conversation about tobacco treatment with their healthcare professional
- ✓ increases their familiarity and comfort with being offered support and using medications for cessation
- ✓ can increase their motivation and self-efficacy around quitting in the future

Source: https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/1106038

Key Takeaways

- The relapse cycle is part of the process of normalizing quit-attempts and reframing for patients that use tobacco.
- Quitting is difficult for those who smoke because many have tried and relapsed multiple times.
- Repeatedly implementing a supportive and inclusive approach to motivate engagement in tobacco treatment – *for ALL tobacco users in any stage of readiness* – is necessary to advance the cessation process.

First Presenter

Susan Y. Urban, MD, FACP

New York University School of Medicine
Clinical Associate Professor of Medicine
Division of General Internal Medicine,
Department of Medicine

Normalizing and Reframing Relapse:
Using a Motivational Interviewing Framework

Susan Y. Urban, MD FACP

CHARLES: A Case Scenario

- ✓ 35-year-old man
- ✓ Smokes 15 cigarettes a day
- ✓ Does not use any other tobacco products
- ✓ Quit at least 4 times in the past
- ✓ Most recently, he quit for about 1 week, but then started smoking again after going out drinking with his buddies

Normalizing and Reframing Relapse

What makes it so difficult for people to quit smoking?

Nicotine Dependence

Most people who smoke develop nicotine dependence.

Nicotine Dependence

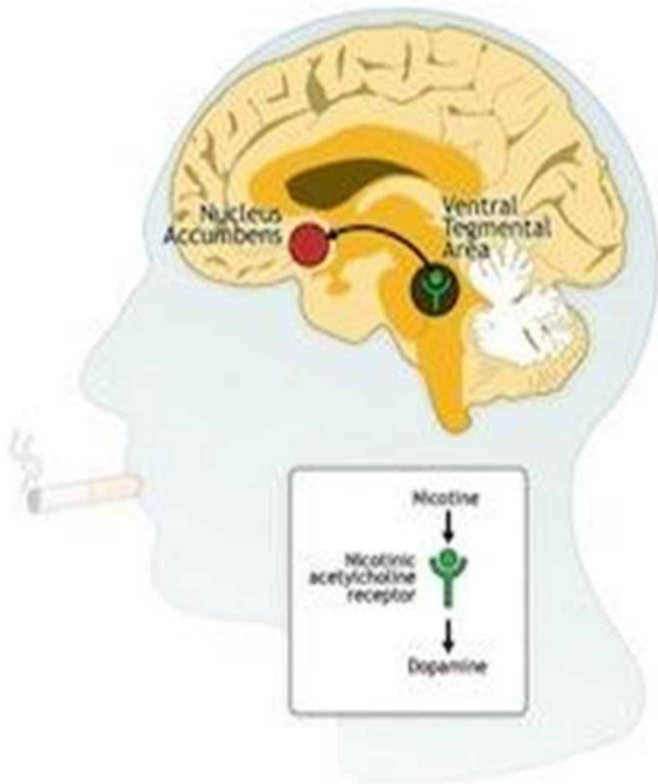
- About three quarters of smokers are dependent on nicotine
- People smoke to decrease their withdrawal symptoms

Conditioned Response

- People smoke in response to triggers or cues:
  - After eating
  - When having coffee or alcohol
  - When sad or stressed
  - When around people smoking

When trying to quit smoking, people need to deal with withdrawal symptoms and the conditioned response of smoking to triggers.

Smoking as a Chronic Disease of Nicotine Dependence



How does nicotine lead to dependence?

- Nicotine binds to nicotinic acetylcholine receptors within 10-20 seconds after a puff.

  - receptors contain a4 and b2 subunits

- Release of dopamine and several other neurotransmitters in the midbrain.

  - norepinephrine, acetylcholine, glutamate, serotonin, gaba – aminobutyric acid and endorphins

- Dopamine is primarily responsible for the development of nicotine dependence.

Nicotine Dependence

Nicotine dependence leads to withdrawal symptoms and cravings when people cut down or quit.

