

Tobacco Use Treatment & Coaching

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Disclosures

No disclosures





Our Team

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Maryland Tobacco Control Resource Center

- Billing
- Fax to Assist
- •Behavioral Health personnel
- Health care trainees
- Public health
- Others

Resource Center

MARYLAN

Training for Behavioral and Somatic

Annual
Best
Practices
Conference

- Increase referrals to resources-Quitline, national resources
- Referrals to treatment
- New developments in Tobacco/Nicotine
- Sharing success stories

- Addressing Barriers to Tobacco/nicotine Cessation
- Supporting electronic linkages to resources
- Provide assistance Based on request

Technical Assistance

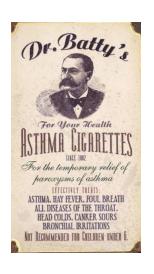
Public Health-Academic Partnership

•Bringing the academic resources to bear in the partnership to identify and address Tobacco/Nicotine use in the community



History of Tobacco Advertising









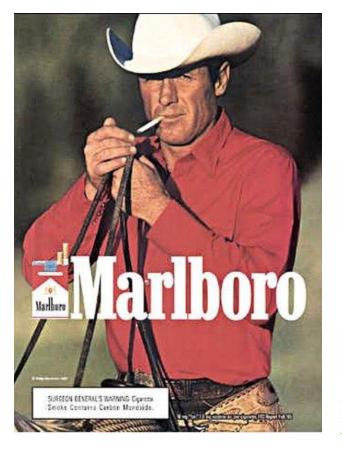




SRITA - Stanford Research into the Impact of Tobacco Advertising. (n.d.). Stanford Research Into the Impact of Tobacco Advertising. https://tobacco.stanford.edu/



Robert Norris The Marlboro Man Who Never Smoked





Spencer, D. (2024, January 2). The Peculiar Truth about the Marlboro Man - The Peculiar Truth - Medium. *Medium*.

 $\frac{https://medium.com/the-peculiar-truth/the-peculiar-truth-about-the-marlboro-man-69861cf7a56b}{marlboro-man-69861cf7a56b}$









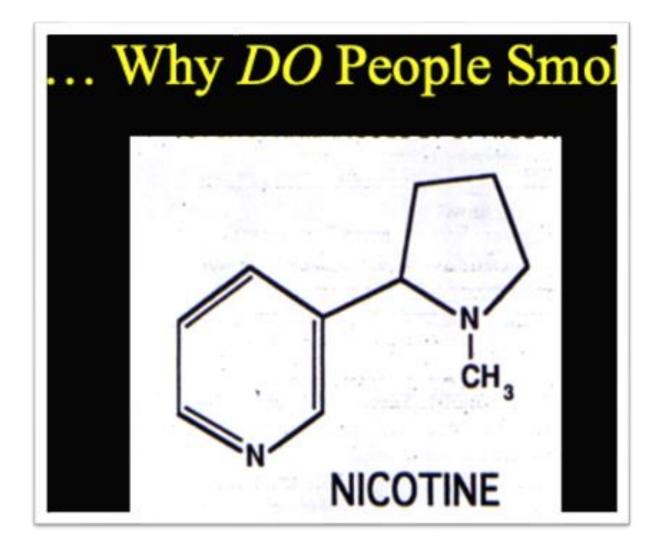
Smok Vapes. (n.d.). https://technofaq.org/wpcontent/uploads/2020/03/smok x-priv kit 2 -2.jpeg

SRITA - Stanford Research into the Impact of Tobacco Advertising. (n.d.). Stanford Research Into the Impact of Tobacco Advertising. https://tobacco.stanford.edu/





