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Motivating Smoking Cessation: Recognizing and Capitalizing on Teachable Moments

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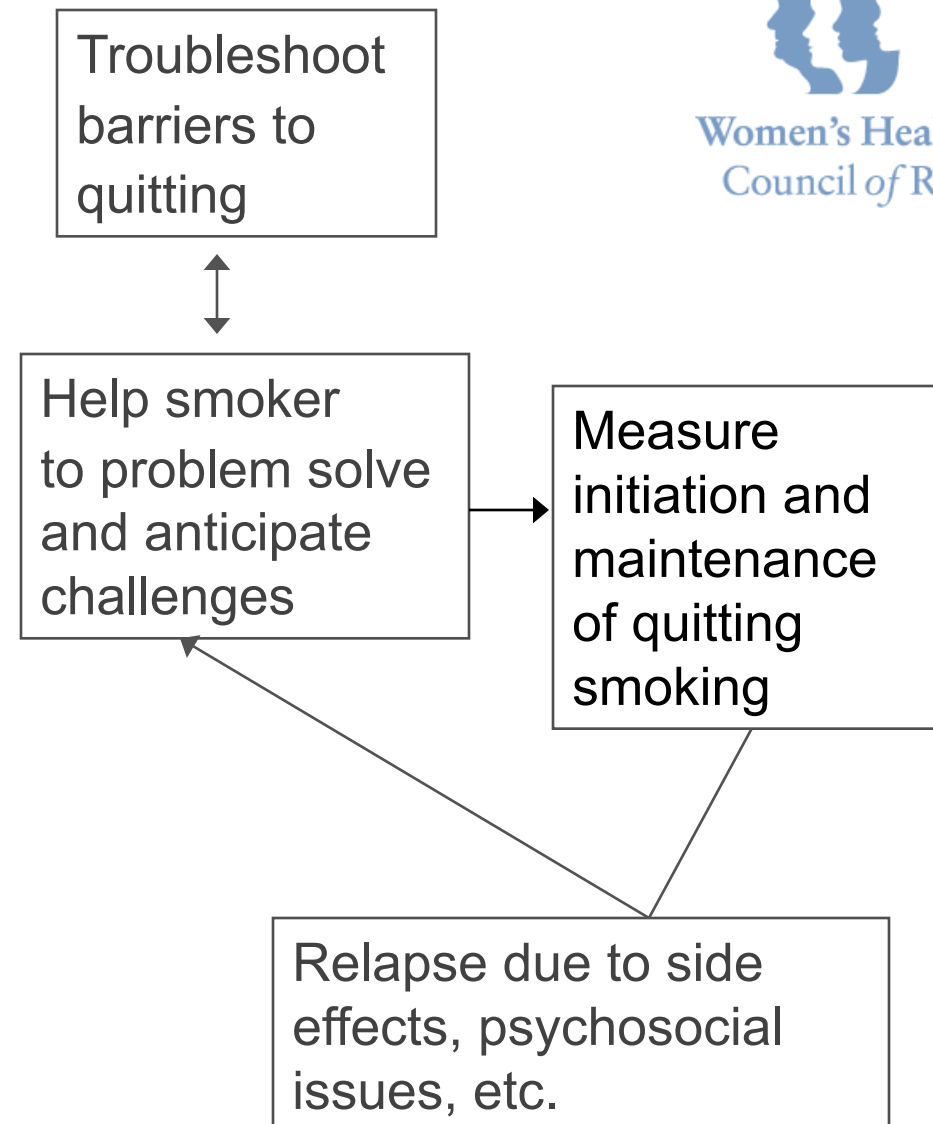
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Motivation

- *“I have too much stress in my life right now to think about quitting smoking.”*
- *“I smoke outside so I am not hurting my kids”*
- *“My grandfather smoked until he was 95 and he was healthy for all of those years.”*