ICD 10: 6 Criteria for Dependence

- Compulsion to use
- Difficulty controlling use
- Progressive neglect of other activities/interests
- Persistent use despite harmful effects
- Development of tolerance
- **Withdrawal symptoms**

7 Withdrawal Symptoms

- Restlessness
- Irritability
- Difficulty concentrating
- Depressed mood
- Insomnia
- Anxiety
- Increased appetite

CHARLES: A Case Scenario Continued

- ✓ 35-year-old man
- ✓ Smokes 15 cigarettes a day
- ✓ Does not use any other tobacco products
- ✓ Quit at least 4 times in the past
- ✓ Most recently, he quit for about 1 week, but then started smoking again after going out drinking with his buddies who were also smoking

What is the best way to discuss smoking cessation with Charles considering his nicotine dependence?

Motivational Interviewing (MI) Framework

MI is a way of talking with a patient about a behavioral change goal in which the clinician elicits and strengthens the patient's own motivation to change.

- Motivation must come from the patient, not from the clinician.

GOAL DIRECTED

CLINICIAN GUIDES TOWARDS CHANGE

RELATIONSHIP BETWEEN CLINICIAN AND PATIENT IS A PARTNERSHIP

COMMUNICATION SKILLS: OARS + I

CHARLES: Question 1

How would you start a dialogue with Charles about his smoking? Choose one.

1. “Quitting smoking is the most important thing you can do for your health.”
2. “What are your thoughts about your smoking at this time?”
3. “Are you ready to quit now?”

CHARLES: Question 1 ANSWER

How would you start a dialogue with Charles about his smoking?

1. "Quitting smoking is the most important thing you can do for your health."
2. **"What are your thoughts about your smoking at this time?"**
3. "Are you ready to quit now?"

CHARLES: Question 2

Charles states he knows he should quit but is not sure he can do it because he tried quitting 1 year ago – and in fact did quit for about 1 week – but then started smoking again. You sense he feels this was a failure on his part.

How would you initially address his relapse 1 year ago? Choose one.

1. "It takes people an average of 6 times before they can finally quit."
2. "You quit before, so you can quit again."
3. "You need to quit again."

CHARLES: Question 2 ANSWER

Charles states he knows he should quit but is not sure he can do it because he tried quitting 1 year ago – and in fact did quit for about 1 week – but then started smoking again. You sense he feels this was a failure on his part.

How would you <u>initially</u> address his relapse 1 year ago?

1. "It takes people an average of 6 times before they can finally quit."
2. **"You quit before, so you can quit again."**
3. "You need to quit again."

MI Communication Skills: OARS + I

Open-ended questions: questions without a specific answer.

"How do you feel about the fact you started to smoke again the last time you quit?"

Affirmations: genuine, specific, positive statements about the patient

"You quit smoking for a week. You quit before. You could do it again."

MI Communication Skills: OARS + I

Reflections (reflective listening): statements of what you heard the patient express.
"You are wondering whether you could stop smoking again."

Summarizations: summaries of the content of what was said.

Information exchange: elicit what the patient already knows, provide the information, elicit what the patient thinks about what you have said.
"What do you think about this?"

CHARLES: Question 3

What is a good way to share with Charles the information that smoking is a chronic disease of nicotine dependence for many people?

Elicit what the person knows.

"What do you know about the reasons it is so difficult for people to stop smoking?"

Provide information – after asking permission to do so.

"Most people who smoke become dependent on nicotine ….."

Elicit what the person thinks about the information.

"What do you think about this?"

Information that smoking is for many people a chronic disease of nicotine dependence – characterized by multiple quit-attempts and relapses – can help normalize and reframe the process of quitting.

CHARLES: A Case Scenario

- ✓ 35-year-old man
- ✓ Smokes 15 cigarettes a day
- ✓ Does not use any other tobacco products
- ✓ Quit at least 4 times in the past
- ✓ **Most recently, he quit for about 1 week, but then started smoking again after going out drinking with his buddies who were also smoking**
- ✓ **States he used the patch at that time – thinks it helped, but says he remembers feeling very anxious and irritable after quitting**
- ✓ You are seeing him in your office for general follow up

CHARLES: Question 4

How could you use information from the prior quit-attempt to develop a future quit-plan?

- Identify withdrawal symptoms

  - Discuss ways to identify and deal with these symptoms in the next quit-attempt

  (For example, use of short-acting NRT prn withdrawal symptoms or cravings)

- Identify triggers for smoking

  - Discuss ways to identify and deal with triggers in the next quit-attempt

  (For example, avoiding triggers such as alcohol or being around people who smoke)

The prior quit-attempt can serve as a learning opportunity for future quit-attempts.

CHARLES: Ready to Quit or Not?

