Haley Hartle, NAADAC: All right, everybody welcome. We are super excited to have you here with us, for today's webinar today we will be having a webinar, titled tobacco use and cessation opportunities to drive improvements in behavioral healthcare.

Haley Hartle, NAADAC: And we have our 2 presenters today. Brenda Van Frank, and Rebecca M. So we’re very excited to have all of you here. My name is Hayley Hartle, and I'm the training programs manager here at Naadac. The Association for Addiction professionals.

Haley Hartle, NAADAC: I will be the facilitator for this training experience today. And then with me behind the scenes, who you all know and love is our training and customer care specialist, Alison White, who will be addressing any issues or questions you may have that aren't specifically for our presenters.

Haley Hartle, NAADAC: So you do have a lot of support here.

Haley Hartle, NAADAC: If you have any questions for us, please put those in the chat box. And then we'll go over the QA. Here in a minute. But that QA. Box. Please reserve that for presenter specific questions. So the permanent homepage for Naadac webinars is Naadac webinars. So be sure to bookmark that web page and stay up to date on the latest in addiction education.

Haley Hartle, NAADAC: We are using Zoom Webinar for today's live events. You will notice the zoom control panel that looks like the one on my slide at the bottom of your screen.

Haley Hartle, NAADAC: There are 3 main items to be aware of on the menu. The first is the chat box that will allow you to send chat messages to host panelists and attendees.

Haley Hartle, NAADAC: The second is that QA. Box. So if you open that up, you can ask questions directly in there to our presenters, and then we will be answering questions if we get to them. Throughout the webinar today. So be sure not to hold back there any that we don't get to. We will be sending to our presenters and have them type of responses to that. And then we can post those onto the website.

Haley Hartle, NAADAC: If you have a question or confused by something.

Haley Hartle, NAADAC: That is being set in the webinar. Let us know in that. QA. Box. We'll also have QA. At the end of the presentation. If we do get time.

Haley Hartle, NAADAC: and the third is the live transcript button we will be using Zoom Webinar for close captioning today. Live transcript has been enabled. So if you would like to use subtitles, just click on the live transcript button and show select show subtitles.

Haley Hartle, NAADAC: Lastly, in the chat box, Allison will be posting and sharing the links to any handouts we have. That includes a Powerpoint Powerpoint, Pdf. Of the slides from today's webinar and then we will also be sharing a link to the instructional page for the Ce. Quiz, and that whole process.

Haley Hartle, NAADAC: just a reminder that each naadac webinar has its own web page. Everything that you need to know about that specific webinar is there. But it is also housed in our education Center. So that is where you'll find all of the live and on demand webinars. That will also be where you locate your
Ce. Quiz and your certificate. And don't worry. All of your old certificates that you took prior

Haley Hartle, NAADAC: to the new system will all be in your old account as well.

Haley Hartle, NAADAC: Each webinar will continue to have this web page as well as be located in the Education Center. So you have 2 ways to access that information once this webinar ends, there's 2 ways that you can access. The Ce. Quiz. The first is by exiting out of the live webinar, and then once you get back to that page in the Education Center, you will see. This page like the one on my screen.

Haley Hartle, NAADAC: you can click back into the live interactive webinar section, and then you'll locate the Ce. Quiz that way if you did attend the full webinar. So you have to be there here for the full time. Then you will receive an email as well with the link to the Ce quiz.

Haley Hartle, NAADAC: So once you go there, you'll have to complete the questions, submit your answers, and pass the quiz with a score of 80% or higher. The system will then walk you through completing the survey evaluation and accessing your ce certificate. So if you have any questions on that, you can send us an email to ceorc.

Haley Hartle, NAADAC: And now we can introduce our presenters. So our first presenter up is Brenna Van Frank Brenna is the senior medical officer in the office on smoking and health at the Cdc.

Haley Hartle, NAADAC: In this role she serves as a scientific and medical consultant for Osh programs, communications, and projects. Then Frank joined the Cdc. In 2,014, and has worked on a variety of public health topics. She has a particular interest in the integration of healthcare and public health and the use of epidemiologic data for public health action. and Frank is a board certified in pediatrics and preventative medicine, and is a member of the National Delta Omega on very society in public health.

Haley Hartle, NAADAC: So we're super excited to have you here with us, Brenna, and then we have our second presenter who we're very excited to have with us as well. Rebecca M. So Rebecca started smoking menthol cigarettes as a teenager, influenced heavily by the smoking of members of her family, with many individuals who have quit smoking. Her journey to quitting was a bumpy one. She quit smoking for 7 months in 2,002, but went back to smoking while struggling through a divorce.

Haley Hartle, NAADAC: she became depressed and turned to cigarettes again, thinking that they might help her cope with her feelings. Instead, she felt worse. Her struggle with depression wasn't the only reason she wanted to quit smoking.

Haley Hartle, NAADAC: She says, I watched a lot of my family members who were smokers deteriorate literally, their bodies would deteriorate as they grew older.

Haley Hartle, NAADAC: So when it started happening to me, I was hit in the face with reality. She decided to stop smoking when her grandson was born. She wanted to be a good role model and never smoke around him. So she stopped smoking cigarettes and committed herself to a healthier lifestyle, including getting care for depression as well.
Haley Hartle, NAADAC: Since quitting smoking, she has an entirely new outlook on life, so we're very excited to have Rebecca join us and share her parts of her story as well. So without further ado, I will stop sharing, and I will turn things over to our presenters.

Brenna VanFrank, CDC: Thank you so much for that awesome introduction. And good afternoon, everybody. I just wanted to extend a thank you to all of you for sharing your time with us whether you are joining us. Live all 257 of you. Or if you're listening to this recording later, just thank you for your time. We're gonna start with Rebecca. Sharing a bit of her story, Rebecca, can you come on camera and off mute.

Rebecca M.: Hi, awesome.

Brenna VanFrank, CDC: Alright! I'm gonna just I'm gonna let you turn it over to you for a minute.

Rebecca M.: Thank you. Thank you so much. Thank you all for having me here today.

Rebecca M.: My father smoked, as did my grandparents, my aunts, my uncles, my cousins. my sister, and all 3 of my brothers. I was born into a family that smoked cigarettes.

Rebecca M.: I grew up in an environment where everyone around me smoked so as a 16 year old, trying to find my way. I just picked it up.

Rebecca M.: and for me nicotine was immediate. The addiction was, and it became a form of self medicating, just self-medicating myself. For 36 years my personal life was greatly affected by smoking, and at age 33 I was diagnosed with depression.

Rebecca M.: I didn't know that cigarette smoking could make my depression and my symptoms so much worse. Not only that, but the gradual tooth loss that I experienced was devastating because I lost my smile.

Rebecca M.: I made several attempts to quit smoking. I quit for 7 months, but then, going through struggles of a divorce, I had symptoms of depression return.

Rebecca M.: I thought that cigarettes would help me cope with the feelings I had. So I started smoking again, and they just made me feel so much worse.

Rebecca M.: I went back to that so

Rebecca M.: defeating addiction. and it was a vicious cycle for me. however, struggling with depression wasn't the only reason I wanted to quit my dad. He was a heavy smoker
Rebecca M.: died after having a serious heart attack.

Rebecca M.: I watched a lot of my family members who smoked, deteriorate their bodies, and their health literally would begin to deteriorate as they grew older.

Rebecca M.: So when it started happening to me, I was hit in the face with my own reality. I developed severe gum disease and needed major dental work to restore my missing teeth. I had bone grafts, and eventually dental implants. This strengthened my resolve to lead a healthy lifestyle, and I decided to stop smoking for good when my sweet little grandson Ian, was born. I wanted to be a good role model for him and not smoke around him, so I stopped smoking and got care from my depression. When I quit smoking I felt so much better, both physically and mentally.

Rebecca M.: for me. I couldn't get a handle on my mental health until I stopped smoking because of the effects that nicotine had, and when I quit smoking my physical health return.

Rebecca M.: my hair came back, my skin tone returned and my mind finally stopped racing. I was able to breathe deeply. After 6 months that I had quit.

Rebecca M.: and once I prioritize my health, I realized I had to quit smoking for me. and that helped with my own health and happiness. Since quitting, I have a new outlook on life.

Rebecca M.: Once I quit, I started running, and taking my grandson for rides in his stroller. This greatly helped with me.

Rebecca M.: being able to manage my stress and depression and help me remain smoke free. 6 months after I started running I ran my first 5 K. And came in third for my age group.

Rebecca M.: and this was the tipping point. this accomplishment. One was a tipping point where I could just move forward in my life and know that I was gonna be okay. It gave me great confidence. These positive changes and the progress in my life as a non smoker made me even more motivated.

Rebecca M.: On my quick turn I discovered. I don't need cigarettes to cope with my feelings, even when life may get me down. I can go for a run and be back on track, and just feel so much better.
Rebecca M.: To feel better and get back mentally has been everything for me, and I even completed a personal training certification course which taught me how to prioritize my health.

Rebecca M.: I encourage people who smoke to use the free quit resources that are available, such as calling the 1800. Quit now.