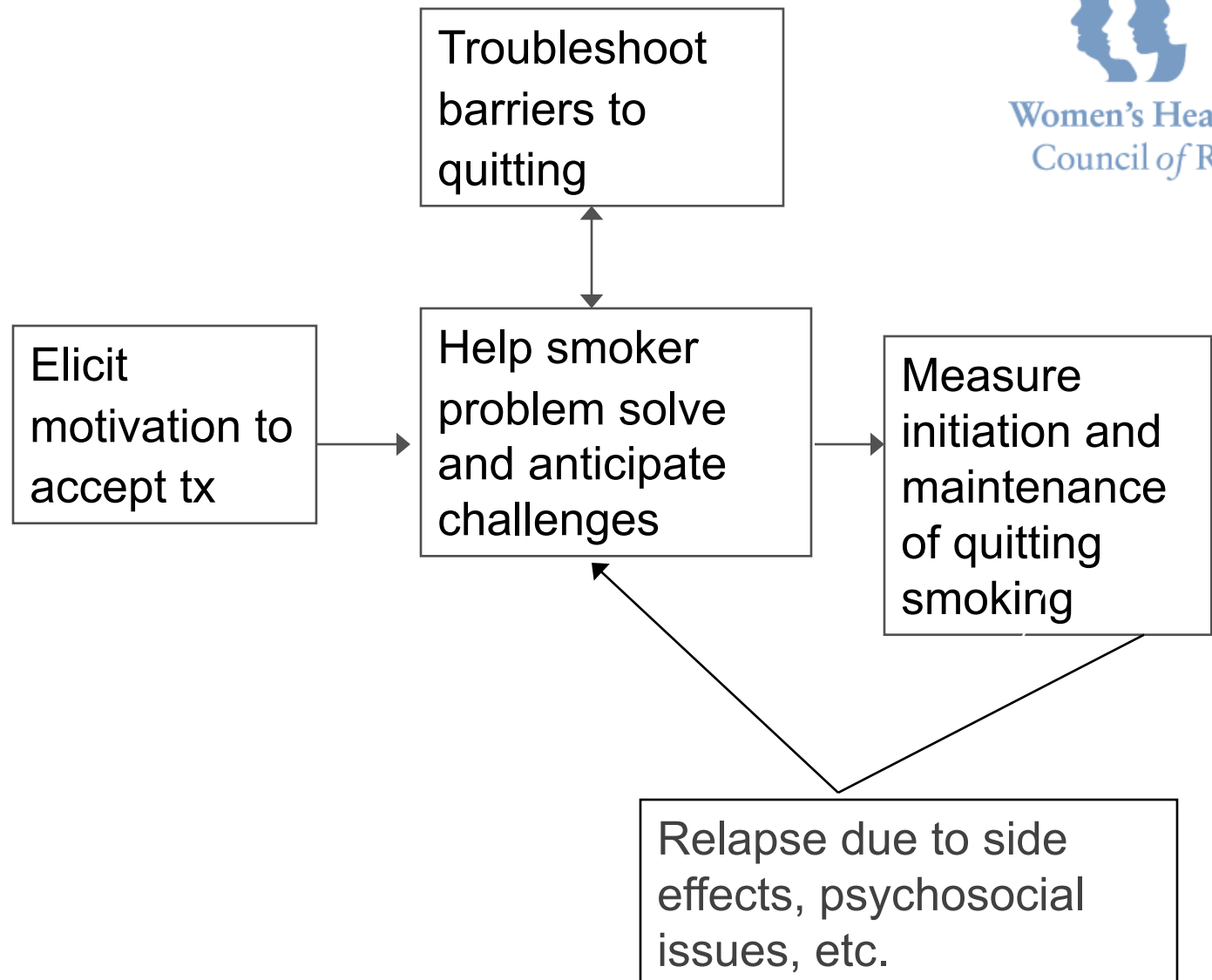


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