Standard Approach to Smoking Cessation

The 5 A's: Ask-Advise-Assess-ASSIST-Arrange

- For those who are ready to quit, prescribe medication and provide counseling
- For those not ready to quit, discuss the 5 R's:

  - Relevance: personally relevant reasons for quitting

  - Risks: potential negative consequences of smoking

  - Rewards: potential benefits of stopping smoking

  - Roadblocks: barriers to quitting

  - Repetition: repeat at every interaction until the person finally quits

The 5 A's and 5 R's were initially described in Treating Tobacco Use and Dependence: A Clinical Practice Guideline 2008
Recommended in US Preventive Service Task Force Recommendation Statement Interventions for Tobacco Smoking Cessation in Adults 2021

Opt-Out Approach to Smoking Cessation

Ask-Advise-Offer and Connect to treatment (medication and counseling)

- **Offer** medication and counseling to all people who smoke regardless of readiness to quit.
- The opt-out approach has the potential for increasing the number of people who ultimately quit smoking.

Described by Rigotti et al Treatment of Tobacco Smoking: A Review. JAMA 2022

Recommended in American Thoracic Society Clinical Practice Guideline 2020

Key Points

- ✓ It is normal for it to take multiple attempts before a person can successfully quit tobacco use.
- ✓ Prior relapse can be reframed as a learning opportunity.
- ✓ Motivational interviewing provides a useful framework for discussing smoking cessation and behavioral change in general.
- ✓ The OARS + I communication skills of motivational interviewing function to elicit and strengthen a person's own motivation to quit.

Next Presenter

Sara Siddiqui, MD, FAAP, DipABOM, IBCLC

Pediatrician, Hassenfeld Children's Hospital at
New York University (NYU) Langone Health
Clinical Assistant Professor, Department of Pediatrics
NYU Grossman School of Medicine

PROCESS AND SUPPORTS

Tobacco cessation is a process, and outside supports are critical

- Tobacco use is a chronic, relapsing condition that often requires repeated intervention and longer-term support to help patients quit.
- Behavioral and pharmacologic supports exist to help people quit tobacco use.
- Most of the ongoing, long-term support in helping people quit occurs outside the clinical encounter:
    - Treatment extenders, such as web-based quit supports, text-message cessation programs, and telephone quitlines have the expertise and capacity to provide people who use tobacco with ongoing support throughout their quit-attempt.
    - Healthcare professionals can connect people with these resources, follow-up about progress and provide additional support as needed.

AAP FRAMEWORK

ACT

A – *Ask*

C – *Counsel*

T – *Treat*

ASK

Goal: Beginning at age 11, screen for tobacco use with every patient, during every clinical encounter.

- Screening should ask about all tobacco products, including e-cigarette, or vaping, products.
- Universal screening helps counteract bias in care delivery by ensuring that every patient is asked about tobacco, not just those who are presumed to be at risk of use.
- Workflow may differ across care settings, but screening questions should be standard across the health system.

ASK THE RIGHT QUESTIONS

- There are many types of tobacco products, so be sure to use an inclusive question.
- People may report tobacco use more accurately when asked about specific product names.

COUNSEL

Counsel all patients who use tobacco products about quitting, regardless of level of use or dependence.

Advise people to quit their tobacco use.

Be clear.

Be personalized.

Explain the benefits.

SAMPLE COUNSELING STATEMENTS

For youth:

- "Nicotine can harm your brain development."
- "You've mentioned symptoms that happen when you haven't vaped/smoked in a while. These are symptoms of withdrawal, and they tell us that the nicotine is starting to change your brain, and you're developing an addiction."
- "I know you run cross-country. Quitting vaping/smoking can help your lung capacity, which could help you run farther and faster."

For all ages:

- "Quitting will protect your health, save you money, and increase your independence."
- "When you vape, you're inhaling chemicals and heavy metals: this can injure your lungs."
- "Vaping/smoking exposes your family and friends to chemicals that can harm their health."

HONESTY

Have an honest, open conversation.

- Consider motivational interviewing to guide a conversation about quitting.
- Choose respectful, non-judgmental words, and use a strengths-based perspective.
- Ask for reasons they are using tobacco: people may use tobacco products to self-medicate for underlying conditions such as anxiety or stress.
  Talk with people about healthier ways to manage these conditions.
- Assess people’s history of tobacco use, past quit-attempts, and signs of dependence.