Rebecca M.: or talk to your doctor about a plan that will work for you.

Rebecca M.: Quitting smoking is hard, it is very hard, and it may take more than one. Try to be successful, but the effort you put forth is so worth it.

Rebecca M.: I'm proud to be a part of this campaign, and grateful. I can tell my story to hopefully inspire others on their quit journey.

Rebecca M.: Thank you again for having me here today. Thank you.

Brenna VanFrank, CDC: Rebecca. Thank you so much. I want to on behalf of Cdc. And I'll just take the liberty of on behalf of the oh, how many are we now? 296 participants on this webinar. Just extend, since your gratitude and thanks. For you sharing your story. I know that it is absolutely not easy to talk about your life with strangers.

Brenna VanFrank, CDC: and we ask you to do that a lot. So just thank you for your dedication for sharing. I know that that you have been dedicated, and sharing your story, and the hopes that doing so will support others in their journeys.

Brenna VanFrank, CDC: For those of you on the line, Rebecca and the other tips participants. They are my true public health heroes. You don't know me at all, but these are my, these are my public health heroes. I think they're amazing. So thank you, Rebecca, for sharing and for kicking off our webinar today on this really important topic.

Brenna VanFrank, CDC: Okay, so we're gonna shift now. The rest of the time until 4 30 Eastern is just me gonna be talking at you. So let me share my screen as a starting point.

Brenna VanFrank, CDC: and then we will get going

Brenna VanFrank, CDC: alright. And then I unfortunately have bandwidth issues. And so I'm going to stop my video while I'm sharing my screen, because otherwise technical things go awry. And that is never a good thing when you're trying to give a webinar. So bear with me for being off video. But be grateful that you don't have to deal with my technical issues.

Brenna VanFrank, CDC: so my goal today is really 2 fold in the time that we have together. The first thing that I if my first goal is really to convince you all that tobacco cessation matters to your patients and to your clients. Now, granted, some of you may already P. Be convinced of this. I think that's wonderful. Thank you for you. I'm hoping that I'm gonna be able to give you some additional information
to help you convince your colleagues that this is important work to be doing and to give you those like conversational nuggets.

Brenna VanFrank, CDC: My second goal is to give you all information that's gonna help support you support others in quitting. Now I know that you are all professionals. That are trained to treat and support people with substance, use disorders. I am not egotistical enough to think that I am gonna teach you anything about addiction medicine that you don't already know.

Brenna VanFrank, CDC: The bottom line here is that you already know how to do this. You know how to treat tobacco dependence because it is a substance. Use disorder.

Brenna VanFrank, CDC: Today, My plan is to highlight that this is substance. Use that we're treating, and hopefully give you some additional clinical nuggets about tobacco treatment. Specifically, that will help support you in your practice.

Brenna VanFrank, CDC: Now, before we launch in deep into the content. I just wanna take a second to note that throughout my talk today, when I'm talking about tobacco, what I'm talking about is commercial tobacco products. So those are products that are manufactured and sold for profit.

What I'm not talking about is traditional tobacco, which plays a ceremonial role in some indigenous communities. And I think that's an important acknowledgement, particularly as we're working with patients and clients from indigenous communities that have ceremonial tobacco in their culture. So that we can help in gender cultural safety. And be able to open doors to to more conversations about commercial tobacco, which is the primary cause of death in our country.

Brenna VanFrank, CDC: Okay, so let's start with a roadmap of where we're headed.

Brenna VanFrank, CDC: So first today, we're gonna talk about why, tobacco cessation matters, we're gonna look at some data. We're gonna talk about tobacco, related disparities. We're gonna talk about health effects of a variety of products.

Brenna VanFrank, CDC: And then we're gonna talk about treatment. I'm gonna offer you a treatment model that I'm sure is going to be familiar to you. But we're gonna again. Talk about those clinical nuggets and we'll talk about medications. We're gonna talk about treatment extenders.

Brenna VanFrank, CDC: And then we're gonna talk about how to integrate treatment into care delivery. I wanna touch a little bit on clinical quality improvements and how tobacco cessation can play a role in that. And then we'll talk about system levels changes that are critical to the work.

Brenna VanFrank, CDC: And then we're gonna wrap up with a conversation about population level strategies and how policies and community action can help drive and support cessation. So we've got a lot to cover. I'm gonna talk kind of fast. I was telling the the folks that were arranging this webinar that II tend to over content. And so apologies for that if we go a little fast. But you've got the recording.

and you've got the slide so you can always go back.
Brenna VanFrank, CDC: Okay, so


Brenna VanFrank, CDC: cigarette smoking impacts nearly every organ system of the body. There are a multitude of health effects that have substantial evidence that link cigarette smoking as a cause.

Brenna VanFrank, CDC: cigarette smoking and secondhand smoke exposure kills about a half a million people in our country every year, and for every one of those deaths about 30 people live with a smoking, related illness. So that's about 16 million people in our country.

Brenna VanFrank, CDC: And in addition to that extraordinary human toll. Cigarette smoking also has a large economic toll. So in 2018 smoking costs the US more than 600 billion dollars, including more than 240 billion in healthcare spending.

Brenna VanFrank, CDC: So clearly, this is not a public health issue of the past, but a public health issue of the present.

Brenna VanFrank, CDC: and that's not to say that we haven't made progress. So we've made substantial progress right from like 1965 when smoking was allowed on airplanes and in office buildings we have seen incredible declines and cigarette use among both adults and youth over the past several decades, but

Brenna VanFrank, CDC: an estimated 11 and a half percent or 28 million US. Adults reported currently smoking in 2021. That is still a remarkable number of people who are at risk for smoking related morbidity and mortality.

Brenna VanFrank, CDC: and even more than that, are exposed to secondhand smoke. So about 25% of the US. Population, including children, are exposed to second hand tobacco smoke, and we know that not from self report, but from bio biochemical surveillance. Looking at nicotine metabolites in the urine. So we know that folks are actually being that many people are actually being exposed

Brenna VanFrank, CDC: so clearly, we have a lot more work to do.

Brenna VanFrank, CDC: I think it's also important to under level setting to note that cigarettes are not the only tobacco products that adults are using, but they are the most commonly used product by adults.

Brenna VanFrank, CDC: And it's also important to note I'm not showing it here in this slide. But multi product use is also not uncommon about one in 5 adults who report current tobacco use report using more than one product. And about a third of those who use more than one product dual use cigarettes and e- cigarettes. And we're gonna talk a little bit more about dual use. Later in the talk.

Brenna VanFrank, CDC: So one of the issues that we need to urgently address is the fact that some groups have frankly been left behind. In fact, some groups have been specifically targeted by the tobacco industry with aggressive marketing, and that, combined with other historic and current inequities has
resulted in some population groups smoking at higher rates than others.

Brenna VanFrank, CDC: So we see disparities in cigarette use by race and ethnicity, bisexual orientation by disability, status by socioeconomic status. So, for example, there are higher rates of cigarette smoking among those with lower income, those with lower education, those who are uninsured and a variety of other factors. And we also see disparities in cigarette use by behavioral health condition. And I'm gonna lift the hood on that group just a little bit more in detail.

Brenna VanFrank, CDC: So this data comes from a different source than the data that I was showing you earlier. So the prevalence. Estimates are a little bit different, but this survey, which is the national survey on drug use and health, gives us a little bit more nuance on mental health and substance use of the survey respondents. And so I like to use this survey when we're talking about tobacco use in this population.

Brenna VanFrank, CDC: There's a couple of things that I want you to take home from this graph. So first.

Brenna VanFrank, CDC: the prevalence of cigarette smoking is higher among adults that report a past year mental health condition compared to those who don't. So those who didn't report a past year mental health condition is that top bar in the red and the remainder of the bars, or a variety of different types of mental health conditions that a respondents to the survey reported

Brenna VanFrank, CDC: the second the thing that I wanted to flag for you is that smoking prevalence among those who are reporting serious mental illness? So that's defined as mental illness. That interferes with or limits major life activities, that the smoking prevalence among that group is double those that reported no mental health condition in the last year.

Brenna VanFrank, CDC: and the other thing that I want to fly while we're sitting on this slide. Cause. I'm not showing this data here, but when we look at smoking prevalence among those with substance use disorders. There's huge disparities there, too. So, for example, in 2014, cigarette smoking. Among those with substance use, disorder was more than double than those without substance use disorder so clear disparities here.

Brenna VanFrank, CDC: So if you're like me and you look at these data, you think.

Brenna VanFrank, CDC: why, right? What is driving these differences. And are there spots where we can perhaps intervene to make things better?

Brenna VanFrank, CDC: And of course, as with all things, public health, it's complicated. It's multi factorial. There's a number of factors, social factors, structural factors, historic current factors. That all contribute to back to back related disparities. And one of those key factors is actions by the tobacco industry.