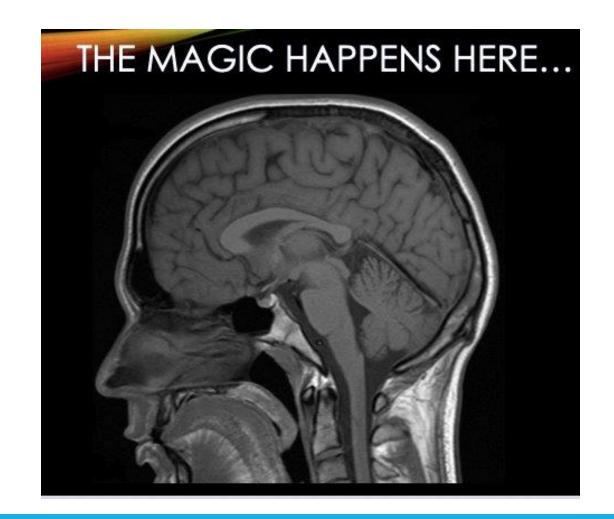


















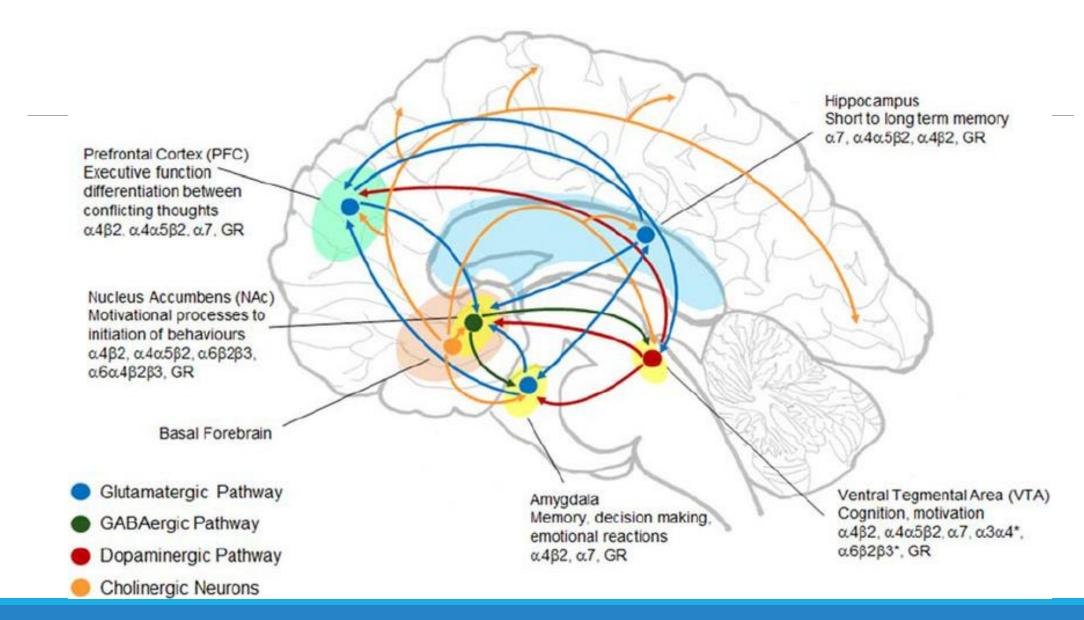
UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

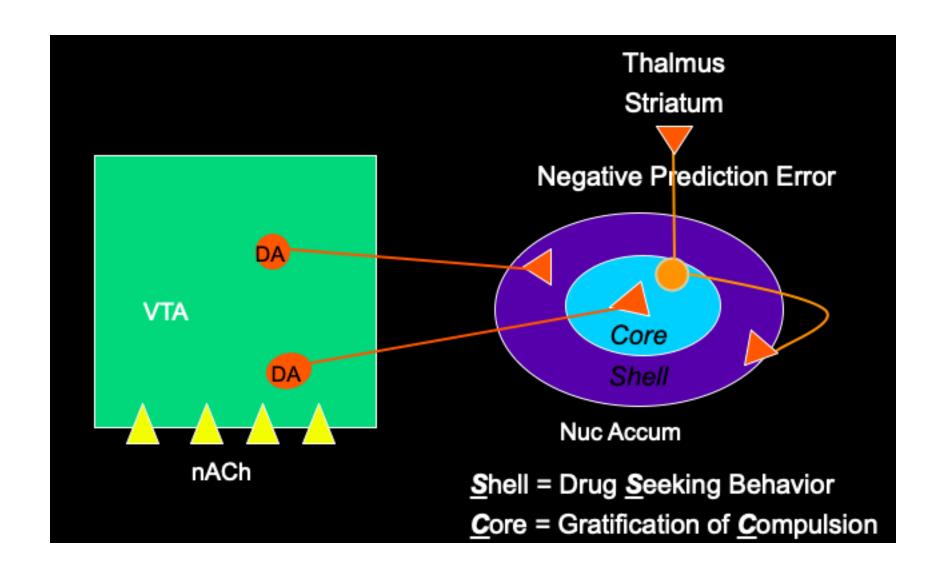
The Nature of Nicotine's Special Effect on the Brain

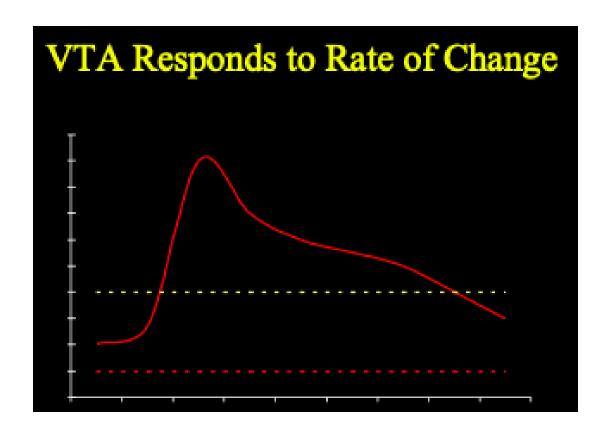
- Hijacking Survival Instincts
- Creating compulsion: The strong connections between environment and behavior
- The Connection to Emotion
- •Cigarettes and vapes as highly engineered nicotine delivery devices
- Smoking/vaping addiction is a chronic disease

