

University of Vermont

ScholarWorks @ UVM

---

Family Medicine Clerkship Student Projects

Larner College of Medicine

---

2019

## Tobacco Cessation Support in New Milford, CT

Laura R. Nelson

*University of Vermont*

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>



Part of the [Medical Education Commons](#), and the [Primary Care Commons](#)

---

### Recommended Citation

Nelson, Laura R., "Tobacco Cessation Support in New Milford, CT" (2019). *Family Medicine Clerkship Student Projects*. 533.

<https://scholarworks.uvm.edu/fmclerk/533>

This Book is brought to you for free and open access by the Larner College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact [donna.omalley@uvm.edu](mailto:donna.omalley@uvm.edu).



# “WHY STOP NOW?”

EDUCATING PATIENTS ABOUT TOBACCO CESSATION IN FAIRFIELD COUNTY, CONNECTICUT



# PROBLEM IDENTIFICATION & DESCRIPTION OF NEED

- 2017 Connecticut Statistics
  - 12.7% of adults in CT smoked cigarettes; 7.9% of high schoolers had smoked in the past 30 days.
- Statewide, many high-level initiatives have been introduced and enacted.
  - Connecticut taxes \$4.35 per pack of cigarettes, among the highest rate nationwide
  - In 2019, a law was passed in CT to raise the legal age for tobacco purchase to 21
- However, on an individual level, support for cessation is lacking.
  - The average state quit line invests \$2.21 per smoker; Connecticut's only invests a mere \$0.15 per smoker
  - Nationwide, 55% of smokers attempt to quit yearly, but fewer than 8% of smokers succeed.
    - Thus, in a year, 45% of smokers don't even *try* to quit, and 85% of those who do try to quit will fail

# PUBLIC HEALTH COSTS

- Yearly smoking-related health costs in USA = \$170 billion; in CT = \$2.03 billion
  - *This does not include losses in productivity, which amounts to an additional \$156 billion each year*
- Cigarette smoking is the leading preventable cause of death in the United States.
  - Substantially increases risk of CAD, Stroke, COPD,
  - Increased risk of cancers, including: lung, bladder, cervical, kidney, esophageal, colorectal, pancreatic and more
- Exposure to secondhand smoke has been found to:
  - Cause an estimated 7,330 deaths from lung cancer and 33,950 deaths from stroke each year
  - Raise the risk of both lung cancer and stroke by 20-30%
  - Significantly increase incidence of SIDS, Otitis Media and URI in infants and children

# COMMUNITY PERSPECTIVE

- Quotes from Marianne Mitchell, APRN
  - “PCPs generally have only about 15 minutes....but if you can hand out a brochure with contact information, or put a referral in for a formal program, this can be helpful.”
  - “Having the proper [medication] dosage, having the proper education and having people around them who are going through the same thing--these are all things that help to keep people successful [in cessation].”
- Quotes from Peter Anderson, MD
  - “The impact of smoking on health is enormous, and it costs a small fortune to boot. There are few things more beneficial to one’s health than quitting smoking.”
- Quotes from patients who have tried to quit (clear to see that different approaches work for different patients!)
  - “The worst thing my doctor did was nag me. I couldn’t stand that!” –Anonymous
  - “My doctor wouldn’t stop bugging me about it and I’m glad he didn’t, because one day it just finally clicked.” –Anonymous

# INTERVENTION & METHODOLOGY

- Created a pamphlet to be offered to patients who are current tobacco users.
  - Care was taken not to force the pamphlet on patients, especially those in “pre-contemplation”
- Pamphlet includes:
  - Information on the various health implications of using tobacco
    - This includes effects on health of family members, children etc.
  - How long it takes for certain benefits of cessation to take place
  - Supports and community resources
    - Commit to Quit CT
    - Danbury Hospital’s “Quit Now” program



### A Word About Vaping...

Vaping has been marketed in recent years as a “healthier” alternative to smoking. However, this claim hasn’t been thoroughly scientifically researched.

More importantly, a recent surge in serious respiratory illness in people who vape, including at least six sudden deaths, has led to alarm in the medical community.

---

*“There isn’t much evidence that vaping works to help quit smoking, and now there have been multiple reports of adverse effects of vaping. Therefore, it can’t be recommended under any circumstances.”*

*– Peter Anderson, MD*

---

### Still unsure?

#### That’s okay.

Smoking is an addiction, and breaking addiction takes time, effort and willpower. It’s normal to have fears and hesitation about starting this process.

Think about your goals and hopes for the future, and what you want the rest of your life to look like. Is this achievable if you continue to smoke?

Talk to your family, friends, and loved ones. Remember that your smoking affects not only you, but everyone around you.

If you decide you’re ready, reach out:

#### “Quit Now” Program

Contact: Marianne Mitchell, APRN  
Phone: 203-739-8328

“Quit Now” is a 6-week group program that meets once a week at Danbury Hospital. It is covered by many insurances and provides both education and support to smokers who wish to quit.

#### CT Quitline/Commit To Quit

Phone: 1-800-784-8669  
Web: [www.CommitToQuitCT.com](http://www.CommitToQuitCT.com)

By calling the Quitline and signing up, you can receive 2 weeks of nicotine gum, patches or lozenges, at no cost to you.



You Can  
Quit.