Brenna VanFrank, CDC: So the tobacco industry has demonstrably targeted particular communities with aggressive marketing and advertising to entice specific groups to try their products. We know this one from just observing their marketing practices, and 2 from industry documents that have been required to be released by the courts. So
Brenna VanFrank, CDC: The tobacco industry has had to release their private documents. As ordered by the courts. And there's this library at UCSF. Of all of the tobacco industry documents that have been released. And these researchers that specialize in knowing how to research those documents. And so we live, learned a lot about the marketing practices of the industry from those documents.

Brenna VanFrank, CDC: So let me give you some examples of what I mean by this. Individuals with behavioral health conditions are certainly one of the population groups that we know has been purposefully targeted.

Brenna VanFrank, CDC: Tobacco product ads like the ones I'm showing you tend to incorporate images of carefree people who are smoking and socially engaged and free from stress and anxiety. And here in the middle we have a cigarette that is resting and relaxing in a beautiful blue sky when a hammock right? So all of these images of be, you know, be rested and well.

Brenna VanFrank, CDC: Tobacco companies have also created marketing plans that target population groups. So, for example, in the 1990s, one of the very prominent tobacco companies had this marketing strategy called Project Scum, which is an acronym for subculture, urban marketing. SCUM. So project Scum, which really sought to brand tobacco as a part of drug culture, and the way they did that is, they saturated head shops.

Brenna VanFrank, CDC: With product placement of cigarettes and other tobacco products and marketing of those products to really try to link tobacco use with the use of other substances.

So some of the targeting is a little bit more insidious. Industry donation gives donations to civic groups and organizations that work with people with behavioral health conditions. And some is a little bit more obvious. So industries also been known to give free or discounted cigarettes to psychiatric facilities so pretty blatant targeting there.

Brenna VanFrank, CDC: I think it's also equally important to acknowledge that the social and structural inequities that contribute to tobacco disparity, tobacco-related disparities as well. So, for example, there's an association between stress and smoking. A person who experiences multiple forms of stress.

Brenna VanFrank, CDC: Can be more likely to smoke. And of course, stress can come in a variety of forms right? There's stress related to discrimination and stigma. There's stress related to healthcare access, like lack of insurance or delayed access to care. There's financial stress. So we know that people with mental health conditions are more likely to have lower household incomes. And so that can be a source of stress. There's stress related to living conditions, unsafe neighborhoods, housing, and security experiences of violence.

Brenna VanFrank, CDC: And I'm absolutely not saying that every person with a behavioral health condition is experiencing all of these, or even any of these. Everyone's gonna have a lot, a different life experience, a different history. But I think it's important to acknowledge and understand what experiences a patient does have, because that may help guide our understanding and treatment. So trauma-informed care right?
And of course it's important to remember, at the end of the day. Nicotine dependence itself can be a form of stress. So symptoms of withdrawal from nicotine include irritability, restlessness, feeling, anxious or depressed problems concentrating and folks may use tobacco to re to relieve those symptoms and end up creating a cycle of dependence where they're using tobacco to self treat symptoms of stress which are actually nicotine withdrawal and around and around in a circle we go.

Brenna VanFrank, CDC: Okay? So that's the who on a little bit of the why. Now, I wanna talk about what this is actually doing to people's bodies. And we're gonna talk about health effects of a handful of different products. So let's start with cigarettes.

Brenna VanFrank, CDC: Now, most of the data that we have regarding the health effects of tobacco use is related to cigarette smoking. We've been studying these products since the 19 fifties or so, which means that we have more than a half century of accumulated research here and in that research there is substantial evidence that smoking is causally linked to a multitude of disease processes.

Brenna VanFrank, CDC: All of the disease processes that are listed in this image, and the teeny, tiny writing have been causally linked to cigarette smoking.

Brenna VanFrank, CDC: And, as I mentioned before, cigarette smoking impacts nearly every organ system of the body. So some of the health effects are, gonna be obviously familiar to you right there there. Familiar in the popular media lung cancer, heart disease, heart attack, Copd. But some of the health effects may be less familiar to you and to your patients. So, for example.

Brenna VanFrank, CDC: smoking causes 12 types of cancer, not just lung cancer. Smoking is a cause of type, 2 diabetes. It's a cause of rheumatoid arthritis. It causes ectopic pregnancy, male, erectile dysfunction. There's effects on the immune system on the eyes on the gums.

Brenna VanFrank, CDC: The take home for me on all of this is that everyone in healthcare.

Brenna VanFrank, CDC: every sub specialty, takes care of a patient or client with disease processes that can be caused by or have been caused by smoking.

Brenna VanFrank, CDC: So we all have a role to play in helping

Brenna VanFrank, CDC: cigarette smoking also impacts behavioral health. So there's not yet a evidence that links specific behavioral health conditions to cigarette smoking. But

Brenna VanFrank, CDC: there is evidence that cigarette smoking impacts, behavioral health conditions. So the first fact on this slide is pretty obvious, but I felt a strong need to put it on it on here anyway, and that is that tobacco use. Disorder is in and of itself a behavioral health condition with diagnostic criteria and the Dsm 5. And I think sometimes we forget that.

Brenna VanFrank, CDC: But beyond that very important fact there's evidence that links, smoking with greater depressive symptoms, with greater likelihood of psychiatric hospitalization, with increased suicidal behavior, with substance use relapse.
And we also know that cigarette smoking impacts the side of chrome system, which means that smoking reduces the effectiveness of some medications, including some psychiatric medications. So this is really important when we're treating patients for tobacco use disorder, because dosing for their other meds can change as they decrease the amount that they're smoking and quit smoking.

Brenna VanFrank, CDC: So before we leave cigarettes and health effects. I wanna spend just a couple of minutes talking about menthol. And I bring this up for 2 key reasons. The first is because adults who smoke and have mental health conditions use menthol cigarettes at disproportionately high rates.

Brenna VanFrank, CDC: So this isn't part. We've already talked about it. Aggressive targeted marketing by tobacco companies.

Brenna VanFrank, CDC: The second reason I bring this up is because the FDA which regulates tobacco products is currently proposing to prohibit the sale and manufacturing of methylated cigarettes, and if that regulation is finalized that could mean the large proportion of your patients and clients who smoke may suddenly seek to quit.

Brenna VanFrank, CDC: And there's a few things that I think you need to know about mental that can potentially impact how you help them.

Brenna VanFrank, CDC: So first, what's menthol? Well, it's a chemical. It can be derived from the peppermint plant, and it has cooling properties. So think like vapor. Rub

Brenna VanFrank, CDC: nicotine and tobacco smoke are irritating. They're harsh on the oral inferential mucosa. It hurts to smoke

Brenna VanFrank, CDC: and tobacco companies add menthol to cigarettes to reduce that irritation and make cigarettes seem less harsh and more appealing. It makes it easier to start smoking.

Brenna VanFrank, CDC: So youth who start smoking with mental cigarettes, are actually more likely to continue smoking than youth who do who start with non month. All cigarettes.

Brenna VanFrank, CDC: The other thing to know about mental is that it enhances the effect of nicotine on the brain. It potentiates nicotine addiction. It has activity at the nicotinic receptor, and this can effectively make tobacco products even more addictive.

Brenna VanFrank, CDC: And this evidence bears out. So those who smoke menthol cigarettes can have a more difficult time quitting, which may mean that as folks start to seek to quit as the month, all regulations go into effect, they may need more support from you all when they're trying to quit. So some things to keep in mind as we're moving forward.

Brenna VanFrank, CDC: Okay, one more thing about cigarettes before I move on to a different product. And that's that about cigarette smoke generally, and that's that cigarettes. Smoke can hurt you, even if you're not inhaling it directly from a cigarette.

Brenna VanFrank, CDC: So there is again, decades of accumulated evidence that points to causal
associations between second hand cigarette smoke and a variety of disease processes, heart disease, stroke, lung cancer. There's some pediatric specific health effects like impaired lung function and sudden infant death syndrome.

Brenna VanFrank, CDC: bottom line here is that secondhand smoke isn't safe. There is no known safe level of exposure to secondhand smoke.

Brenna VanFrank, CDC: Okay, shifting now to a different product. So let's talk about smokeless tobacco. There's a variety of types of smokeless tobacco. And what I'm talking about primarily here because of the where the research lies. Our products like 2,

Brenna VanFrank, CDC: we have a lot less information about the health of these products. And we have even less information about newer products. There are smokeless, like dissolvables, and us snooze. But nonetheless, we know that smokeless tobacco, like 2 can cause cancers of the mouth of the esophagus of the pancreas, and we also have evidence that smokeless, increases the risk of death from heart, from heart disease and from stroke.

Brenna VanFrank, CDC: There's evidence that using smokeless during pregnancy can increase the risk of stillbirth and of preterm birth. And there's also significant oral health effects of smokeless use, including periodontis and tooth, decay and tooth loss.

Brenna VanFrank, CDC: so fewer health effects that we have solid evidence for, but really important health effects, nonetheless, that I think, are important for us to understand, and for our patients and clients to understand as well.

Brenna VanFrank, CDC: And so what about e-cigarettes?

Brenna VanFrank, CDC: The bottom line here is that the evidence regarding the health effects of these products is really limited, particularly regarding long term health effects, and there's a couple of reasons why. First, the products are pretty new. So the first e-cigarette came to the US. Market in 2,007. So they just haven't really been around long enough for us to be able to know what the longer term health effects may be.