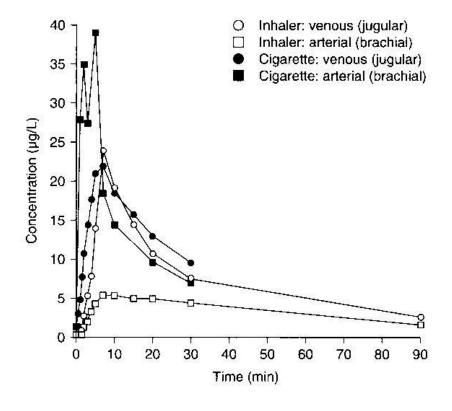


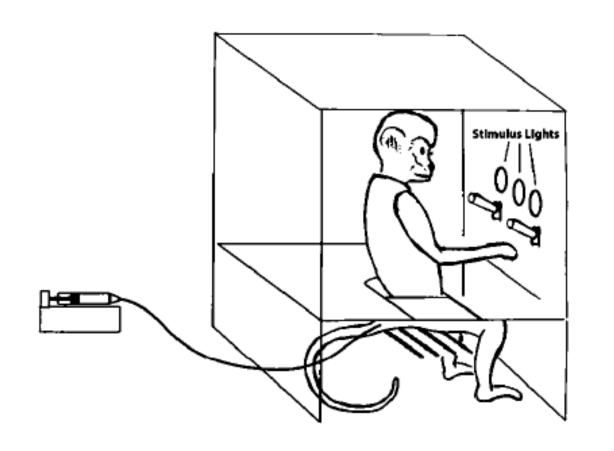
Clin Pulm Med. 2012 March 1; 19(2): 53–61. doi:10.1097/CPM.0b013e318247cada.