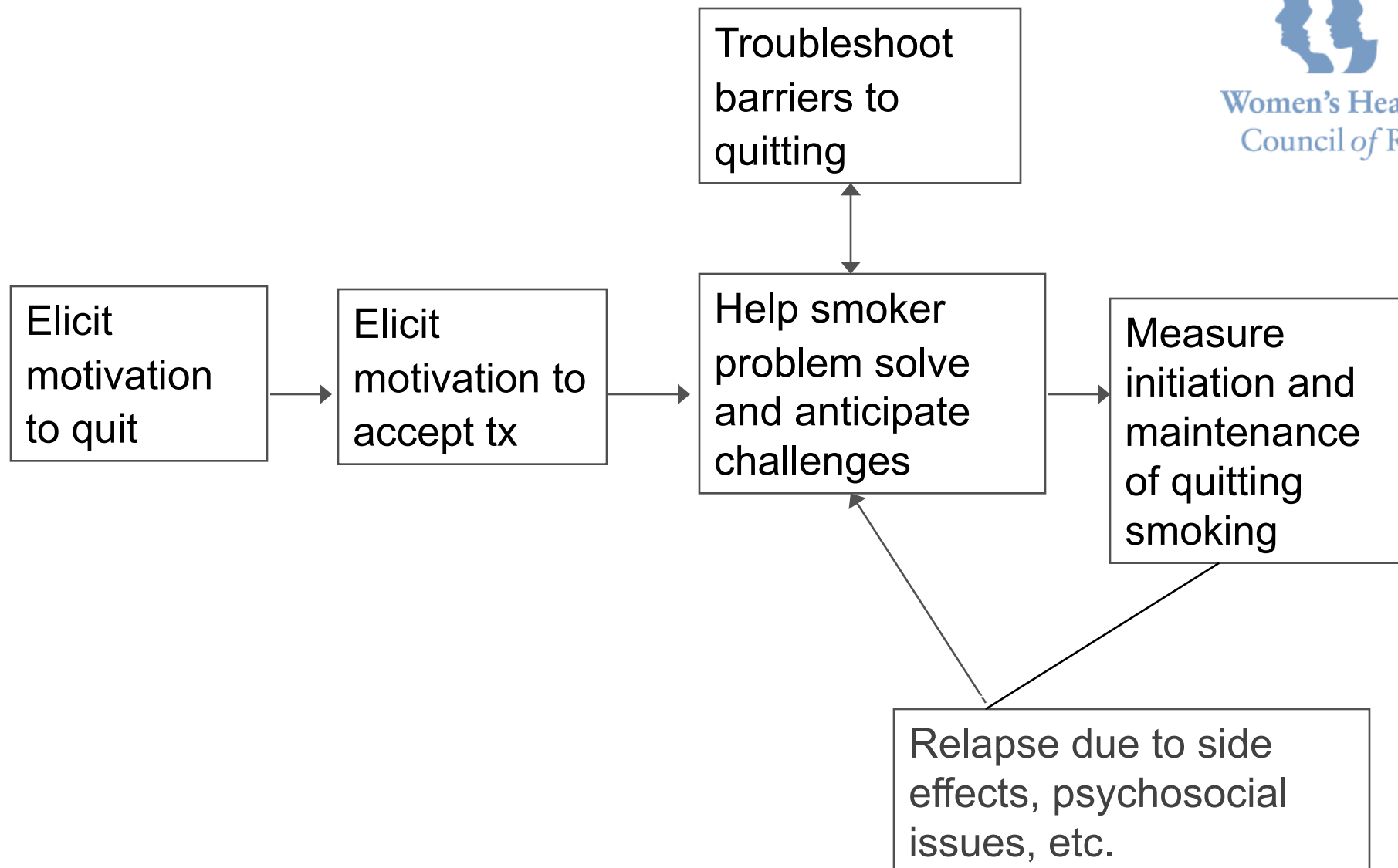