Brenna VanFrank, CDC: The second reason is that this product class is continuously evolving and changing over time. There are a lot of different device types. There are a lot of different kinds of liquids that go into those devices, and that makes it hard to pin down the evidence in a generalizable way. So what do we know? Well.

Brenna VanFrank, CDC: we do know that e-cigarette aerosol contains a whole lot of stuff.

It is not just nicotine and water. There are lots of things in there.

Brenna VanFrank, CDC: and while aerosol absolutely does contain fewer toxic chemicals than regular cigarettes than combustible regular cigarette cigarettes. It can contain harmful and potentially harmful sub substances. Right? Not just nicotine and water. Those substances include volatile organic compounds, heavy metals, carcinogens.
Brenna VanFrank, CDC: and we have some limited evidence about short term and intermediate health outcomes. So what I'm showing here are showing here on this slide is a summary of evidence from a 2018 review done by the National Academies of Sciences, and so of science, medicine, and engineering.

define point isn't for you to read all of the tiny text. The point is to talk about. This is sort of in a general way, so that you can get a feel for what's available. So you can see here that for most organ systems we have some or limited evidence on a variety of short term health effects and intermediate health outcomes, but not much on long term health effects.

Brenna VanFrank, CDC: Of course this was published in 2018. There's been a substantial amount of literature published since then, but still much of that literature is about intermediate outcomes. There are some longer term effects, studies that are starting to show up. But the bottom line here is that the research is accumulating, and this is something we just all need to keep our ears to the ground about.

Brenna VanFrank, CDC: so bottom line. Take away on health effects. In general. I think there's 2 things.

Brenna VanFrank, CDC: First, there's no safe tobacco product. All tobacco products carry a risk.

Brenna VanFrank, CDC: And then the second is that the health effects of these products cover basically every organ system which to me means that all clinicians have a role to play in helping patients quit, and I do mean the whole continuum of care pharmacists, nurses, social workers. The MD. Do. N. Ppa. Alphabet soup. That is our healthcare system.

Brenna VanFrank, CDC: Everybody has a role. It truly takes a village, and it's frankly more doable with the village. But we'll get to that when we talk about systems change first. I want to talk about what cessation can do for health.

Brenna VanFrank, CDC: So good news.

Brenna VanFrank, CDC: cessation improves health. Right. It's great. It reduces risk. Smoking. Cessation has health benefits. At any age. It doesn't matter how long someone has smoked, how much someone has smoked. Quitting has benefit.

Brenna VanFrank, CDC: We know that smoking cessation reduces the risk of premature death. It can increase life expectancy by as much as a decade, and cessation reduces the risk of a multitude of diseases. So cardiovascular disease, including coronary heart disease.

Brenna VanFrank, CDC: Copd, 12 types of cancer that are caused by smoking, the risk of all of those goes down, and those benefits and risk reduction accumulate over time, which is great. There are huge health benefits, and there are economic and social benefits, too.

Brenna VanFrank, CDC: and quitting smoking can also support behavioral health. So we know that quitting can support the treatment of behavioral health conditions. So, for example, quitting can improve mental health. It's associated with decreases in SIM of symptoms like depression and anxiety. We also know that quitting can make substance use relapse less likely, and quitting is associated with long term abstinence from alcohol and other substances. So all really great news.
Brenna VanFrank, CDC: But

Brenna VanFrank, CDC: when the rubber meets the road, it's the quitting, that's the hard part.

Brenna VanFrank, CDC: In fact, quitting is incredibly hard.

Brenna VanFrank, CDC: Data tells us that most adults who smoke want to quit a little more than half of them try to quit in a given year.

Brenna VanFrank, CDC: But despite those attempts, less than 10% are successful in quitting, and we know that for long term success, many individuals need multiple attempts and long term support.

Brenna VanFrank, CDC: This isn't particularly different among those with behavioral health conditions. So I'm showing you here in the blue bars on the right, adults who report serious psychological distress, and in the green bars on the left, adults who did not report serious psychological distress as measured as measured by the Kessler scale.

Brenna VanFrank, CDC: And you can see here basically no difference, right? An interest in quitting and in past your quit attempts. And you know the data is kind of unstable because the numbers are small with recent smoking cessation. So I can't give you a good sense of it. But it's, you know, similar.

Brenna VanFrank, CDC: and I'm just gonna I'm just gonna pause here for a second

Brenna VanFrank, CDC: cause. I think this is really really important and sometimes quite misunderstood.

Brenna VanFrank, CDC: There tends to be this general sense that people with behavioral health conditions don't want to quit or don't try to quit, or for some reason can't quit.

Brenna VanFrank, CDC: And the data frank frankly seem different. These adults are just as interested in quitting. They try just as much, and they can be successful. Sometimes you need some additional support or some longer term treatment. And that's okay. Because again, cessation is possible.

Brenna VanFrank, CDC: So don't let anybody tell you that they just, you know that folks in their practice are just not interested and don't want to and can't be successful. That's data says different.

Brenna VanFrank, CDC: Okay, so.

Brenna VanFrank, CDC: but what about the less than 10% success rate? Right? It's hard right? Why is quitting so hard?

Brenna VanFrank, CDC: Probably feels like I'm harping on this a little bit, cause I am, because it's really important. Tobacco dependence is chronic. It's relapsing. It's driven by addiction to nicotine.

Brenna VanFrank, CDC: Now, I obviously don't have to tell this group that there's multiple components to dependence. There's this physical and biochemical piece. There's a behavioral piece. There's a social, emotional, psychological piece.
Brenna VanFrank, CDC: But I think it is important to remember and to understand that we have to deal with each of these components during treatment bottom line. All of this means it's really hard to quit on your own, even when someone wants to quit, feels ready to quit recognizing that using is harmful to their health. It's tough.

Brenna VanFrank, CDC: And I think, understanding. This is really key to understanding the types of support that we need for successful cessation.

Brenna VanFrank, CDC: So what other supports look like? Well, we know that treatment is most successful when we approach it comprehensively, so, treating all aspects of the dependency, the physical and biochemical, of the behavioral, the social, emotional, psychological, and in adults that's best accomplished through a combination of counseling and medication.

Brenna VanFrank, CDC: So this is an evidence based approach. Again, there's significant research on this decades of research that tell us that this works for adults who smoke cigarettes. We know that each of the elements works counseling works medication works. We know that the combination of the 2 works even better, and we know that there's a variety of ways that these interventions can be accomplished which we'll talk about like in terms of modality of counseling and things like that.

Brenna VanFrank, CDC: The problem is is the even though we know these things work. they're just not used.

Brenna VanFrank, CDC: We have data from 2015 that demonstrates just how bad this is. So, for example, we know that most adults, almost 70% of them who try to quit smoking don't use any evidence-based treatment at all.

Brenna VanFrank, CDC: and when treatment is used it's more likely to be meds than counseling. And here's the kicker. Less than 5% use that golden combination of counseling and medication that we know can double the odds of their success.

Brenna VanFrank, CDC: The other thing that we have to contend with here is that similar is ha similar to how we have disparities in tobacco use. We have disparities in the use of these treatments, and those disparities tend to fall along the same lines as the disparities in use.

So as we work on figuring out how to help more folks access and utilize evidence-based treatment. I do think it's important that we're that we acknowledge that there are barriers.

Brenna VanFrank, CDC: There are barriers to access. There are barriers to utilization. There are barriers to getting treatment for tobacco dependence, and sometimes those barriers are worse for other for some than others. So, for example, we know that there are barriers that are worse for for patients that have behavioral health conditions. Let me give you a couple of examples.

Brenna VanFrank, CDC: In 2016, less than half of treatment facilities for mental health and substance use were offering cessation treatment of any kind. So you go in for your behavioral health treatment. You go in to get help for your substance. Use disorder, and no one offers you treatment for your smoking
Brenna VanFrank, CDC: psychiatrists and other mental health professionals are also documented in the evidence, less likely to talk about quitting smoking with patients. And there, you know, there are these misperceptions in the public and in health care that smoking can somehow alleviate mental health symptoms, or that smoking can somehow worsen behavioral health outcomes, smoking cessation, can worsen behavioral health outcomes, but we know none of that is true right? We have evidence to demonstrate. The opposite is true.

Brenna VanFrank, CDC: But all of these misperceptions may impact provider willingness to offer treatment or patient willingness to seek care so clearly. There's a lot to do to be done.

Brenna VanFrank, CDC: so as clinicians. What do we do right. How can we get treatment to those who need it?

Brenna VanFrank, CDC: I think the first thing. And I'm feel like I'm harping on this, too, because I am cause. I think it's important. I think that the thing to do is to engage all of health care. It's the takes a village approach. The more sectors of healthcare that engage in this work. The more care teams that involve everyone in the work, the greater support individuals are going to receive.

Brenna VanFrank, CDC: The second thing that I'd offer is a model. Now, I didn't invent this model. This model has been around for a really long time. It's truly the gold standard of clinical tobacco intervention.