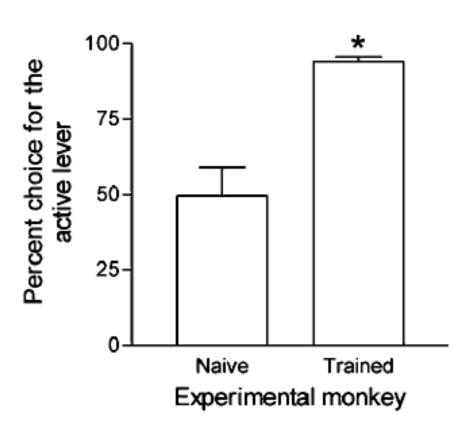


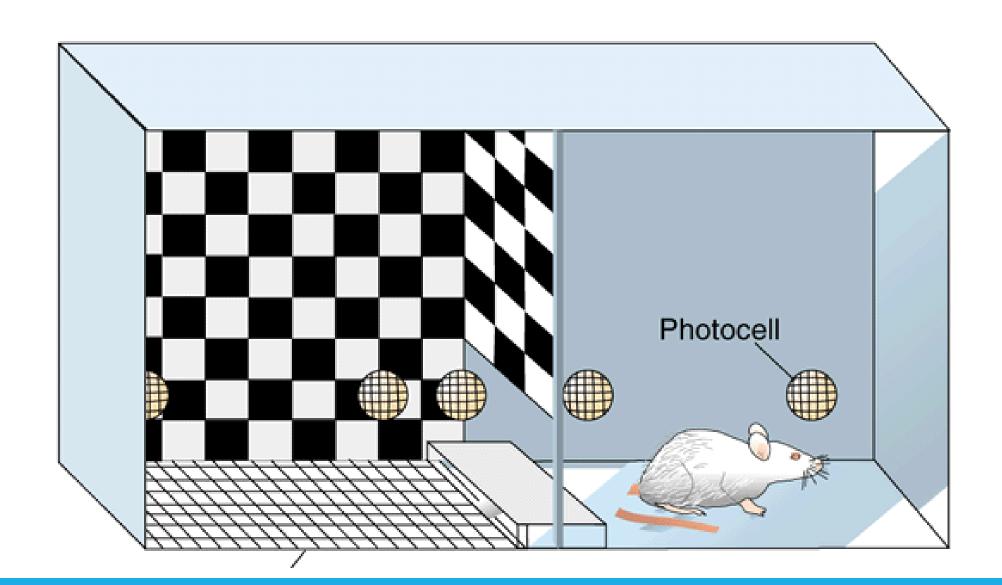










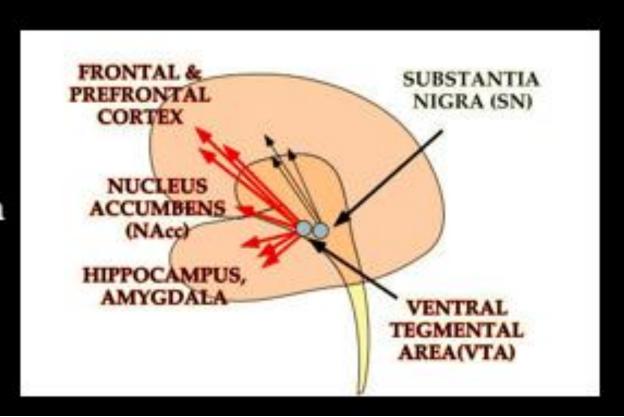


Mesolimbic Dopaminergic system

Emotion

Motivation

Memory



Added chemicals expand the lungs' airways, making it easier for tobacco smoke to pass into the lungs.

Increased Nicotine

Tobacco companies control the delivery and amount of nicotine to ensure addiction

Menthol

Menthol cools and numbs the throat to reduce irritation and make smoke feel smoother.

Ventilated Filters

Ventilation holes in the filters cause smokers to inhale more vigorously, drawing carcinogens more deeply into the lungs.

Sugars and Acetaldehyde

Added sugars make tobacco smoke easier to inhale and form acetaldehyde, which enhances nicotine's addictive effects.

Added flavors like liquorice and chocolate mask the harshness of smoke and make products more appealing to new users, especially kids.

Tobacco-specific Nitrosamines

American-style cigarettes are made with blended tobacco that has much higher levels of cancer-causing nitrosamines.

Ammonia Compounds

Adding ammonia compounds increases the speed with which nicotine hits the brain.



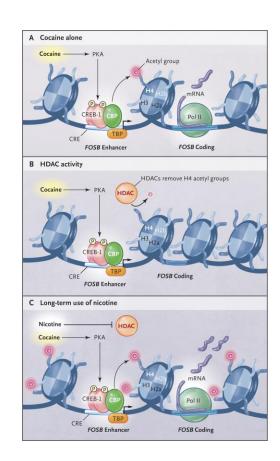
Levulinic Acid

Added organic acid salts reduce

Long term changes

Increased neuronal arborization
Increased density of nicotinic receptors
Increased sensitivity of receptor ion channels
Changes gene expression

- Neuronal protein synthesis increases
- Neurotransmitter synthesis increases





Treatments

1-2 controller medications

- Chantix/varenicline
- Wellbutrin/bupropion
- Nicotine patch

1 rescue medication

- Nicotine inhaler
- Nicotine lozenge
- Nicotine gum
- Nicotine nasal spray







How do you choose?

Optimal controller medication: varenicline + nicotine reliever medication



Potential
modification: If
patient has a high
FTND (7-9), start
combination
therapy of
varenicline with
nicotine patch



Patient-related modification: If patient does not wish to use varenicline, then use bupropion + nicotine patch + nicotine reliever medication



Patient related modification: If patient does not wish to use either varenicline or bupropion (not encouraged), use nicotine patch + nicotine reliver medication



Medications

CONTROLLER-

- Nicotine patch 7 mg, 14 mg,
 21 mg Always use 21 mg
 unless patient intolerance
- Wellbutrin-Bupropion 150 mg SR
- Varnecline-Chantix 0.5 mg- 1 mg

RELEIVER

- Nicotine gum 2: mg, 4 mg
- Nicotine lozenge: 2 mg, 4 mg
- Nicotine nasal spray 10 mg
- Nicotine inhaler 10 mg

Nicotine replacement Therapy(NRT)

Why isn't there a nicotine pill?-undergoes first pass metabolism hence need a toxic amount for it to work

Patch

Gum-DON'T CHEW IT

Lozenge-DON'T SUCK ON IT

Nasal spray

Oral inhaler







Bupropion Sustained Release

Wellbutrin tablet twice a day after 150 mg daily for 3 days

Average Seizure rate is still

less than the 1:1000

Re-uptake inhibitor of dopamine and/or norepinephrine; unclear in smoking cessation

BUPROPION SR

Zyban¹, Generic

Rx

150 mg sustained-release tablet

- Concomitant therapy with medications/ conditions known to lower the seizure threshold
- Hepatic impairment
- · Pregnancy3 and breastfeeding
- Adolescents (<18 years)
- Treatment-emergent neuropsychiatric symptoms⁴

BOXED WARNING REMOVED 12/2016

CONTRAINDICATIONS:

- · Seizure disorder
- Concomitant bupropion (e.g., Wellbutrin) therapy
- Current or prior diagnosis of bulimia or anorexia nervosa
- Simultaneous abrupt discontinuation of alcohol or sedatives/benzodiazepines
- MA0 inhibitors in preceding 14 days; concurrent use of reversible MA0 inhibitors

