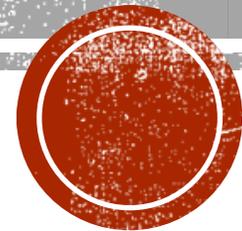


NICOTINE ADDICTION

Understanding the new nicotine and how to address this addiction in a Substance Use setting.



AGENDA

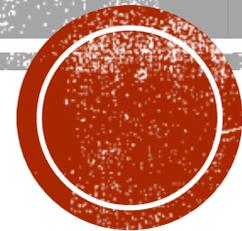
- Tobacco Products including ESD
- Nicotine Addiction
- AAR
- Policy
- Resources

AGENDA



TOBACCO PRODUCTS

The old and the new.





The Tobacco Plant



TRADITIONAL TOBACCO PRODUCTS



TWO TYPES OF NICOTINE

Free Based Nicotine



Nicotine Salts



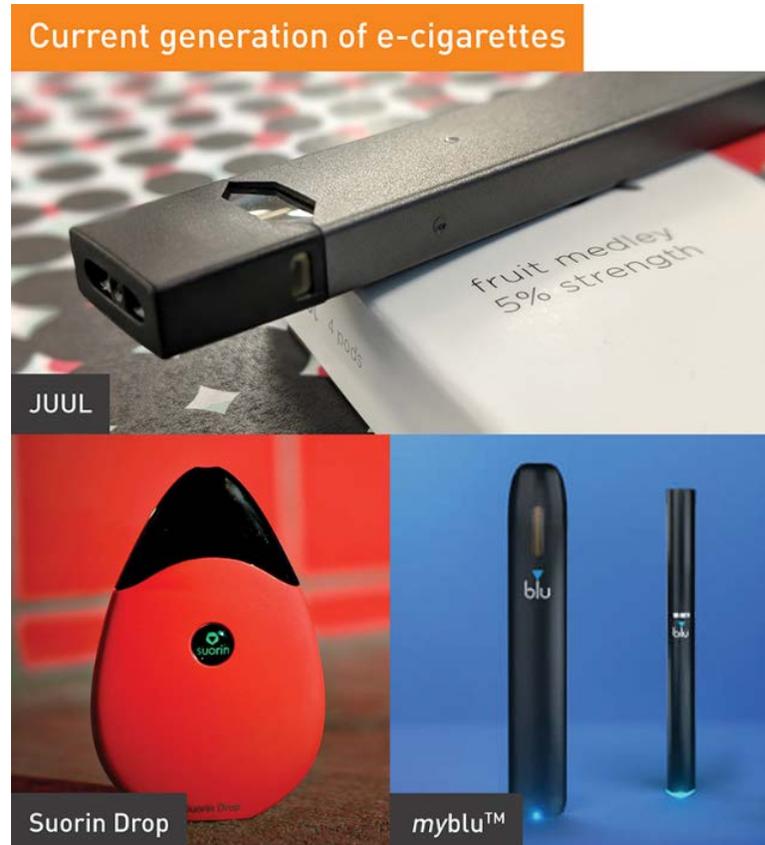
ELECTRONIC SMOKING DEVICES



THE DIFFERENT GENERATIONS OF ESD



JUUL / POD MODS



SURVEY THE AUDIENCE

- Is ESD use safer than traditional cigarette use?
 - Yes! They are safer.
 - No! They are harmful and should not be used.
 - Not sure. Need more information.