Brenna VanFrank, CDC: The second thing that I'd offer is a model. Now, I didn't invent this model. This model has been around for a really long time. It's truly the gold standard of clinical tobacco intervention. It's called the 5 A's.

Brenna VanFrank, CDC: Now, if you're looking at this model, and you're thinking.

Brenna VanFrank, CDC: golly, that looks a lot like Sbert, you'd be right. It's the same basic idea. Right? You screen, you provide an intervention. You get folks to treatment. But the 5 A's model specific to tobacco. It was created for primary care to guide a brief clinical intervention which provides treatment and also connects patients to referral resources.

Brenna VanFrank, CDC: This model may be exactly the right thing for you in your day to day. It may be way too simple, but even if it is too simple, I think the bones of it are right. The intervention you can provide can be more in depth than really. But the bones are here. So let me walk you through it at a high level.

Brenna VanFrank, CDC: And then we're gonna dive in a little bit to get into those clinical nuggets. So

Brenna VanFrank, CDC: very briefly, it starts with asking patients about tobacco use. If the patient isn't using. You provide a brief message of prevention. If the patient is known to have used tobacco and recently quit, it's good to check in with them to see what additional supports they might need to continue to be successful, because, again relapsing and remitting if the patient is screened and is using tobacco. It's good to provide a message of advice. To quit that message is brief.

Brenna VanFrank, CDC: It's personalized. The point is to open the door to further conversation. And then that message of advice can be followed by an assessment of readiness to quit, and then we provide some assistance for the quit attempt. That's where the treatment comes in right counseling meds referral to treatment adjunct.
Brenna VanFrank, CDC: And then it's really important to not stop there. Right? Follow up is critical to this process. But since follow up doesn't conveniently start with an A, we cheat a little, and we call this step, arrange a follow up

Brenna VanFrank, CDC: because 4 A's and an F. Feels kind of like you're failing at the end, and that's not cool for anybody. The last thing that I'd say is that this intervention is cyclic.

Brenna VanFrank, CDC: So if I could make this graphic over again, I put a big old green arrow from a range and back to ask to make it clear that this is not just a one and done type process. This needs to be a continuing conversation with our clients and patients.

Brenna VanFrank, CDC: Okay, so diving again, a little bit deeper. Not again. Just the caveat, not because I can, because I am egotistical enough to think that I can teach you something new about how to treat substance, use disorders, but because I think there are some nuggets here about tobacco. Use disorder that might be helpful to you. So, starting with, ask, advise and assess.

Brenna VanFrank, CDC: So I get asked a lot about how to broach a conversation about smoking without patients rolling their eyes or getting annoyed or never coming back.

It can be hard in primary care to do this. I imagine the same is likely true. When you guys are in your practice treating folks for substance use disorders.

Brenna VanFrank, CDC: Fortunately, some folks that were grappling with this and clinicians that were grappling this, how did this brilliant idea, and actually asked patients what they wanted when it came to conversations. And it's really not anything shocking. Patients want support, they want respect, and they want guidance. I mean, that's just good medical practice. So, but there's some key points along these lines.

Brenna VanFrank, CDC: The first is to be straightforward and non judgmental, that includes being mindful of the language you use. So please let's move away from the word smoker and screen patients with questions like, Have you ever used cigarettes? Have you ever used e-cigarettes?

Brenna VanFrank, CDC: Let's please move away from questions like. Well, are you still a smoker? It's just not helpful for anyone.

Brenna VanFrank, CDC: The second is really to have, like a clear, strong and personalized message. We wanna be empathetic. We wanna be supportive. We do not want to be lecturing. We do not want to be negative framing. This one is hard for me. I'm just gonna be honest. Because I tend to just wanna educate. Right? Did you know that there's 12 types of cancers that this can cause that like that they know right

Brenna VanFrank, CDC: patients and clients they know. Smoking. Smoking is harmful to their health. They don't need a lecture about how quitting can help with their cough. There may be some medical conditions that they aren't aware that are linked to smoking, and if you're in a sub specialty where that's important. And you need to make that connection for them absolutely. But like, we don't need to be finger wagging, they know.
Brenna VanFrank, CDC: most importantly, I think we just need to be opening the door right? We give a standing offer of help and support, so that patients know and clients know that they can come to you when they're ready.

And remember, as with any behavior change, it's okay. If they're not ready.

Brenna VanFrank, CDC: I'd encourage you, even if they're not ready to suggest treatment. Anyway, there's this model paradigm shift that's happening and gaining evidence more and more about providing treatment in the absence of an assessment of ready to quit. So, for example,

Brenna VanFrank, CDC: providing some medication may help move someone along the continuum of motivation. To quit veroniclin. Specifically, is a partial agonist at the nicotine receptor, and can decrease cravings and interest in smoking and nicotine consumption, and so may help move people. But again, this is still sort of burgeoning evidence.

Brenna VanFrank, CDC: and I'd encourage you to read about it and understand for yourself where this paradigm shift is happening. So that you can decide what to do in your practice, but, regardless of your approach, the key here is to set the stage for future conversations. Leave the door open, follow up at the next visit.

Brenna VanFrank, CDC: because motivation to quit waxes and wanes over time, right? So continuing to follow up with patients and ensuring that you know what sorry that they know that you know that you are there to support them. It's really gonna encourage them to engage you when they're ready to take that step.

Brenna VanFrank, CDC: Ok, let's dive into assist, which is the treatment part. Remember that has 2 components counseling and meds. So we'll start with counseling.

Brenna VanFrank, CDC: Counseling comes in a variety of types so it can be behavioral counseling like cognitive behavioral therapy. It can be practical counseling like developing a click, a quit plan. It can be supportive, messaging. It can be some combination of those things. So you're giving behavioral counseling, and you're doing pragmatic counseling, and you're also giving support.

Brenna VanFrank, CDC: Counseling can also be delivered in a variety of settings. So we know and have really great evidence, for in person individual counseling in person group counseling, telephone counseling, and then, more recently, text based and web based cessation interventions. All of these have been proven to be effective in helping adults quit smoking.

Brenna VanFrank, CDC: The key components of counseling involve building a quick plan, helping folks understand nicotine dependence, recognizing withdrawal and triggers, building tools to deal with triggers and withdrawal. This should all sound really familiar to you. And again, like my message is, you know how to do this already. And then
Brenna VanFrank, CDC: the other thing to note is that dose matters so when it comes to smoking cessation, we know that more counseling is associated with increases chances of success, so any counseling better than no counseling, more counseling, better than any counseling. If you can only get them in the door for one visit, that's better than nothing. But we want to try to get them into the door. For more than that.

Brenna VanFrank, CDC: the big tobacco treatment related to clinical nugget that I want to give you here specifically around counseling is really about treatment extenders.

Brenna VanFrank, CDC: So there's some key treatment adjuncts that are available in a variety of modalities that can really support and extend the care that you are providing. So let me first talk to you about quit lines.

Brenna VanFrank, CDC: So quit lines. They're available in all states. DC. Puerto, Rico, and Guam.

Brenna VanFrank, CDC: They're available in multiple languages, including specific phone numbers, to call for Spanish Mandarin, Korean, and Vietnamese. And then, beyond those 4 languages, 1 800 quit now, has the ability to do. Medical interpreter, Lincoln. So multiple languages available.

Brenna VanFrank, CDC: quit lines, provide service to free to callers, including confidential tailored counseling services from trained quit coaches that help them with their quit plan.

Brenna VanFrank, CDC: provide support during the quit process, and give them sort of those treatment nuggets. Some quitlines also provide starter kits of medications and coaching on how to use those medications which I think can be really valuable.

Brenna VanFrank, CDC: Most quit lines also they also have a variety of modalities. So tell, telephone is typically the core services. But most now offer digital services as well. Web text and some others.

Brenna VanFrank, CDC: Now, when you're referring a patient to equip line for support extension. I'd encourage you rather than whenever you can. Don't just hand the patient or client a phone number and help hope that they're gonna pick up the phone and call themselves. We have a a pretty good evidence base that demonstrates that just doesn't work.

Brenna VanFrank, CDC: And so warm hand offs and referral systems are really, if you can, the better way to do it. Many State quit lines have built in e referral and fax referral systems that you can use a lot of them partner with health systems to have those E referrals built into the health system. Electronic health records. So it's seamless.

Brenna VanFrank, CDC: So I'd encourage you, you know. Talk to to the whole system that you're working with, or call state. Quit line directly, and say that you need help with getting connected so that you can get those warm referrals in.

Brenna VanFrank, CDC: There's also digital cessation interventions that you can encourage patients to use, and that can ex extend your care. Like, I said, there's good evidence for web and text based services. They're both effective at helping people quit smoking. There's a variety of those types of programs.
Some, of course, are affiliated with equip lines, as we've already talked about. There's also 2 Federal programs, both of them, for

Brenna VanFrank, CDC: from excuse me. Both of them are from the National Cancer Institute or Nci. Both of them are available in English and in Spanish. So there's a web based. There's a text based. I listed them here for you.