Varenicline/APO-VARENICLINE

Starting pack and continuing pack-when it was Chantix

Safe to take for 6 months

Worst side effect nausea need to take with food

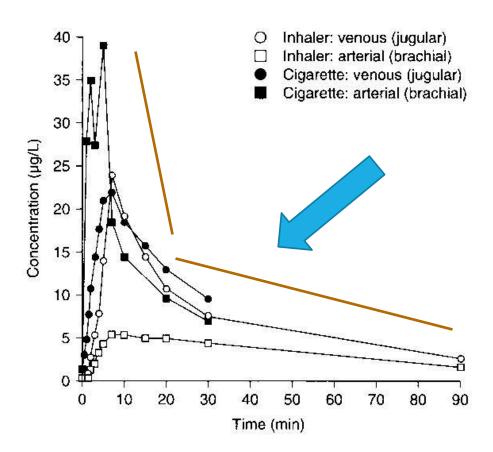
It causes sustained increase in chemical levels, which provides relief from nicotine cravin and withdrawal symptoms that are caused by low levels of chemical during stopping attempts

VARENICLINE

Chantix² Rx 0.5 mg, 1 mg tablet

- Severe renal impairment (dosage adjustment is necessary)
- Pregnancy³
 and breastfeeding
- Adolescents (<18 years)
- Treatment-emergent neuropsychiatric symptoms⁴

BOXED WARNING REMOVED 12/2016



Eur J Clin Pharm 2000; 55:737-41.

- Baseline nicotine levels produced by smoking are higher than patch
- Arterial levels of nicotine are 6-10x higher in smokers than patch / gum
- Because of rapid delivery in smoking,
 CV effects are greater with cigs than
 NRT)
- Pts using NRT who continue to smoke reproduce their baseline nicotine levels, not higher





Myths

Quit dates

Willpower

Victimization

Don't smoke with NRT

Shaming helps

COVID-19 Mythbusting: Facts vs. Fiction | Mercy Health Blog. (n.d.). Bing. https://sl.bing.net/flFblFnegOO



RYLAND NE

Coaching

- Education reinforcement
- Patients may not have other support systems
- Motivational interviewing to empower patient
- •Coaching helps patients with:
 - Insurance barriers
 - Managing side effects
 - Addressing triggers
 - Adhering to the treatment plan













Motivational interviewing. (n.d.). Academy of Neurologic Physical Therapy. https://www.neuropt.org/practice-resources/health-promotion-and-wellness/clinician-resources-and-tools/motivational-interviewing



Craving Management



TAKE THE MEDS



DELAY AND DISTRACT



MOVE YOUR BODY

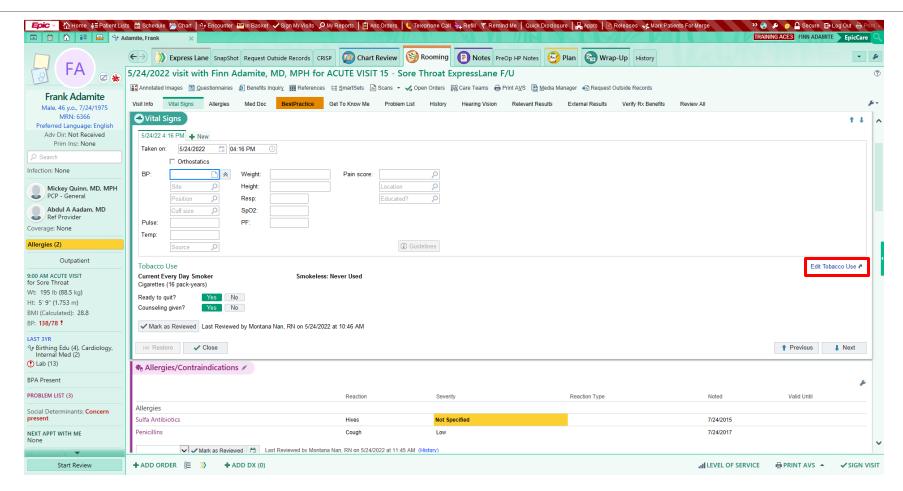


STAY BUSY!