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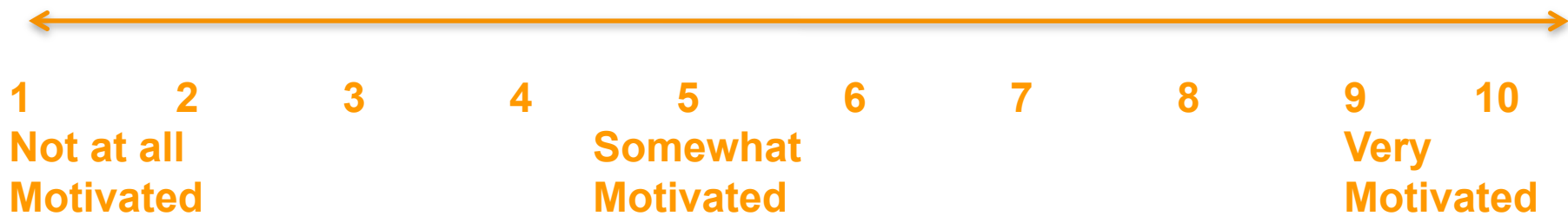
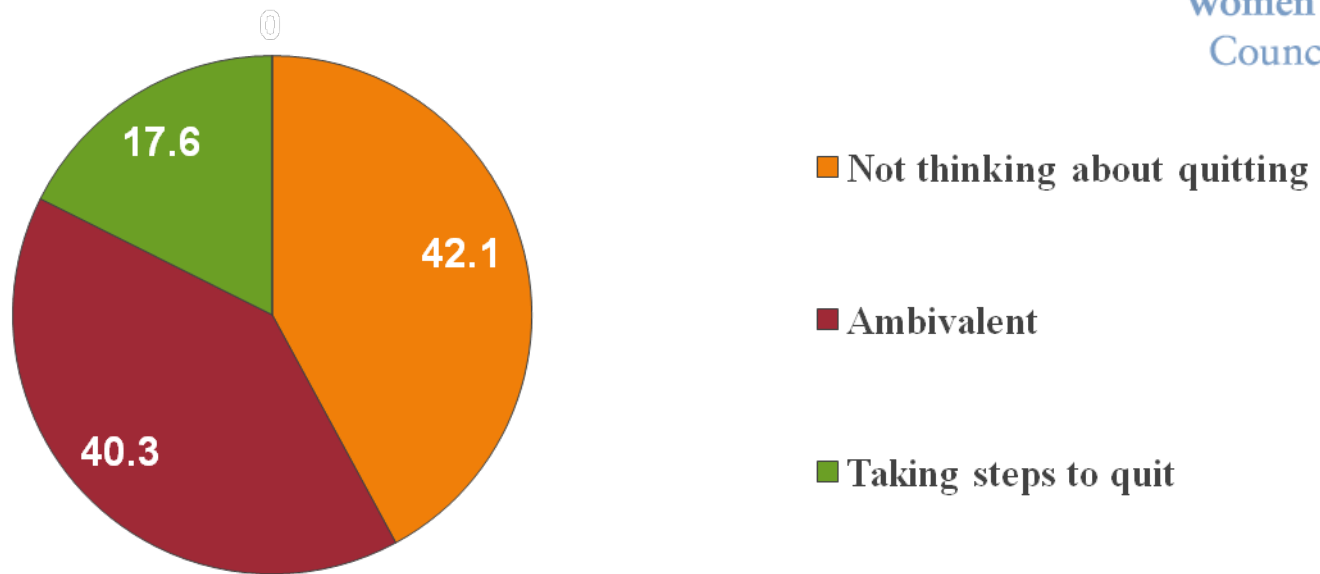
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Percent of Smokers Motivated to Quit in RI



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Velicer et al., 1995

Patient Centered Approaches to Smoking Cessation



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- Motivational Interviewing
 - What are the patient's concerns, perspectives and myths/beliefs about the smoking?
 - Create comfortable atmosphere so exploration of conflicts about change can be explored.
 - Ambivalence is natural
- Explores reasons for and against change
- Designed to enhance intrinsic motivation
 - Emphasize that change is their choice

How to decrease motivation to quit....



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Confronting

Warning

Taking Sides

Persuading

Acting as Expert

Lecturing

Labeling

Providing solutions

Premature Focus



Assess Motivation Level



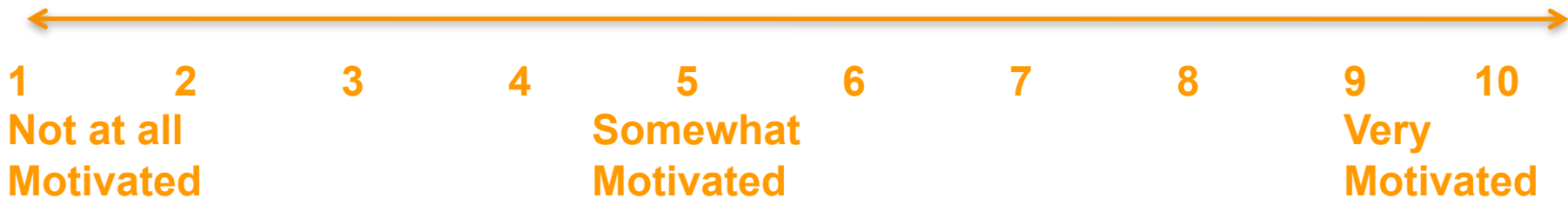
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On a scale of 1 -10, how motivated are you to quit smoking right now?"

"What makes you not a 1 or a 2?"

"What will it take for you to get up to an 8 or 9?"

"What would it take to make you more motivated?"