Brenna VanFrank, CDC: The evidence on the effectiveness of app based interventions is still kind of limited. There's a lot of apps out there. The quality of those apps is kind of variable.

Brenna VanFrank, CDC: But if your patient or client is looking to use an app, then there are some reputable apps. So Nci's quick start, which I've put here. Is a good one. You can. You can point patients to if that's what they're interested in in trying.

Brenna VanFrank, CDC: Okay. So now, Meds, so I imagine a lot of you are familiar, at least in part, with these. I do wanna cover them briefly and again give you a couple of nuggets. So there's 7. FDA approved medications for adult smoking cessation. 5 of those are nicotine based.

Brenna VanFrank, CDC: 3 of the nicotine based are over the counter. So that's gum lozeng and patch. And when you're talking to patients and clients about these over the counter formulations, here's the nugget. I'd encourage you to alert them to the tobacco industry's latest tactic, and that's lookalike nrt. So there's these tobacco products now that come in the form of gum

Brenna VanFrank, CDC: and lozenge and tablet. They're not actually, FDA approved medications.

Brenna VanFrank, CDC: and their reason to be wary of those is because it's often really hard to know what you're getting in terms of nicotine content, because the labeling is hard to interpret and understand. So it's just it's good to be cautious because those products aren't really regulated right now.

Brenna VanFrank, CDC: There's also 2 non nicotine medications that are FDA approved for adult cessation. There's beupropriaon and Veroniclin. When you look at the clinical efficacy of all 7 of these medications Veroniclin has the highest efficacy, but it also tends to be the most expensive.

Brenna VanFrank, CDC: The other thing I wanna tell you about is combination nrt, so combination nrt. Can be as effective as vernaklin.

Brenna VanFrank, CDC: And how this works is, you pair along acting formulation. So that's Patch. That's the one we've got, and a shorter ask acting rescue for breakthrough symptoms. So that's typically gum or lozenge. But you can use any of the shorts

Brenna VanFrank, CDC: and most clinicians that I talked to that treat a lot of tobacco, use disorder,
recommend this approach over single or solo nrt, but you do have to provide some education to your patient or client about how this works and how to dose it. Cause it can be a little bit tricky like. Once you figure it out. It makes sense, but it can be a little bit tricky, and you gotta make sure that folks know what they're gonna what they know, what they're gonna do.

Brenna VanFrank, CDC: I've put a URL at the bottom of this slide that has a lot of information about these medications, what they are, how they work, how to use them. And it's written for the general public. So it's digestible for patients and clients.

Brenna VanFrank, CDC: There is some information on combination Nrt, which includes a video which can be a starting point on sort of understanding how to do the dosing. Right again, from like a public facing standpoint. Not necessarily for you as a healthcare provider to know how to prescribe it. But, that may that could be a good start. To to better know how to do. Combo. Nrt.

Brenna VanFrank, CDC: okay.

Brenna VanFrank, CDC: before I wrap up talking about the assist component. I just wanna touch briefly on cigarettes, because, excuse me on e-cigarettes, because I don't think we can talk about cessation treatment anymore without addressing this. So

Brenna VanFrank, CDC: bottom line here.

Brenna VanFrank, CDC: there is no e-cigarette that has been approved by the FDA as a smoking cessation aid there is none that has been approved as the medication there is none but that has been approved as a medical device.

Brenna VanFrank, CDC: You're gonna find some varying guidance in the literature from a variety of places. Because the evidence on this really continues to grow rather quickly. I've listed some of the key places and findings here on this slide. That have summarized the evidence.

Brenna VanFrank, CDC: So first is the 2018 report we've already talked about from the National Academies. The next is the 2020 Surgeon General's report on smoking cessation. The one that came after that was the 2021 Us. Preventive Services task force, recommendation for smoking, cessation and adults.

Brenna VanFrank, CDC: And the most recent evidence review is a Cochrane review that was published in spring of 2022. The authors of that review concluded that there is evidence that e-cigarettes with nicotine can increase quit rates compared to solo nrt, and they also concluded that nicotine containing E. Cigarettes may have benefit over no treatment, but the evidence there was a lot less certain.

Brenna VanFrank, CDC: Now, there's some contextual nuance here that I think is really important, particularly when we're talking to patients and clients about using e-cigarettes outside of the controlled clinical trial environment.

Brenna VanFrank, CDC: So first, the end points of these studies is quitting cigarette smoking, not quitting tobacco, use all in all together. So I think that's a really important piece.
Brenna VanFrank, CDC: The second is that though the studies in the reviews didn't detect short and midterm adverse serious adverse events related to e-cigarette use right, like all our Cochran's that look at medications have to report on adverse events, right?

Brenna VanFrank, CDC: And the studies didn't detect short to midterm serious adverse events related to E. Cigarette use. But you we've all discussed right already about what that literature looks like in terms of health effects of these products. Bottom line is long term health effects. We just don't know

Brenna VanFrank, CDC: the other thing to consider here is dual use. We've already talked about that a little bit in terms of the number of people who are dual using dual use is highly problematic from a health and toxin standpoint. There's evidence that suggests that using e-cigarettes and cigarettes together results in higher levels of serum toxins some toxins than using e-cigarettes or cigarettes alone.

Brenna VanFrank, CDC: So if your patients insisting on trying to switch, it's critical to get them to completely stop all combustible tobacco use if they're gonna see any potential benefit at all.

And of course, the ultimate goal is to help patients quit use of all tobacco products because we've talked about it. There is no safe tobacco products, right? They all carry a risk.

Brenna VanFrank, CDC: Okay, so that brings us back to the last, but not least component. And that's follow up. So follow up with patients who are making a quit attempt is critical. You wanna be able to see how your treatments going, make adjustments to the treatment plan as needed. It can be done by any care team member. It can be done by phone. It can be done in person. The recommendation here is, and this isn't my recommendation. This is the clinical practice guideline recommendation.

Brenna VanFrank, CDC: It's to have a first follow up within a week of the set quit date, and a second follow up within the first month of the quit date. It's also honestly advisable to have an open door so that they know they can reach out with any questions or concerns at any point.

Brenna VanFrank, CDC: Okay. So

Brenna VanFrank, CDC: now I've hopefully convinced you that this work is important. I've described some of what treatment looks like. I've given you some tobacco specific clinical nuggets, nuggets. So

Brenna VanFrank, CDC: how do we actually do this work? How do we actually get treatment to patients?

Brenna VanFrank, CDC: And I wanna talk about this takes a village approach and finding a way to actually deliver treatment in your clinical setting in a sustainable way. Because let's be honest, we're all inundated, and we're all crazy short on time, right?

Brenna VanFrank, CDC: And what we have found over the decades is that while passionate individuals on a mission to provide tobacco treatment can really make huge strides in their patients lives, it's the systems level changes that really drive, change that support clinicians in the delivery of treatment.

Brenna VanFrank, CDC: and then help systematically deliver interventions, so that no patient is left behind, because we know that patients have been left behind.
Brenna VanFrank, CDC: And we also wanna sustainably establish treatment paradigm, so that when your passionate individual, who is the champion of tobacco treatment in your system retires or finds a new job. The whole thing doesn't just fall apart.

Brenna VanFrank, CDC: And we've seen that right? I'm sure you've seen that.

So to that end there's a variety of systems, levels, approaches that we can use to help integrate this work into routine care.

Brenna VanFrank, CDC: And these approaches, which are honestly just a handful of them in a sampling. They've been utilized in healthcare settings across the country with real success.

Some of them are probably more familiar to you than others. You may already have some of these elements in your current system. Awesome job way to go.

Brenna VanFrank, CDC: So things like protocols, workflow integrations, electronic health record supports, population management strategies engaging the whole of the care team and the workflow. This isn't just one person's job. It's everybody's job. And we're divvying up the pieces so that everybody has a role.

Brenna VanFrank, CDC: The point isn't. Try to do all of these system level changes at once, though the point is to use clinical quality improvement strategies to do systematic changes one step at a time, to make little moves, to make things better sustainably. So, you know, like the plan, do study, act, model the Ptsa model of quality improvement work. You've probably all been trained on it. Some of you probably have to report on it for me.

Brenna VanFrank, CDC: Certification. This is a great Moc project. By the way, for anyone who's looking for what just

Brenna VanFrank, CDC: and out there. What I would encourage you to do is work with your system work with your teams, pick something that you think is gonna make the work easier for everybody. That's more systematic and frankly more engaging for the team don't pick something that everybody's like. Oh, God! Do we have to do more electronic health record stuff really like? Haven't we

Brenna VanFrank, CDC: banged our heads against it? Not that I'm speaking from personal experience, but you know, pick something that you think is gonna be engaging for everyone. It's gonna make your life easier. Cause. Then that's gonna give you some success.

Brenna VanFrank, CDC: Now, as we talk about systems level change, I wanna introduce you to this tool that's available to you to do this work. It's called the tobacco cessation change package. This is a clinical quality improvement tool. It's built to help healthcare teams work on system level changes to integrate treatment into everyday practice. and

Brenna VanFrank, CDC: it's intended for all comers. So practices that are brand new to this work should help find this helpful practices that have been in this work for a while and are looking for increased efficiencies.
Brenna VanFrank, CDC: should find this hopeful. And if you don't, please let me know cause we're always looking for ways to make better

Brenna VanFrank, CDC: the change package. It provides teams with specific, actionable steps that can be taken to move towards better clinical integration. So, for example.