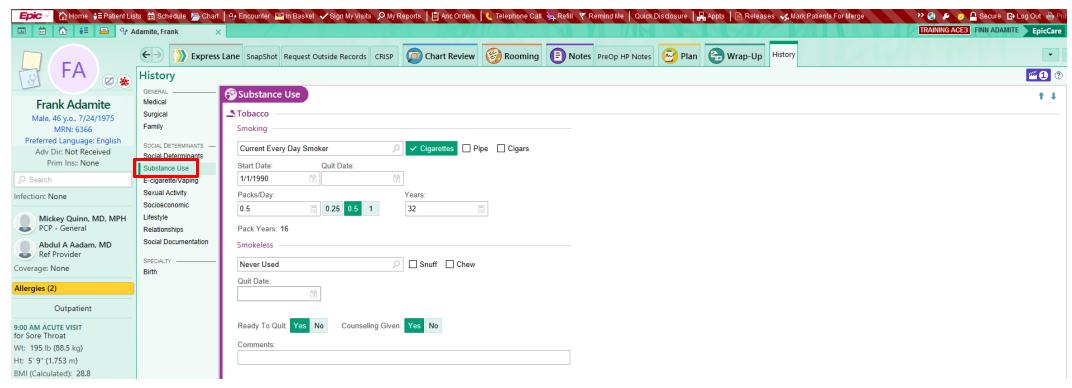
Epic Tools at UMMS







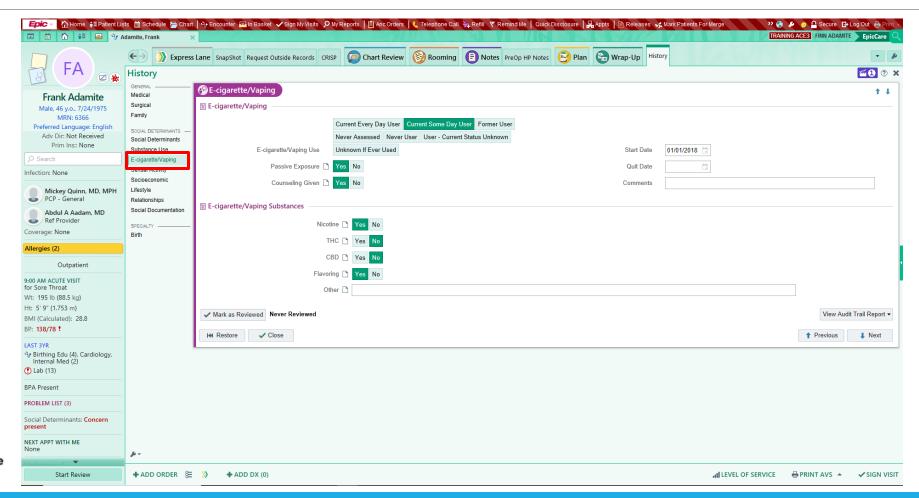
1. Document tobacco history







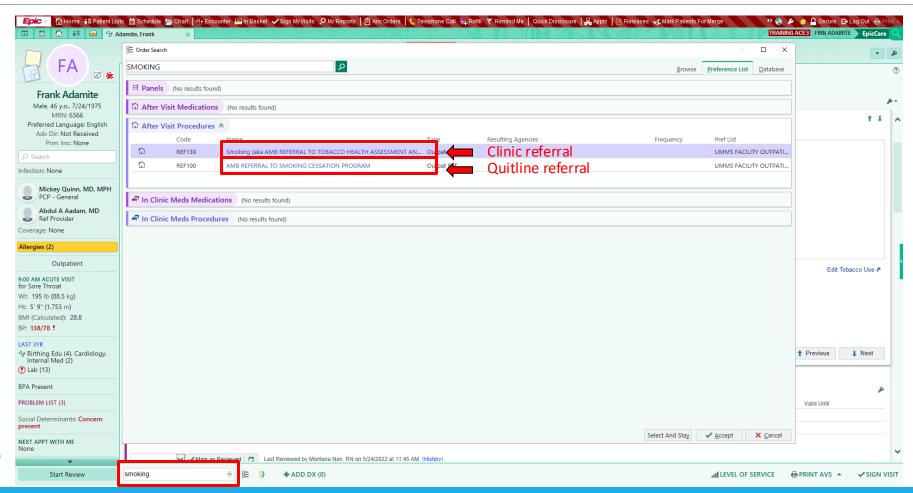
2. Document vaping history







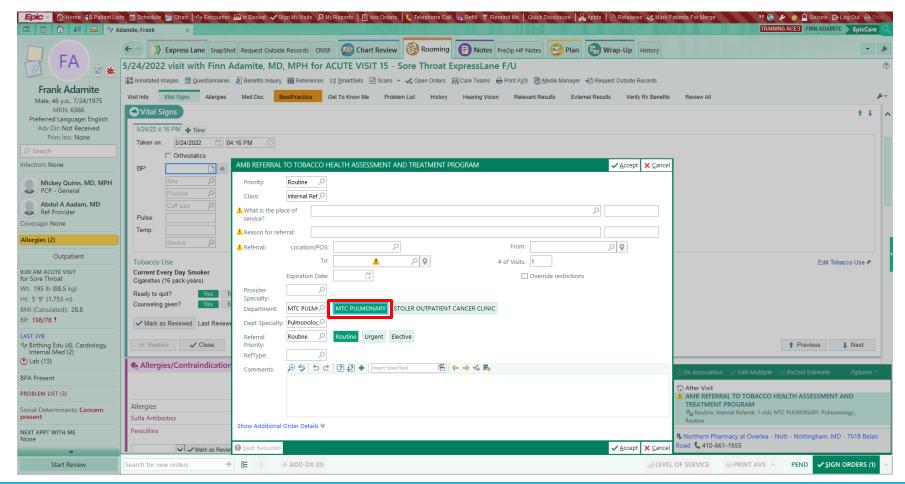
3. Type "smoking" into order box







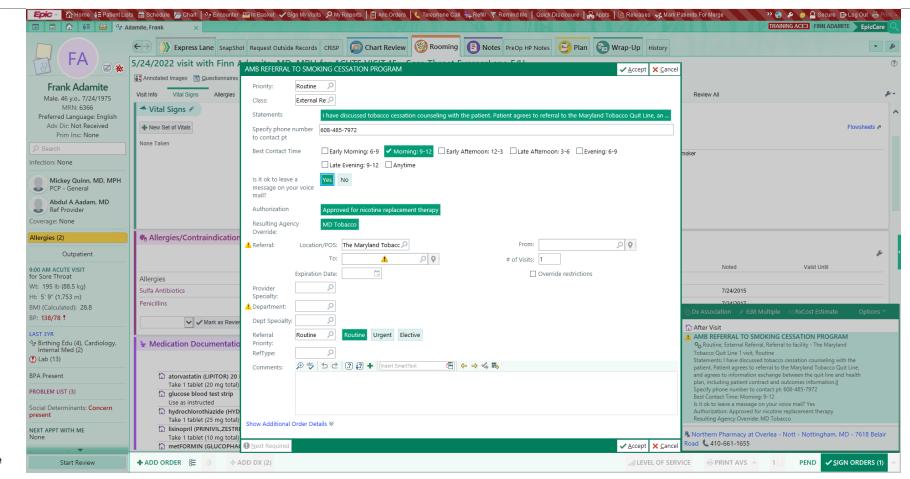
4. Choose MTC Pulmonary and click Accept







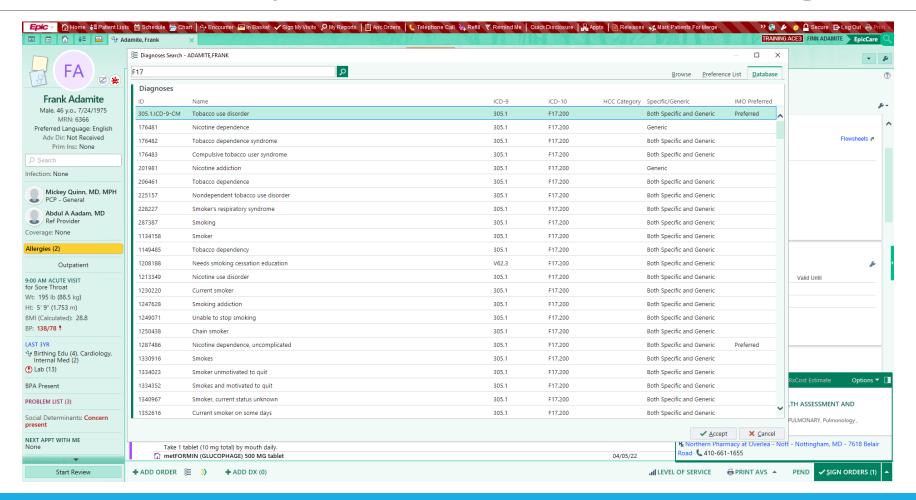
5. Quitline referral







6. Choose any tobacco-related diagnosis







Clinical Team

Our clinic director is Dr. Janaki Deepak, a pulmonologist and expert in tobacco treatment

Trained by Dr. Frank Leone at Penn Medicine (Integration of Tobacco Use Treatment into Healthcare)



Janaki Deepak, MBBS, FACP Pulmonologist



Ellen Marciniak, MD Pulmonologist



William Grier, MD Pulmonologist



Julia Melamed, MSN, RN Tobacco Coach



Sherri Webster Medical Secretary





Integrated Treatment

- Comprehensive lung health exam
- Lung cancer screening
- Mythbusting
- Free sample medications
- Combination medication therapies + coaching
- Ages 16+, using any nicotine product, most insurances accepted







How Marylanders Access Quitline Services

Phone

(800) QUIT-NOW (800) 784-8669

(855) DEJELO-YA

Asian Smokers Quitline- https://www.asiansmokersquitline.org/smokers/

TTY(711) line for deaf and hard of hearing callers

We offer interpretation services into over 300 languages.