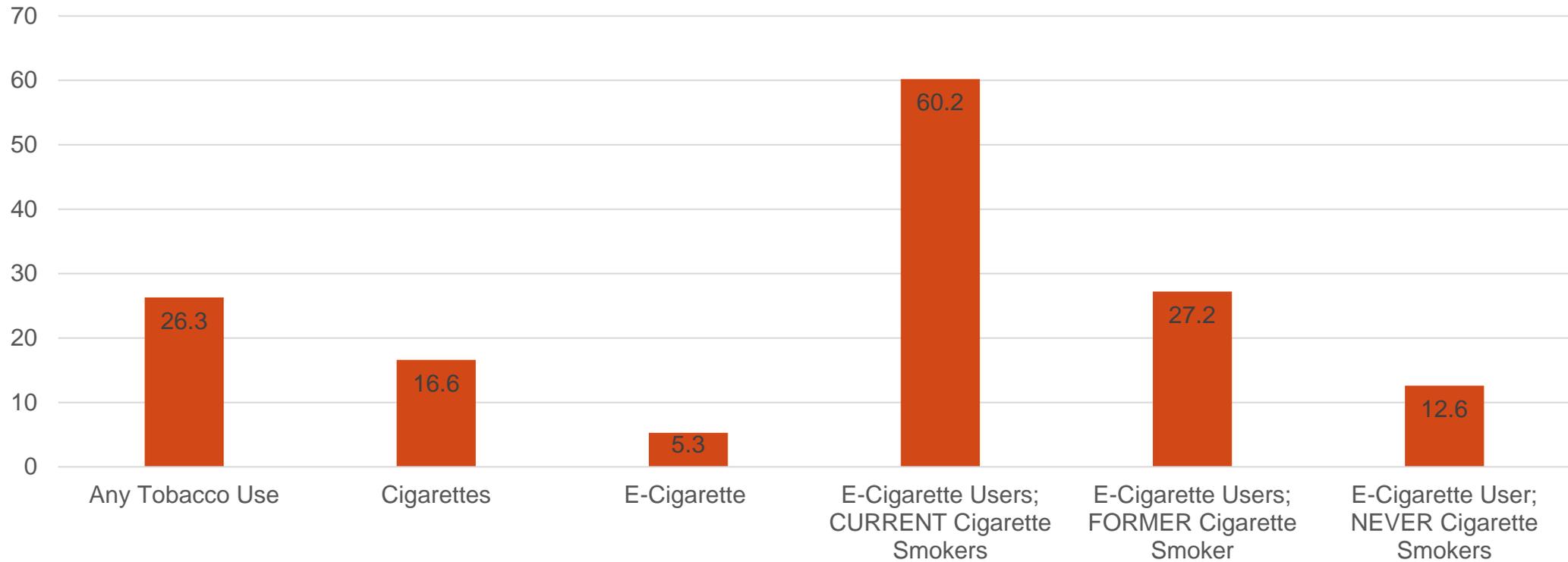


STRENGTH OF A PACK

		Amount	Equivalent
1 pack cigarettes		20 cigarettes (contains 8mg per cigarette, but only inhale 1mg)	
1 JUUL pod		0.7mL pod "5% nicotine by volume"	
1 PHIX pod		1.5 mL pod "5% nicotine by volume"	 
1 Sourin pod		2 mL cartridge "5.4% nicotine by volume"	  