Brenna VanFrank, CDC: in the screening section there are change ideas for adopting protocols, establishing workflows, determining clinical roles, modifying the Electronic health record. Don't shoot me. It can help. I promise

Brenna VanFrank, CDC: creating decision support scripts. Many of those systems level changes that I showed you on the previous slide. You're gonna find in the change package. But you're gonna find ways to actually accomplish them. It's not like, here's an idea, go have fun. No, the best part of this tool is that for each of the system levels changes that it describes. There's a handful of tools that have been created by others to successfully accomplish the work because they've done it

Brenna VanFrank, CDC: already.

Brenna VanFrank, CDC: And those tools are then categorized by care setting. So you're gonna find outpatient tools, you're gonna find inpatient tools. You're gonna find behavioral health setting tools.

Brenna VanFrank, CDC: And you're gonna find things like example protocols that people have used. Example workflows that people have successfully implemented. You're even gonna find electronic health record screenshots, which is like

Brenna VanFrank, CDC: the gold mine. Right? You can see how others have actually done this, so that you don't have to do it yourself. You can take all of those, adapt them. Adopt them into your environment because nobody has time to reinvent the wheel. Right? You don't have to. They're here for you.

Brenna VanFrank, CDC: Enough of that.

Brenna VanFrank, CDC: Let's move

Brenna VanFrank, CDC: to the very last piece which is population based strategies. So these population based strategies help increase tobacco cessation. And I'm just gonna be honest here

Brenna VanFrank, CDC: if I didn't talk to you about this, because you're probably going really like, how does this help me in my clinical practice? But if I didn't talk about this, I'd probably be thrown out of the Public Health Club. So I have a few slides on it, just to make sure that my public health credit is still available.

Brenna VanFrank, CDC: Okay? So what I'm showing you here are proven public health strategies that help drive cessation in the population level. These strategies also drive other things like tobacco use prevention, which is also really important to this work. But today we're focusing on the cessation aspects of these. And now.
Brenna VanFrank, CDC: while these aren't necessarily directly related to your day to day, as you're interacting with your communities as respected professionals and advocates for the health of communities. I'd ask you to consider how you can potentially play a role in some of these initiatives.

Brenna VanFrank, CDC: So let's start with the one that's most directly applicable to you that's access to cessation services.

Brenna VanFrank, CDC: This feels somewhat self-explanatory, right? If folks don't have access to treatment, they can't use it. And we know that treatment can help support successful cessation.

Brenna VanFrank, CDC: Now, there's a handful of population level strategies that support access. There's treatment extenders like quit lines and health. We've already covered those.

Brenna VanFrank, CDC: insurance coverage is also really important to access. We know that coverage increases increases both access and treatment utilization.

Brenna VanFrank, CDC: but most especially it does that when the coverage is comprehensive, so covering, counseling, and all medications is barrier free.

Brenna VanFrank, CDC: and is promoted so that people actually know that it's available to them and promoted, not just to patients and clients, beneficiaries of these coverages, but also to providers, so that when you all are trying to figure out what you know, counseling or medication you can prescribe to help folks quit. You have some sense of what benefits are available.

Brenna VanFrank, CDC: now, as with all things insurance.

Brenna VanFrank, CDC: And again. Don't shoot me. I know we all love dealing with insurance companies, but as with all things, insurance, different insurance plans have different coverage policies, and these services.

Brenna VanFrank, CDC: just to kind of put an umbrella on it. In general, the services are supposed to be covered as preventive services that are recommended by the Usps. Tf, the Aca, put that in place.

Brenna VanFrank, CDC: But honestly, the implementation of that is really variable. And even among state Medicaid programs. So if you are someone who sees patients that are enrolled in Medicaid check with your State Medicaid program to see what's covered and what may not be covered under Medicaid. Because it's it's.

Brenna VanFrank, CDC: super variable across the country.

Brenna VanFrank, CDC: remember, though, from most insurance plans, including Medicaid.

Brenna VanFrank, CDC: to have these medications covered like the over the counter medications, you have to have a prescription, so please make sure to not just say, go get this thing over the counter.

Brenna VanFrank, CDC: like to the the nrt. Write a prescription for that. Nrt, even if it's Otc, so that they
can then get it covered by their insurance.

Brenna VanFrank, CDC: Okay, shifting to the second strategy. So smoke free policies smoke. Free policies not only protect people who don't smoke from second tandem, which we've already talked about aren't safe. They also prevent initiation, which is great.

Brenna VanFrank, CDC: The reason we're talking about it today, they increase cessation.

Brenna VanFrank, CDC: The problem is that not everyone in our country has equal protection from second hand emissions. In fact, about 40% of our population in our country is not covered by comprehensive state or local smoke. Free policies, and those unequal protections really contribute to the disparities that we see in second hand smoke exposure.

Brenna VanFrank, CDC: Now, health systems and healthcare settings can absolutely contribute to social norms here, and can contribute to the conversation about community health.

And when you're thinking about

Brenna VanFrank, CDC: policies in your health system or policies in your clinical settings, the best policies are policies that are space agnostic.

Brenna VanFrank, CDC: product, agnostic and person agnostic. So no tobacco products of any kind by anyone, anywhere at any time.

Brenna VanFrank, CDC: And I also wanna flag that from a clinical standpoint, tobacco free settings are particularly important because they are trigger free settings.

Brenna VanFrank, CDC: And anytime we want to give people a safe space free of addiction triggers. We're supporting them in their recovery. And then they're quitting journeys.

Brenna VanFrank, CDC: The third population level strategy is pricing, so the evidence is pretty clear that increasing the price of cigarettes not only reduces smoking prevalence. It also increases smoking cessation, and it reduces the intensity of tobacco use. So the amount that people smoke so mathematically a 10% increase in the price of cigarettes can lower the amount that people smoke by up to 5%.

Brenna VanFrank, CDC: But I'm sure you've already guessed the pricing policies vary across the country. And so there's disparities that we see there as well.

Brenna VanFrank, CDC: Okay.

Brenna VanFrank, CDC: the last population level strategy I want to talk to you about today is mass media. So mass media campaigns are known to increase the number of calls to quit lines and to increase smoking cessation.

Brenna VanFrank, CDC: And we are in what the public Health tobacco Control community likes to call the Golden age of tobacco education campaigns. There's a variety of campaigns out there right now, all
complement each other. They're all focused on different segments of the population, and each has a different core message. So, for example, FDA has a campaign that focuses on middle and high school students in an effort to get them to not start using. In the first place.

Brenna VanFrank, CDC: Truth campaign focuses on adolescents and young adults. Again, with a prevention message, but they also have a cessation message for the for the excuse me for those groups.

Brenna VanFrank, CDC: and then Cdc's tips from former Smokers campaign. It focuses on adults who currently smoke. And the core message here is to help encourage them to quit and connect folks to cessation, support services like the quit line.

Brenna VanFrank, CDC: and it works. And here's this great picture of Rebecca. I just wanna call that out. I love her poster. It's so lovely. Her Tagline just lights me up inside

Brenna VanFrank, CDC: evaluation data from tips estimates that between 2012 and 2018, a million people quit smoking because of the campaign and even more. Made quit attempts. So so it's working

Brenna VanFrank, CDC: one way that this happens is connecting people to resources to help them quit. So the graph that I'm showing you on the bottom. Here is calls to the quit line to 1 800. Quit now over time. So the blue bars is when tips is showing ads on TV. And you can see that when the campaign is on air calls increase

Brenna VanFrank, CDC: except in 2020, when it's the pandemic but you know, pandemic changed all kinds of stuff.

Brenna VanFrank, CDC: and so it's great right? We know that we can help connect people to cessation services.

Brenna VanFrank, CDC: Tips also now drives people to the national texting portal. That connects people to text based services. From just a one, a one stop shop which is really good. And we're really excited that that's happening now.

Brenna VanFrank, CDC: There's also ways that mass media campaigns can be leveraged in clinical settings to help spark conversations with your patients and clients. So I'm showing you here resources that are available specifically from tips that can be potentially leveraged in your clinical settings.

Brenna VanFrank, CDC: There are patient resource handouts. There's posters, there's notepads. All of these resources are available free to you at the URL that's down here on the slide, and there are other. The other campaigns have additional resources as well. I'd encourage you to check them out to see what messages might work best for you and for for the folks that you support to really support you in your work.

Brenna VanFrank, CDC: The last thing that I want to note about the strategies is that they're all anchored in comprehensive tobacco prevention and control. So each of these 4 pieces contributes to preventing and decreasing tobacco use. But it's the combination of them all together that really helps drive the progress that we've been seeing.
Brenna VanFrank, CDC: Okay. So if I've lost you and you drifted off to patient charting or to answering emails, I get it. I do it, too. But now's the time to pay attention again. There's 5 main things that I want you to take home today.