Web

Callers can enroll at quitnow.net/Maryland

Referral

Tobacco users may be referred from their health provider, which triggers an outbound call

We support fax referrals, e-referrals, online referrals and referrals via secure email

Text to Enroll

MARYLAND Tobacco
Control
Resource





Maryland Tobacco Quitline Services

Tobacco Users

5 interactions via outbound phone, inbound chat, text or group video scheduling (3 1:1, 2 group)
Unlimited inbound support via phone, text & chat Expert led online courses, articles and trackers centralized in a digital dashboard experience

- Medicaid 4 weeks combo therapy
- Non-Medicaid 12 weeks combo therapy

Pregnant Tobacco Users

7 interactions pregnancy Online/chat

Tobacco Users with Behavioral Health Conditions

7 Calls or as many calls necessary
12 weeks of combination NRT (patches, gum and lozenges)

Youth

4 Calls or as many calls necessary

No NRT

Currently developing a youth vaping curriculum

Stand Alone Web

12 weeks of combination NRT (patches, gum and lozenges)







TOBACCO

Easy steps to help patients break free

DO		_	.

☐ Ask your patient: Have you ever used any tobacco products? Vapes, e-cigarettes:
☐ In Epic: Vitals → Edit Tobacco Use. Don't forget to document vaping!

EDUCATE
 □ Ask your patient: Can I refer you to the UMMC Tobacco Health Practice? □ No quit dates □ Judgment-free zone □ Affordable medicines □ Whole lung health exam
REFER
 ☐ In a visit or encounter, type "smoking" into order box (lower left-hand corner) ☐ Double-click on the 1st option (REF139) and then select MTC Pulmonary ☐ Staff: Pend referral to attending provider ☐ Providers: choose a tobacco diagnosis code (F17.200s)
Other options: call 410-328-8141, email Sherri Webster (SWebster@som.umaryland.edu), or refer to the Maryland Quitline (REF100)

Thank you for your referrals! Questions?

Contact Julia Melamed: 443-827-3933, Julia.Melamed@umm.edu, or TigerConnect

Flip for more info →

Frequently Asked Questions

Why is this important?

Tobacco use is a chronic disease and a leading cause of death and disability in the United States. We do not ask patients with diabetes or COPD to get better on their own. Patients with tobacco use disorder need the same level of care.

Who is eligible for treatment?

Anyone 16+ who uses tobacco or nicotine. You do not have to feel "ready" to stop.

Why is it hard to stop using tobacco?

Tobacco contains nicotine, which is even more addictive than opioids. Nicotine manipulates the brain's "survival center" and tells users that as long as the brain sees nicotine, it will feel safe. Stopping tobacco can feel like going against a basic instinct.

What if my patient says "I'm not ready" or "I want to do this on my own"?

Most people who use tobacco would like to stop but struggle to fight the instinct without expert help. Stopping "cold turkey" is uncomfortable and usually unsuccessful long-term. Patients may be more open to treatment if they know that the clinic can help them breathe better and will not force them to stop using tobacco.

What if my patient is elderly or has cancer?

It is never too late to stop using tobacco. Patients with cancer who stop using tobacco after diagnosis are much more likely to have good outcomes.

Is vaping a safe alternative to smoking?

No! Vapes/e-cigarettes contain very high nicotine levels, heavy metals, and toxic flavorings. They can cause lung injury (EVALI). Marijuana vapes are also dangerous.

Is treatment expensive?

The clinic accepts most insurance plans and can provide some free medications.

What happens during an appointment?

It is a private visit between the patient, the provider, and a tobacco coach. We talk about breathing, the tobacco journey, and how nicotine affects the brain. If patients are eligible, we offer **lung cancer screening**. We create a medication plan and call the patient after the appointment to offer ongoing support.



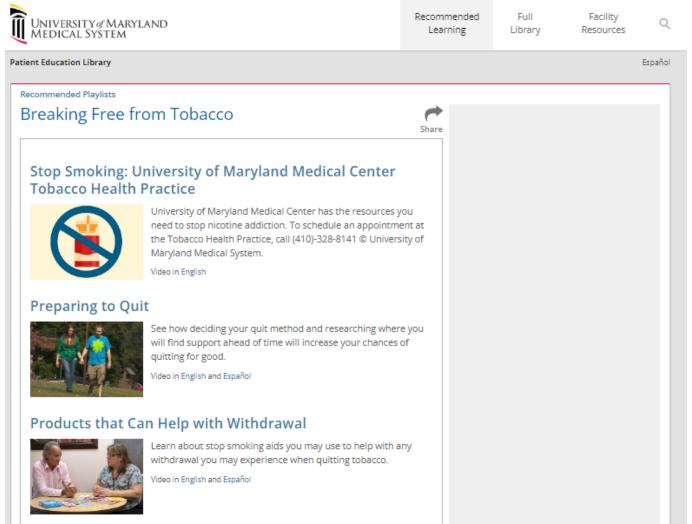
UMMC Tobacco Health Practice Pulmonary Clinic We've moved! 800 Linden Ave, 9th Floor Baltimore, MD 21201

HealthClips









https://umms.healthclips.com/Playlist/View/PL2084/breaking-free-from-tobacco



Thank you! Questions?

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<u>UMMidtown.org/TobaccoHealth</u>