Treatments to Prevent Tobacco Use and Tobacco-Related Disease

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Comparative Causes of Annual Deaths in the U.S.
(In Thousands of Deaths)

Centers for Disease Control, Tobacco Information and Prevention Source (TIPS) 2000.
Comparative Causes of Annual Deaths in the U.S. (In Thousands of Deaths)

AIDS Alcohol Motor Vehicle Homicide Drug Induced Suicide Smoking

Centers for Disease Control, Tobacco Information and Prevention Source (TIPS) 2000.
Tobacco use kills the equivalent of three Boeing 747 Jumbo jet crashes / day
Cigarette Use In New Jersey

High School Adults

National
NJ

Graph showing the comparison of cigarette use between National and NJ for High School and Adults.
Annual cost of tobacco use in NJ

- $4.06 billion: Tobacco-related health care costs
  - $967 million: Medicaid portion

- $2.60 billion: Smoking related productivity losses

- $660: Per household state & federal tax burden
Empirical Evidence


There is no scientific evidence that hypnosis helps people to quit smoking.

Some uncontrolled trials are positive, but they aren’t corroborated by RCTs.
There is no scientific evidence that acupuncture helps people to quit.

Acupuncture vs. “sham” acupuncture does not reliably find an advantage for acupuncture.
There is no scientific evidence that laser-therapy helps people to quit.

Claims to work like acupuncture – only without the needles.
Little evidence for their efficacy; not demonstrated to be as safe as available FDA approved treatments.
The 5 “A”s

• Ask about tobacco use
• Advise to quit
• Assess willingness
• Assist in quit attempt
• Arrange followup
What you fail to say sends a powerful message too.
# Psychosocial approaches

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Risk Ratio</th>
<th>95% CI</th>
<th>Sample Size</th>
<th># of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group therapy</strong> vs. self-help only**(^4)**</td>
<td>1.98</td>
<td>1.60 - 2.46</td>
<td>4,375</td>
<td>13</td>
</tr>
<tr>
<td><strong>Individual Counseling</strong> vs. minimal contact control**(^5)**</td>
<td>1.39</td>
<td>1.24 - 1.57</td>
<td>9,587</td>
<td>22</td>
</tr>
<tr>
<td><strong>Physician advice to quit</strong> vs. No advice / Usual care**(^6)**</td>
<td>1.76</td>
<td>1.58 – 1.95</td>
<td>22,240</td>
<td>26</td>
</tr>
<tr>
<td><strong>Motivational Interviewing</strong> vs. Brief advice / Usual care**(^7)**</td>
<td>1.27</td>
<td>1.14 - 1.42</td>
<td>10,538</td>
<td>14</td>
</tr>
<tr>
<td><strong>Proactive phone counseling (multi-session)</strong> vs. self-help or brief counseling**(^8)**</td>
<td>1.37</td>
<td>1.16 – 1.50</td>
<td>24,904</td>
<td>9</td>
</tr>
</tbody>
</table>

**Notes:**

7 FDA Approved Medications

Available OTC

Chew slowly

Chew again when the taste or tingle fades

Stop chewing when you notice a peppery taste or tingle

Park

CHANTIX™ (varenicline) TABLETS
# Combined approaches

<table>
<thead>
<tr>
<th>Study Description</th>
<th>Risk Ratio</th>
<th>95% CI</th>
<th>Sample Size</th>
<th># of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacotherapy + behavioral interventions VS. Usual care / self-help/brief advice&lt;sup&gt;8&lt;/sup&gt;</td>
<td>1.82</td>
<td>1.66 - 2.00</td>
<td>15,021</td>
<td>40</td>
</tr>
<tr>
<td>Increased behavioral support + pharmacotherapy VS. Less or no behavioral support + pharmacotherapy&lt;sup&gt;9&lt;/sup&gt;</td>
<td>1.16</td>
<td>1.09 - 1.24</td>
<td>15,506</td>
<td>38</td>
</tr>
</tbody>
</table>

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Practical Counseling

- Provide basic information
  - Addiction, not just a “habit”
  - Withdrawal
  - Meds

- Recognize high-risk situations
  - Stress, other smokers, alcohol
  - Smoking paraphernalia, availability of cigarettes
Practical Counseling (cont)

- Develop coping skills
  - Anticipate and avoid temptations & triggers
  - Cognitive & behavioral strategies for:
    - Reducing stress/negative affect
    - Coping with smoking urges
Supportive Treatment

- Encourage
  - Demonstrate your belief your patient can quit
  - Note all the available options
  - Note that ½ of all smokers have been able to quit
  - Note that you’ve helped others quit

- Communicate caring / concern
  - “How do you feel about quitting?”
  - “I’m here to help you”
  - “I know this is tough”
Supportive Treatment (cont)

- Talk about the quitting process
  - Learn why patient wants to quit
  - Learn about previous successes
  - Learn about previous difficulties (just enough to avoid them this time)
Prepare for Quit Date

- Education re: medications
- Clear out paraphernalia
- Clean the house / car / clothes
- Tell everyone!
- Disassociate smoking from common activities
  - Coffee – cigarette
  - After meal – cigarette
  - Transportation – cigarette
Treatment Goals

- Set a quit date – abrupt cessation
- Set a quit date – reduction-to-quit
- Flexible quit date

- Reduction of more than 50% is associated with increased future quit attempts

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1Hughes JR, Russ CI, Arteaga CE, & Rennard SI. Efficacy of a flexible quit date versus an a priori quit date approach to smoking cessation: a cross-study analysis. Addict Behav. 2011 Dec;36(12):1288-91.
Smoking reduction concerns

- Still need concrete goals
- No level of safe smoking
- Not proven to reduce harm
- Compensatory smoking
- Withdrawal symptoms without meds
What do we do?

- NJ QuitLine (866-NJ-STOPS)
- Mom’s Quit Connection and other providers
- Raise awareness of the importance of smoke-free outdoor air
- Facilitate the adoption of smoke-free outdoor air ordinances
Tobacco Free for a Healthy NJ

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Send me an email: marc.steinberg@rutgers.edu

Subject: nj-tobacco-control

Body of message:
I work for _________________. name <email address>
Adult smoking prevalence in U.S.