Belinda Borrelli, Ph.D., Brown Medical
School & The Miriam Hospital

Assess Confidence Level



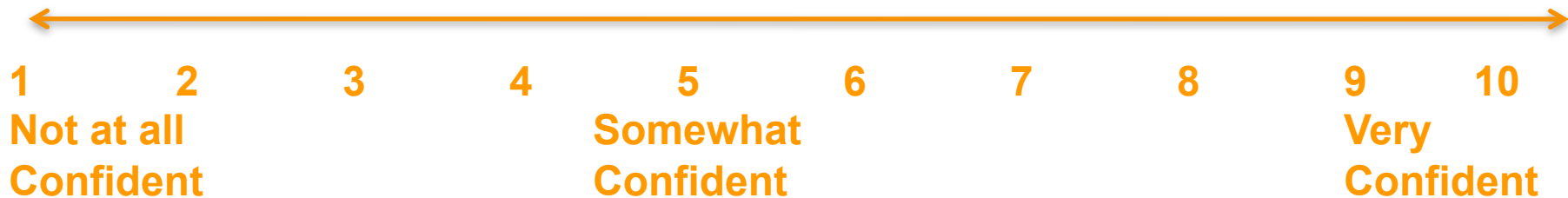
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On a scale of 1 -10, how confident are you that you can quit smoking right now?"

"What makes you not a 1 or a 2?"

"What will it take for you to get up to an 8 or 9?"

"What would it take to make you more confident?"



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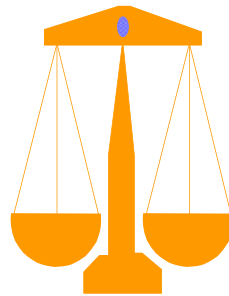
Help With Decision Making



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- Pros of Smoking

- Relieves stress
- Improves mood
- Habit
- Something to do with hands
- Social



- Cons of Smoking

- Cough
- Easily winded
- Costs \$1,300-\$1,500/yr
- Exposure to kids
- Wrinkles
- Social outcast
- No where to smoke
- Smells

Provide Health Feedback



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- **Elicit** permission: *“Would you like to know more about the effects of smoking on your medical condition?” “What connection, if any, do you see between smoking and your illness?”*
- **Provide** feedback in a non-threatening, neutral manner: *“Your health condition is sometimes linked to (or caused by) smoking. What happens to some people is that...”*
- **Elicit** the person’s interpretation. *“I wonder if we can talk briefly about whether or not this may apply to you?”*
 - *“How might continued smoking further impact your illness?”*
 - *“How might quitting smoking help your health?”*



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DEARS: Develop a Discrepancy

When a behavior is seen to be conflicting with important goals or values, change is more likely to occur.

Step 1: What is most important to the person (value, goal, hobby)

Step 2: Explore the reasons for choice

Step 3: Develop discrepancy.

How does continuing to smoke move you closer to getting "x"?

How does continuing to smoke move you further from getting "x"?

What do you make of this difference?

Evidenced-Based Treatments

Meta-analyses, 2008 Clinical Practice Guidelines



Monotherapies

Abstinence rate at 6 months

- | | |
|--------------------|----------------------------|
| – Nicotine Patch | 23.4% (>25 mg = 26.5%) |
| – Nicotine Gum | 19.0% |
| – Nicotine Lozenge | ----- |
| – Nicotine Inhaler | 24.8% |
| – Nicotine Spray | 26.7% |
| – Bupropion | 24.2% |
| – Varenicline | 33.2% (2 mg), 25.4% (1 mg) |

Combination Therapies

- Patch > 14 weeks + ad lib NRT = 36.5%
- Patch + Bupropion = 28.9%

Evidenced-Based Treatments

Meta-analysis, 2008 Clinical Practice Guidelines



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Behavioral Tx Abstinence rate at 6 months

Intra-tx social support 14.4%

Extra-tx social support 16.2%

Counseling/problem solving 16.2%

Quitline 12.7%

Combination

Medication and Counseling 27.6% -32.5%

Medication and Quitline 28.1%

Medication (alone) 23.2%

We need to increase use of Evidenced-Based Treatments



- Only 20-30% of smokers use EBTs to quit (Cokkinides et al 2005)
- Only 6% use a combo of meds and counseling to quit (Shiffman et al . 2008)
- 342 state medicaid programs and 96% of US health plans provide coverage for EBTs (CDC, 2006).
- Minority and low income smokers are less likely to use NRT or d/c use prematurely (Borrelli et al; Fu et al 2005).

Concluding Thoughts



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- Match counseling to person's level/stage of motivation to quit.
- Reframe past quit attempts as learning experiences vs. failures.
- Ambivalence is normal; don't fight against it.
- Motivate people to use evidenced-based treatments.