IOWA ADULT USE RATES



NICOTINE ADDICTION



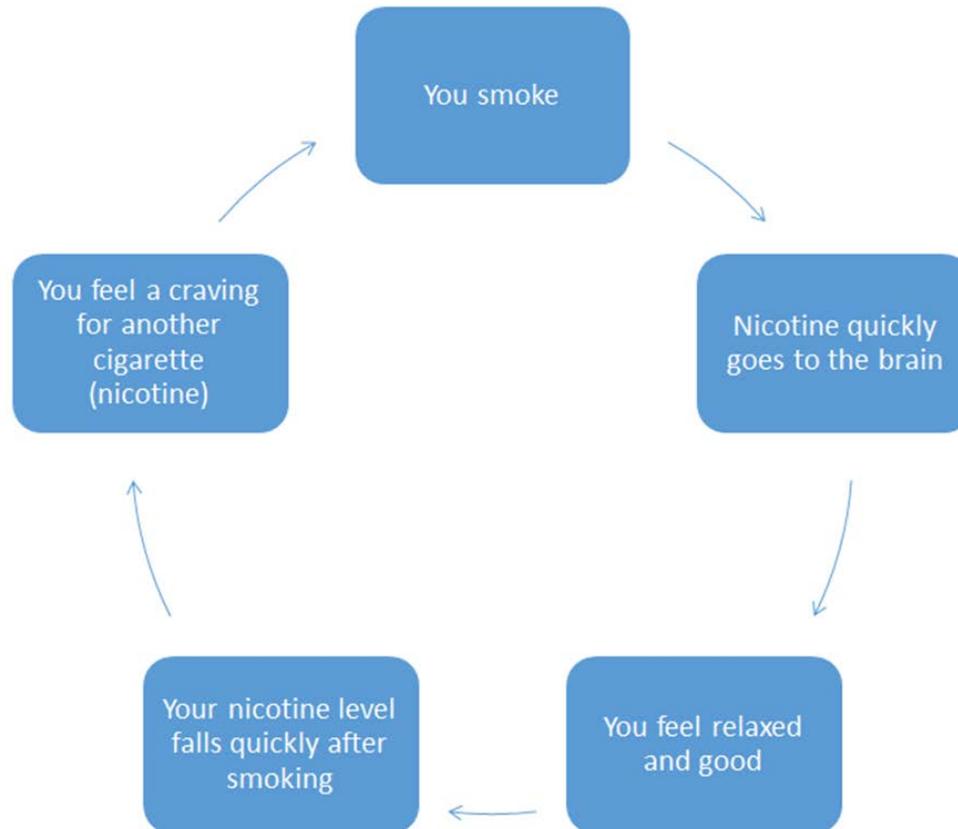
NICOTINE ADDICTION



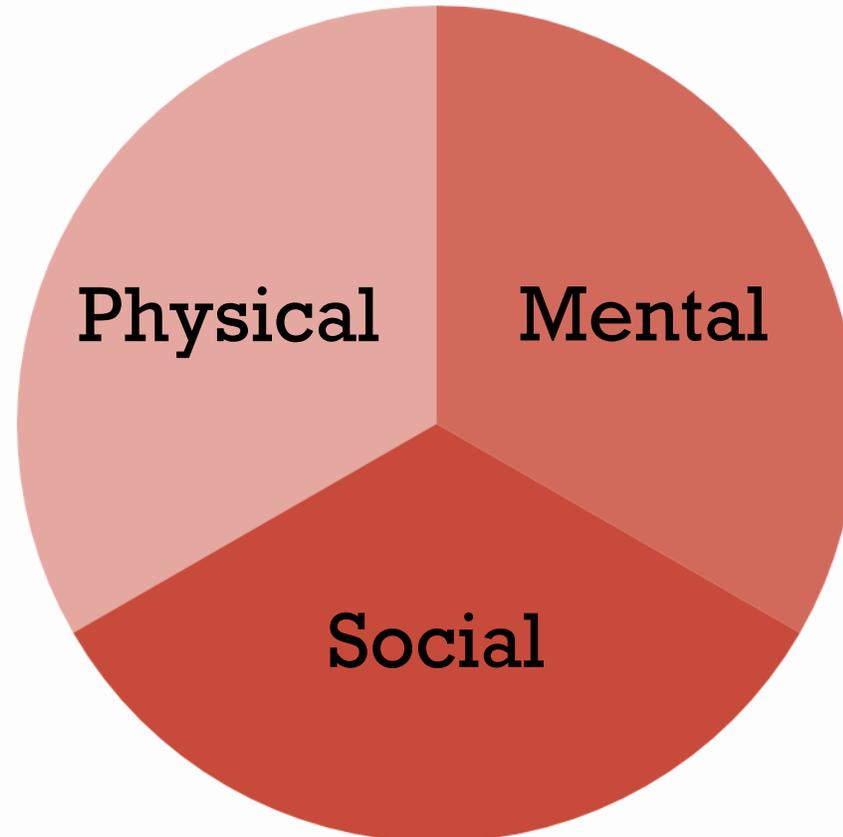
**Nicotine reaches the
brain in just 10 seconds!**



CYCLE OF NICOTINE ADDICTION



3 LINK CHAIN OF ADDICTION



STAGES OF CHANGE – NICOTINE ADDICTION



Precontemplation:

People in this stage or not thinking seriously about changing and tend to defend their tobacco use.



Contemplation:

People in this stage are able to consider the possibility of quitting but may feel unsure on the next step.



Preparation:

Have usually made a recent attempt to change behavior, seeing the cons of using and the pros of quitting. Taking small steps to change behavior.



Action:

Actively involved in taking steps to change their behavior.



Maintenance:

Able to successfully avoid and temptations, can anticipate and handle cravings and coping well. May have a slip.



RECOVERY FROM NICOTINE DEPENDENCE

- Nicotine Dependence is a chronic, relapsing disorder.
- Recovery from Nicotine Dependence is a process not a one time event.
- Education!
- Coping and Problem Solving Skills.
- Environment.