Brenna VanFrank, CDC: So the first is that tobacco use independence, remain a significant public health concern. Cigarette smoking remains the primary form of tobacco use among adults. It harms nearly every organ system of the body.

Brenna VanFrank, CDC: The second is that social and environmental inequities are important drivers of disparities in tobacco use and cessation adults with behavioral health conditions are one of those groups that suffer from disparities in both use and cessation.

Brenna VanFrank, CDC: The next is that smoking cessation improves health, it reduces risk of premature death. It supports behavioral health treatment. But the treatments that we have are underutilized.

All clinical care teams have a role in supporting, quitting, and we have tools available to us to do that.

Brenna VanFrank, CDC: The fourth is the integration of cessation. Interventions into routine clinical workflows can improve treatment, reach it can improve sustainability. It can make your lives easier and your work easier.

Brenna VanFrank, CDC: And then the last is that healthcare professionals of all flavors can support population level strategies that drive cessation. So that's a lot we covered today.

Brenna VanFrank, CDC: and just to wrap up, I wanna say, thank you to all of you for fighting the good fight. I know that each and every one of you is dedicated to the health of your patients, of your clients, of your communities, and I appreciate what you do, and I am so thankful for it. I firmly believe that we have strength as a collective.

Brenna VanFrank, CDC: and I am frankly proud to be here in service to you, as you continue to fight boots on the ground for the health of our communities and for the health of your patients. So thank you

Brenna VanFrank, CDC: and thank you for your attention, and I'll take what questions you may have in the time that we have left.

Haley Hartle, NAADAC: which I don't think is a whole lot, Hayley. No, that was wonderful timing, and thank you so much. The Thank you. Notes and the this is wonderful. Notes are all pouring into the chat. So thank you so much for being here. Thank you, Rebecca, if you are still

Haley Hartle, NAADAC: here as well. For sharing a little bit of your story. So I think we do have time for one or 2 questions. So, Brenda, if you wanna come back on
Haley Hartle, NAADAC: camera, if your connections okay, take your time. You are totally fine. So I think we have time for one or 2 questions, and then attendees any questions you have, please still put them in the QA. Box, even if we don't get to them we will be sending those off to Brenna, and then, if she choose to respond we'll have those posted on the on demand web page. So

Haley Hartle, NAADAC: we'll go in order. Actually, attendees got to upload. So we have some of the most popular questions up at the top.

Haley Hartle, NAADAC: So the first one from Monica is. I heard somewhere that people with substance use disorders do not respond to the same smoking cessation techniques that are helpful to individuals without. SUD, can you please address this?

Brenna VanFrank, CDC: Yeah, it's a it's a really good question, Monica. And I'm gonna be honest, I'm not as in depth. I don't have as in depth knowledge about that particular question. As I would like to. What I do know is that

Brenna VanFrank, CDC: Folks with behavioral health conditions, including substance use disorders, may have may need longer treatment. With months and with counseling, and may need more intensive counseling. But beyond that I you know I can. I say Veronica does or does not work in that specific population. I just don't know the literature, and frankly, I don't know if that literature exists. So

Brenna VanFrank, CDC: if if I'm wrong.

Brenna VanFrank, CDC: chat me but but I and I apologize, Monica, for not having a really great in depth. Answer for you.

Haley Hartle, NAADAC: That was great. Thank you very much. And I think on the last slide that Brenna shared for email and information is on there. So be sure to check out the slide handout for that information. If you would like to chat further. The next question from Ashley, what is the research, if there is any, on the effects of secondhand smoke from vape or e-cigarettes?

Brenna VanFrank, CDC: Yeah. So it's similar right in terms of. We just don't have a lot of evidence. About second hand aerosol from from e-cigarettes.

Brenna VanFrank, CDC: It's it's a huge research gap right now, I'm sure there are really smart researchers. That are trying to get at this particular question. But those 2 things, one they've only been around in our market since 2,007 and 2. The very. There's so many types, and the liquids are so different. So that aerosol

Brenna VanFrank, CDC: that is generated is so variable that the evidence is hard to generalize. But I get this question a lot. Bottom line is, we just don't have evidence at this point to know what what the health effects of secondhand aerosol may or may not be.

Haley Hartle, NAADAC: Thank you very much.

Haley Hartle, NAADAC: Next one from Tanna or Tana. I apologize if I mispronounce that. Do you know
any recent data on how many people try the following to quit indigenous healers, religious leaders, acupuncture, hypnotherapy, etc.

Brenna VanFrank, CDC: Yeah. Don't have national data for that. I'm sure that there are smaller studies in the small localities. Surveys but from a national standpoint, which is what all of the data I was showing you was, we just don't have data on

Oh.

Brenna VanFrank, CDC: things like acupuncture, and traditional healers. Association supports.

Haley Hartle, NAADAC: Thank you. And then this one from Mary Ann. Where do nicotine lozenges and patches fall in street?

Brenna VanFrank, CDC: Not sure I understand quite that question.

Brenna VanFrank, CDC: Marianne. Can you clarify really quick in the chat

Brenna VanFrank, CDC: if you're still there?

Haley Hartle, NAADAC: Yep. So if Maryanne, if you're still here, if you can drop some clarification

Haley Hartle, NAADAC: on what you are referring to in the chat. We'll save that one and then the next one from Amy. I think we have time for one more, so we'll get to this one. We may know how to address substance, use disorders as it has been my experience.

Haley Hartle, NAADAC: We do not screen, assess, or treat people who use tobacco products generally.

Haley Hartle, NAADAC: Moreover, I've experienced programs that build smoking huts or tents so that they don't lose their patients if they can't smoke while they're in treatment. Do you have any comments or thoughts on that?

Brenna VanFrank, CDC: Yeah, Amy, I think you've hit the nail on the head, you know, I think, that there

Brenna VanFrank, CDC: your experience of a lack of screening and treatment in treatment facilities, but is borne out by by the evidence, I think. You know we I and I said this in one of my slides that in 2,016 it was less than half of treatment facilities, substance, use, treatment facilities were providing

Brenna VanFrank, CDC: treatment. There is more screening is happening, more than than treatment. And and it's not all doom and gloom. I mean, I say, all of this to say there's work to be done, but the work is being done, so there's a lot of movement right now. There's a lot of interest in this space and

Brenna VanFrank, CDC: corrections of misperceptions and misunderstandings about how to treat and and what tobacco smoke, or, excuse me, tobacco use does with substance use disorder? Treatment?

Brenna VanFrank, CDC: And so there's movement. And we're seeing hopefully, I'm hoping I'm hearing
anecdotally. I don't have data to show you yet, because they haven't released it yet, but anecdotally, things are moving in the right direction. So keep fighting the good fight. You hopefully you're convinced with with this talk. Be the voice and and we can get the work done together

Haley Hartle, NAADAC: awesome. Well, thank you so much. We have loved having you here. Thank you for all the great information again. So many amazing comments and feedback in the chat, so we will go ahead and get wrapped up, and then we'll send you all off at time at 4 30. So, Brenda. Thank you again for being here with us. Thanks.

Haley Hartle, NAADAC: Awesome. We loved having you so just a few additional notes and reminders

Haley Hartle, NAADAC: after the webinar ends. So once we close out of here, you can go back to the main page where you access the training and that top orange arrow that's on my slide. You can click and go back into the live webinar section, and then you'll see the Ce. Quiz there.

Haley Hartle, NAADAC: If you were here for the full webinar. So you had to attend the full time. You will receive an email as well. If you didn't attend the full time, you will most likely not get that email. So you will have to go back to the Ce quiz this way.

Haley Hartle, NAADAC: And again, if you have any issues or questions, you can email us at Ce. At Nadac Org, and we would be happy to help you out with that.

Haley Hartle, NAADAC: We do have our annual conference coming up in October that is going to be in Denver, Colorado. We have an early bird special going on right now, where you could save up to $150. That does end September eighth. So be sure to check that out. It will be hosted at the Gaylord Rockies Resort and Convention Center from October sixth to October twelfth, and you can earn up to 51 ces.

Haley Hartle, NAADAC: So be sure to check that out. Some additional information will have 5 keynote sessions.

Haley Hartle, NAADAC: Some engaging panel discussions as well as 50 plus immersive breakout sessions. On top of a lot more with exhibit hall and things like that, so we hope to see you there. Be sure to take advantage of that discount that ends on the eighth.

Haley Hartle, NAADAC: Another announcement we we just had an announcement of the 2024 minority Fellowship

Haley Hartle, NAADAC: program those applications have opened up. So be sure to check that out. You can visit Natac, Mfp. This is the Nbcc. And collaboration with in collaboration with Nadac. So be sure to check that out as well. A look at some of our upcoming. Webinars don't have time to go into these, but we do have part 7 in part 8 of our peer recovery support series coming up at the end of this month, and then in September.

Haley Hartle, NAADAC: and be sure to check out all of the benefits of becoming a member of Nadac as well. So thank you so much for being here, and we will see you all at the next one. Have a great afternoon.