Smoking Cessation Leadership Center

UCSF

University of California San Francisco

SCLC presents:

Nicotine Cessation Across Disciplines, A Team Approach, co-hosted by AARC
Wednesday, September 25, 2019 2:00 pm EDT (60 minutes)

Speaker's Responses:

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Q: On the slide, 'the ask' you mentioned not to use fear-based tactics like the poor health outcomes from tobacco use. However, some research suggests that the use of the dangers can be an effective motivating agent for quitting. For example, that is one of the reasons behind using graphic images on tobacco product packaging in other parts of the world. Given this, how would you determine when it is appropriate to share information on poor health outcomes of continued use vs. positive health outcomes of quitting?

A: Presenting the dangers of using nicotine can be effective in assisting in quitting, however, when you use it can be damning. It is imperative that these tactics aren't the only thing being used and that they are not used because a person isn't ready. Using these tactics while patients/clients are in pre-contemplation mode may not prove to be helpful. In fact, it may even hinder the person or become a trigger for smoking.

Q: Is there a resource that outlines the levels of nicotine in ENDS products?

A: Unfortunately, there is not currently a resource created by CDC, FDA or any other government entity as of yet. The easiest way to remember is that nicotine content is based on 0.7-1ml/mg. You can look at the bottle or box that it comes in, but we'll never know truly until the manufacturers are hit with mandates.

Q: How can we help the youth in their schools to quit smoking?

A: I believe the best way to help them quit is empowering them with information. Especially regarding addiction as they are likely not aware about addiction besides what they hear about illegal substances.
Peer-to-peer education works well also. I would ask for volunteers to create a youth coalition/group to provide education to fellow classmates.

Q: Some people alternate between smoking and alcohol they stop smoking and pick up drinking alcohol. How do we approach this issue?

A: This is true! Co-occurring disorders are a real and should be treated the same way substance abuse disorders are treated.
There is a myth that while someone attempting cessation of alcohol or illegal substances, they should not be forced or encouraged to quit using nicotine as well.

Both alcohol and nicotine thrive in the dopamine center making both dangerous to the other one when quitting. Provide interested parties education and encouragement in both realms of addiction is the best we can do unless the party affected is in the action stage of change and working with behavioral health professionals.

Q: Is your team within the pulmonary rehab unit?

A: My Nicotine Cessation Team and COPD team are part of the respiratory department.
We work in conjunction with pulmonary rehab with or COPD program.
Our pulmonary rehab unit is separate from the hospital and a part of Lifestyle Medicine.
There are two, non-respiratory therapists clinicians that assist with nicotine dependence and cessation.

Q: Please repeat the equivalent nicotine levels to liquid NL.

A: Juul offers two levels of pods. The 3% pod is equivalent to 23mg of nicotine while the 5% pod is equivalent to 40mg of nicotine.
For context, a pack of Marlboro reds has approximately 20mg of nicotine.
E-liquids that are used are based on milligram per milliliter.
If you see a bottle that says 30mg, know that it is 30mg/ml and not 30mg per bottle.

Q: Can you talk more about use of NRTs with people vaping nicotine. You mentioned using 2 20 mg patches in addition to gum. Is there any concern about giving someone so much nicotine replacement?

A: There is not a concern with giving them so much nicotine as 2 21mg patches offers them 42 mg over a 24-hour period.
If a person smokes 2 packs of cigarettes a day, that is approximately 40mg of nicotine in a 16 hour window.
When using ENDS a person can use 350mg+ per day depending on what they use and how they inhale.
I haven't encountered a physician yet with this concern due to the large levels of nicotine the person has normalized in their body.

Q: Are there any different methods we should use to help people who use vape products quit as opposed to the methods we use to help people quit traditional tobacco?

A: Not evidenced-based yet specifically involving ENDS.
However, motivational interviewing and implementing tactics based on their stage of change is grossly researched and used in addiction of more than just nicotinic products.

Q: Have you seen use of nicotine-laced toothpicks by youth as a stealth nicotine delivery system?

A: I have not heard of this practice....yet.

Q: Nice! We need that protocol! I see inpatients every day. Are there exclusion criteria for ordering the patch included in your protocol? (Recent MI or stroke, etc.)

A: Yes! Some of our physicians stray away for initiating or protocol on people who are pregnant and post any sort of cardiac surgery due to vasoconstriction.
However, there are some physician that will order are protocol to increase the likelihood of cessation post hospital stay.

Q: Is it a good idea to use vaping to decrease cigarette smoking?

A: No. There is no-evidenced based research that says encouraging ENDS use is appropriate to decrease cessation.
Often times the person using becomes a dual user of both or switches completely to ENDS with a higher nicotine content.

Q: Why are we claiming illness are related to nicotine rather than tobacco?

A: Nicotine is an addictive substance found in tobacco leaves.
The addiction to nicotine is what causes people to smoke tobacco.
People with addictions are not addicted to the tobacco leaf.
They are addicted to what the tobacco leaf can provide.
The addiction is to nicotine.
That is why ENDS use is so popular. People who switch to ENDS are simply switching nicotine interfaces.

Q: Does anyone know of any standing orders that would work for dosing people who vape?

A: Unfortunately, I do not.

Q: How do deal with lack of motivation with quitting?

A: I meet them where they are. If they are not ready, we have to be ok with that.
Encourage them to ask for help when they are ready and remind them that they can quit at any time.
Research a motivation method called the 5R's.
It is popular among lots of clinicians that work in cessation.
Be careful how you use it and be sure that the person is open to hearing you before you begin.

Q: What are mg comparisons with vaping vs traditional cigs?

A: Juul offers to levels of pods. The 3% pod is equivalent to 23mg of nicotine while the 5% pod is equivalent to 40mg of nicotine.
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Q: Knowing the targeting of different populations from Big Tobacco, I am curious if you discuss that with patients as a way to educate them about the bias or is it better advised to avoid it in the discussion?

A: I do talk to patients about that if it comes up in the conversation or if we have built a great rapport.
When I do, it make the patients angry at big tobacco and they have a sort of realization and some have said that it helped them quit.....because they felt they were taken advantage of.
Either way, it was enlightening and likely left an impact!