BENEFITS OF QUITTING

Long-term and short-term benefits to quitting smoking

After quitting for:

20 minutes

An individual's heart and blood pressure decrease.

2-3 weeks

Circulation and lung functionality improve.

1 year

The risk of coronary heart disease and heart attack is reduced.

10 years

The risk of mortality from lung cancer is 50% less likely compared with a current smoker's risk. Pancreas and larynx cancer risks are also decreased.

12 hours

The body's carbon monoxide levels return to healthy levels.

1-9 months

Lungs continue to improve and heal, reducing coughing and shortness of breath.

5 years

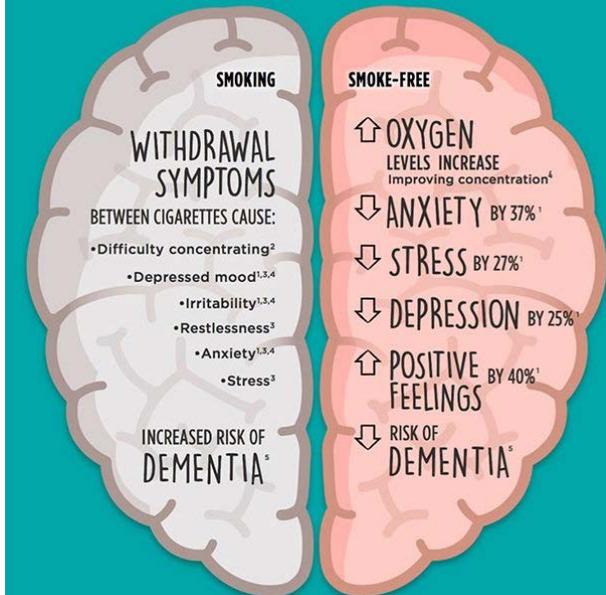
The risk of mouth, throat, esophagus and bladder cancer are decreased by half. The risk of cervical cancer and stroke decline to that of a nonsmoker.

15 years

The risk of coronary disease equates to that of a nonsmoker's.

Quit smoking and improve your mental health

The effects of smoking are not limited to your lungs; smoking also affects your brain.¹



COMMON CONCERNS



Should people really quit every substance at once, including nicotine?

- Nicotine is a highly addictive drug.
- Recovery from all substances.

People seek treatment in times of crisis. These are times that they most need to smoke.

- First priority is to address the crisis.
- Start developing healthy coping skills immediately.

Nicotine / Tobacco Use is a personal choice and I am not hurting anyone.

- Second and Third Hand Smoke.
- Hazardous to health.



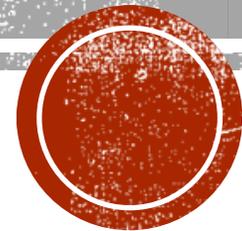
SURVEY THE AUDIENCE

- What are some other roadblocks that you might run up against?



TOBACCO CESSATION

Using the AAR approach to helping your clients quit tobacco.



Help your clients live healthier lives

- Tobacco is the leading preventable cause of illness & death for people living in Iowa
 - 5,100 adults die each year from their own smoking.
 - 55,000 children and youth under age 18 will die prematurely from smoking.



People Want to Quit

- According to a 2015 survey, about 70 percent of current adult smokers wanted to quit
- Over 50% of current smokers in Iowa have attempted to quit
- Common motivators to quit:
 - personal health
 - children
 - social stigma
 - financial



People Can Quit!

- Counseling, Medication and a personalized Quit Plan help
- Tobacco users who receive effective treatment are 2 - 3 times more likely to quit and remain quit.
- Addressing tobacco dependence during treatment for other substances is associated with a 25% increase in long-term abstinence rates from alcohol and other substances



SAMSHA

Exhibit 1. Clinical Policies and Practices for Tobacco Use Cessation

Policies for Client Care	Practices
Screen all clients for tobacco use and provide strategies if they are ready to quit.	Ask about tobacco use at intake and in subsequent visits. Include tobacco use cessation in treatment planning.
Document tobacco use and cessation attempts in the clinical record.	Revise clinical forms to report client tobacco use and tobacco use cessation approaches available in the program or available through referral. Record tobacco use and attempts to quit in all charting from intake through discharge and continuing care.
Address tobacco use cessation in educational sessions.	Educate clients on the health dangers of smoking and about approaches to quitting (i.e., quitlines, medications, and counseling).