TREAT

- Link people to appropriate behavioral support and prescribe pharmacologic support when indicated.
- Appropriate behavioral and pharmacologic supports may increase the odds of quitting successfully.
- Tobacco dependence treatment should be tailored to the person's level of dependence.
- Specifically for treating youth:
    - Pediatric health clinicians should link all youth to treatment extenders to provide ongoing, targeted cessation support beyond the scope of the clinical visit.
    - Pediatric health clinicians should consider prescribing pharmacotherapy when clinically indicated.

BIASES AND BARRIERS

Be mindful of personal biases and systemic barriers when connecting people with cessation services.

Health disparities exist in cessation services:
Hispanic adults, young adults, adults with low income, and adults who are uninsured are less likely to be advised to quit by a healthcare professional.

Black adults, Hispanic adults, Asian adults, and adults who are uninsured are less likely to be given NRT.

FOLLOW-UP

Follow-up with people to provide additional support. Quitting is a process!

Successful tobacco cessation often requires repeated intervention and long-term support.

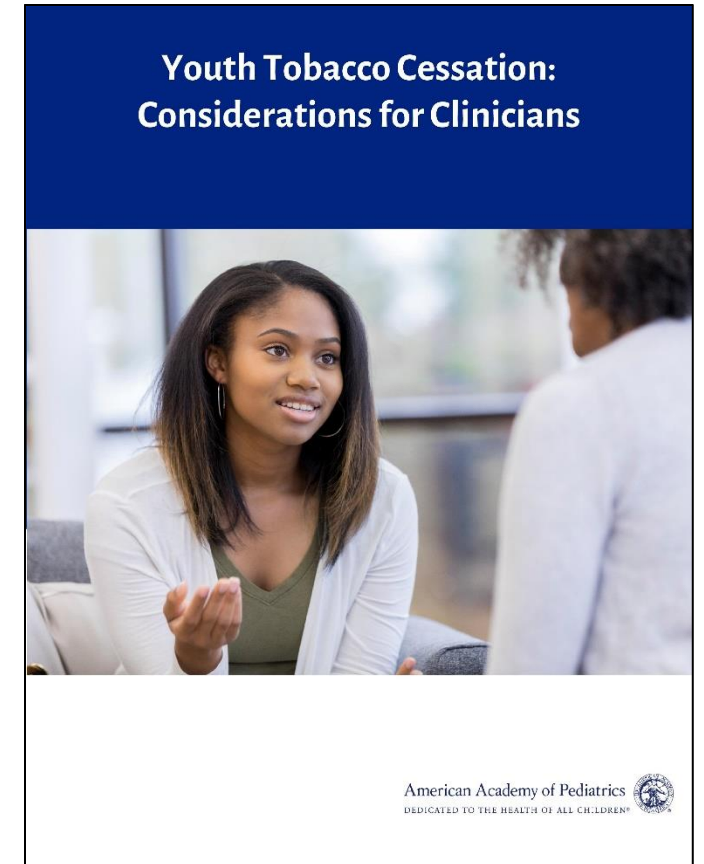
Relapse is not a failure; it is a learning opportunity.

FOLLOW-UP IS ESSENTIAL

Sample follow-up appointment statements:

- “I know you decided that your quit-date would be last Monday. How’s it going so far?”
- “Have you been using the Smokefree Teen website? I wonder if it might help to add some additional support from a text-to-quit program?”
- “How’s the nicotine gum working for you? We discussed the ‘chew and park’ method on our last visit. What has this been like for you?”
- “Quitting isn’t easy, but it’s possible. Let’s talk about what led you to vape last week, so we can figure out how to prevent it next time.”

AAP Youth Tobacco Cessation Considerations for Clinicians



https://downloads.aap.org/AAP/PDF/AAP_Youth_Tobacco_Cessation_Considerations_for_Clinicians.pdf

Role Play #1: In-Person Visit

Rosanne Aulino, RN, CHMN, TTS

Psychiatric Nurse and Tobacco Treatment Counselor

Columbia County Mental Health Center

Tony Astran, MPA, APR, TTS

Public Information Specialist
New York State Quitline

"Mike"

Role Play #2: Call with NYS Quitline

Darlene Drake, NCNTT

Cancer Prevention Associate III
New York State Quitline

Tobacco Treatment Specialist

Tony Astran, MPA, APR, TTS

Public Information Specialist
New York State Quitline

“Mike”

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