Help people Quit with Quitline Iowa

- Free to all people living in Iowa
- 24 hours a day, 7 days a week
 - 1 on 1 counseling with a Quit coach
 - support and advice on cessation medications
 - tools on how to overcome urges
 - individualized tailored quit plans



TOBACCO

QUITLINE IOWA

1 800 QUIT NOW | 1 800 784 8669

Iowa Department of Public Health



Why a Tobacco Quit Line?

- **We know it works:**
 - Quitline Iowa significantly increases quit rates compared to minimal or no counseling
 - Quitline Iowa and medication significantly increase quit rates compared to use of medication alone
- **It fits the need:**
 - Quitline Iowa increases a caller's change of quitting
 - Quitline Iowa offers a variety of services according to their individual need



Why a Tobacco Quit Line?

- **It's easy to access:**
 - 1-800-QUITNOW www.quitlineiowa.org
- **It's available when people need it:**
 - You can sign up and talk with a live counselor 24 hours a day, 7 days a week
 - Unlimited access to the web program

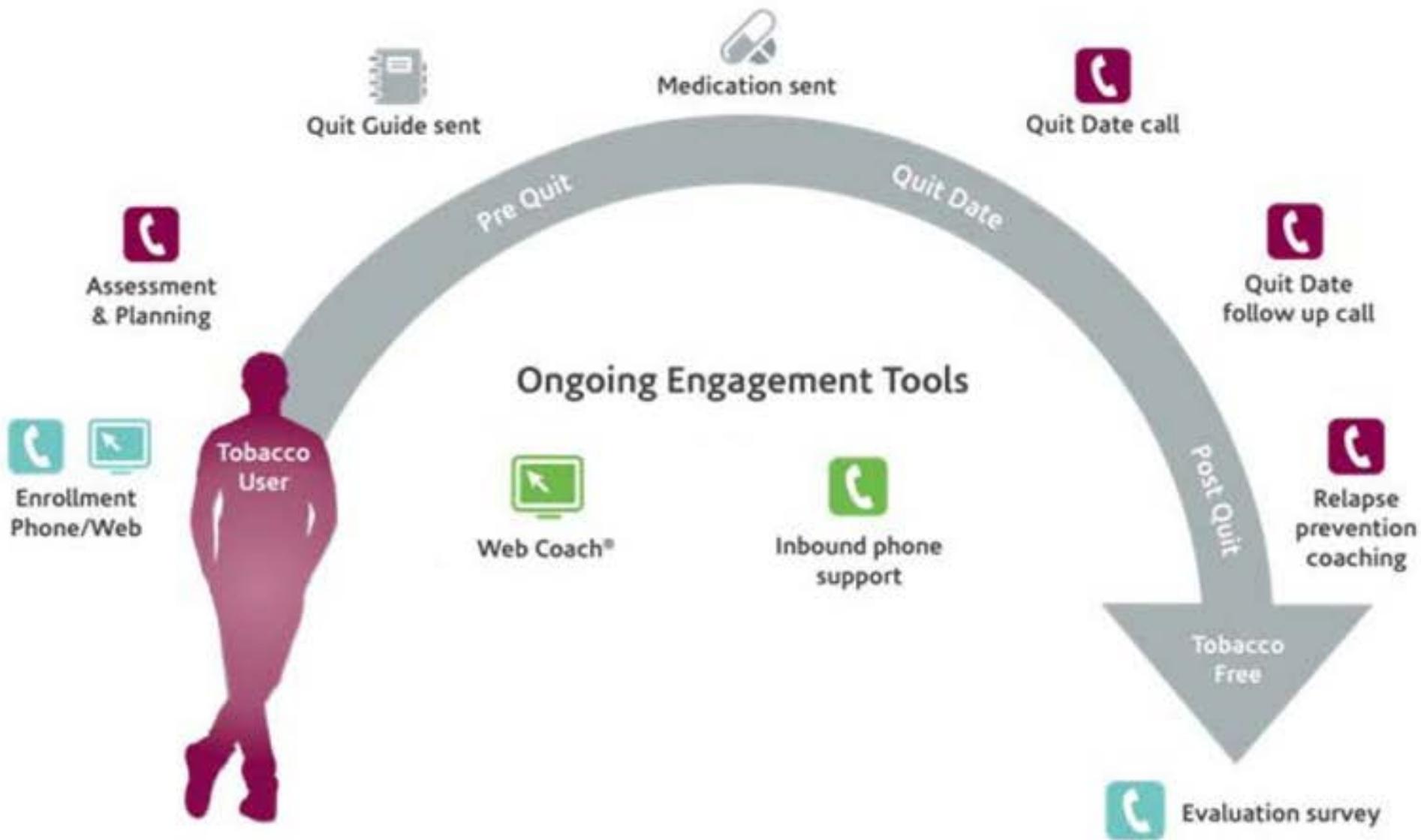


What does Quitline Iowa do?

Provides free counseling and medication to help people quit.

- Counseling available to all people living in Iowa regardless of income or insurances status
- Staffed by real people, who are friendly and non-judgemental
- Counseling available over the phone or online
- Coaching is available in 170+ languages





Referring to Quitline Iowa

- **Fax Referrals:**

- Simple form
- Download on our website and fill out with patient
- Fax or mail to Quitline Iowa

Quitline Iowa calls the clients directly and asks if they would like to enroll in services. If they accept, they begin counseling immediately.

Download the fax referral form and FAQ's online at

<https://www.quitlineiowa.org/en-US/Just-Looking/Health-Professional/How-to-Refer-Patients>



Ask, Advise, Refer Model

- What is the brief tobacco intervention?
 - An approach to address tobacco use with your clients and to dramatically increase the likelihood that they will quit tobacco
 - It is effective in all types of healthcare settings

Considered by the U.S. Dept. of Health & Human Services' Best Practice Guideline to be the benchmark standard of care for tobacco cessation



Steps to Success

1

ASK

every patient at every visit if they use tobacco.

2

ADVISE

every tobacco user to quit.

3

REFER

patients who use tobacco to Quitline Iowa for help.



ASK

- **Ask every client about tobacco use at every visit**
 - Anyone can ask during intake or counseling during anytime
- **Tips:**
 - ask if client uses tobacco rather than asking if they smoke
 - ask what kind of tobacco product and how often
 - document the status



ADVISE

- Advise all tobacco users to quit
 - The primary provider should be the one advising the client to quit
- Tips:
 - give strong, respectful and personalized messages to get help quitting
 - help make the connection between tobacco use and the client's health
 - explain the benefits of quitting
 - advise those who have tried quitting and failed to try again



REFER

- Refer those ready to quit to Quitline Iowa
 - Anyone can complete the referral
 - Once received by Quitline a quit coach will place a proactive call
 - can be helpful for those who may not want to reach out on their own

Congratulations on your decision to quit tobacco. May I refer you to QUITLINE IOWA? They will provide you with support, help you create a quit plan, & help you overcome urges.



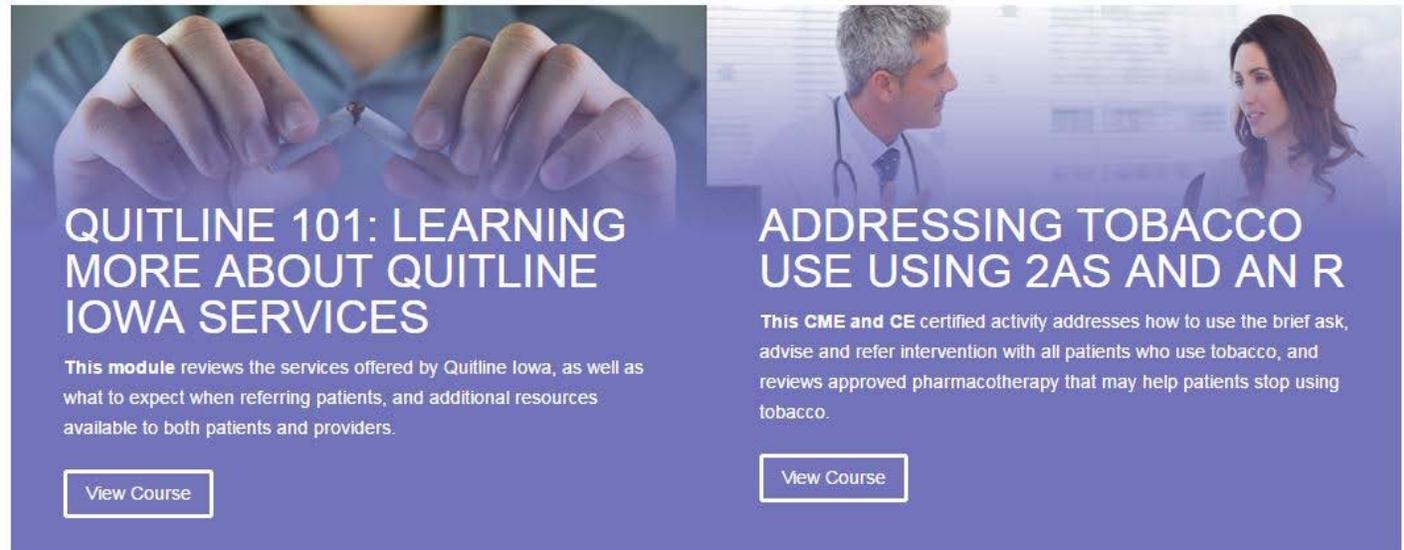
2A's & R Online Training

- Receive CEU's for completing the online training, which is free and can be done anywhere

Register at:

<https://quitlogixeducation.org/iowa/>

FEATURED COURSES



QUITLINE 101: LEARNING MORE ABOUT QUITLINE IOWA SERVICES

This module reviews the services offered by Quitline Iowa, as well as what to expect when referring patients, and additional resources available to both patients and providers.

[View Course](#)

ADDRESSING TOBACCO USE USING 2AS AND AN R

This CME and CE certified activity addresses how to use the brief ask, advise and refer intervention with all patients who use tobacco, and reviews approved pharmacotherapy that may help patients stop using tobacco.

[View Course](#)



Free Resources

- IDPH has resources available to order for free
 - materials come in english and spanish
- Download the order form here:
 - <http://idph.iowa.gov/tupac/control>



Quitting is Not the End.
It's the Beginning.

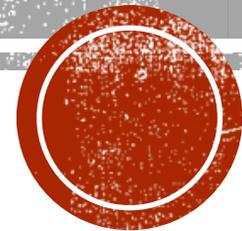
1.800.QUIT.NOW
(1.800.784.8669)
www.quitlineiowa.org

 **QUITLINE IOWA**
1.800 QUIT NOW | 1.800 784 8669



POLICY

Does your facility have a policy?

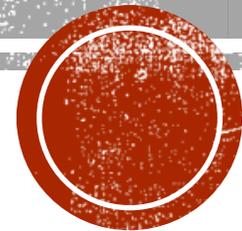


Tobacco Free Policies

- It's easy to develop a policy and to enforce it
- Tobacco free environments are one of the most important steps in facilitating healthy patients and staff



RESOURCES



CO Testing

- CO2 screening as a best practice that is a requirement in Promoting the Integration of Primary and Behavioral Health Care grant because screening helps to identify progress with tobacco cessation and provides a physical measurement that clients are able to see as a progress marker.
 - According to the PIPBHC RFP under **PIPBHC Specific Health Outcomes**
 - Breath CO (carbon monoxide) should be tested semi-annually
 - Breath CO Ppm
 - Normal *1-6*
 - Light smoker *7-10*
 - Heavy smoker *10+*
 - These numbers are generally shown using the Breathalyzer, which help clients see and track their progress in tobacco cessation and reduction
- https://www.integration.samhsa.gov/pbhci-learning-community/smokerlyzer_guide.pdf



Resources

- <https://quitlogixeducation.org/iowa/>
- <http://idph.iowa.gov/tupac/control>
- https://www.integration.samhsa.gov/pbhci-learning-community/smokerlyzer_guide.pdf
- <https://www.quitlineiowa.org/en-US/Just-Looking/Health-Professional/How-to-Refer-Patients>
- <https://store.samhsa.gov/system/files/small-4636admin.pdf>
- <https://www.drugabuse.gov>
- <https://www.cdc.gov/tobacco/disparities/mental-illness-substance-use/>



Questions?

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