*Quitting smoking is often the single most important thing you can do for your health. It isn’t easy, but there are many resources to help you every step of the way.*

# RESULTS (PART I)

## What are the health dangers of smoking?

### It's not just lung cancer...

Lung cancer is certainly one of the most deadly illnesses caused by smoking cigarettes.

However, smoking significantly increases the risk of many other cancers: esophageal, colorectal, bladder, kidney, and more.

In addition, smoking increases your risk of heart attack, stroke, COPD, infertility, wrinkles and erectile dysfunction.

Finally, secondhand smoke is known to increase risk for stroke and heart disease, and asthma and respiratory illness in children and infants.

## I've smoked for decades. What's the point of quitting now?

### It is never too late to quit smoking.

-A 60-year-old who quits smoking can still expect to gain, on average, 3 years of life expectancy.

-People who quit smoking after having a heart attack reduce their chances for another heart attack by 50%.

-Want to take a vacation? Looking to buy a new car? People who smoke 1 pack per day spend, on average, \$450 a month on cigarettes – that's **\$5,400 a year** saved when you quit smoking.

## When will my health start to benefit from quitting?

### Almost immediately – and the benefits will increase over time.

-**20 minutes** after your last cigarette, your heart rate and blood pressure will begin to decrease.

-**12 hours** after quitting, the carbon monoxide level in your blood will drop back to normal.

-In **2 weeks to 3 months**, your circulation & lung function will improve, meaning less coughing and shortness of breath, and decreased risk of stroke.

-In just **1 year**, your risk of Coronary Heart Disease will be *half* of what it was as a smoker.

-In **2-5 years**, your stroke risk will be equivalent to that of someone who has *never* smoked.

-**10 years** after quitting, your risk of lung cancer will be *half* of what it was as a smoker.

-In **15 years**, risk of Coronary Heart Disease will be the *same* as someone who never smoked.

---

*“The best success rate to quit smoking is with a support group and combination medication.”*

*– Marianne Mitchell, APRN*

---



### Nicotine Replacement

You've probably heard of various types of nicotine replacement:

The **nicotine patch** comes in 3 strengths (based on how much you smoke) and is typically worn 24 hours a day to decrease craving frequency.

The **gum** and the **lozenge** can be used intermittently throughout the day to fend off stronger cravings for a cigarette.

### Prescription Medication

There are two types of prescription medications that are frequently used for tobacco cessation:

Bupropion (**Zyban, Wellbutrin**) was originally designed as an antidepressant, and was discovered to have a side effect of decreasing urge to smoke.

Varenicline (**Chantix**) activates nicotine receptors at a low level to decrease cravings.

### **Did You Know?**

CT Medicaid (Husky Health) covers group and individual counseling, and all tobacco cessation aids mentioned above.

# RESULTS (PART 2)

# EVALUATION OF EFFECTIVENESS & LIMITATIONS

## EFFECTIVENESS

- Due to the somewhat sensitive nature of tobacco cessation (patients may be defensive), gauging an emotional reaction to the pamphlet would likely be beneficial, especially to assess how patients who may be in the “pre-contemplative” stage of quitting feel about being given the pamphlet.
- For a short-term evaluation, it may be judicious to keep track of which patients are given the pamphlets, and to ask follow-up questions at the next visit:
  - Did you read the pamphlet? What was your emotional response to it? Did it change how you think about tobacco cessation? Did you contact any of the provided resources?
- For a long-term evaluation, assessing cessation rates (including both attempts and successes/failures) would likely provide the most helpful information regarding the usefulness of the pamphlet.

## LIMITATIONS

- Although the pamphlet was purposefully written to be understandable to about a 5<sup>th</sup> grade reading and comprehension level, both language and comprehension barriers will likely be present, as in any population. In addition, for patients who are visually impaired or illiterate, the pamphlet would likely not be helpful.
- Evaluating emotional response to an intervention is difficult to do in a way that is measurable and useful, especially when it requires patients reporting their own emotions.

# RECOMMENDATIONS FOR FUTURE INTERVENTIONS

- Target state legislation for more financial support for people who want to quit
  - We want savings to be maximized in order to incentivize quitting
  - Patches, pills, lozenges, gum are expensive and not always covered by insurance
- Create “Quit Now” groups in more communities at other times to maximize accessibility
  - Commute from New Milford to Danbury is ~45 minutes
  - Group is currently only offered on Tuesdays from 6pm-7pm
- Train PCPs on specific tactics for motivational interviewing for tobacco cessation
  - Found that some patients responded well to persistent PCP encouragement to quit, while others found this to feel judgmental.

# REFERENCES

- “2019 Connecticut Tobacco Use Fact Sheet.” *Truth Initiative*, [truthinitiative.org/research-resources/smoking-region/tobacco-use-connecticut-2019](https://truthinitiative.org/research-resources/smoking-region/tobacco-use-connecticut-2019).
- “Benefits of Quitting Smoking Over Time.” *American Cancer Society*, [www.cancer.org/healthy/stay-away-from-tobacco/benefits-of-quitting-smoking-over-time.html](https://www.cancer.org/healthy/stay-away-from-tobacco/benefits-of-quitting-smoking-over-time.html).
- “Connecticut Reports and Resources.” *State Tobacco Cessation Coverage*, [www.lungusa2.org/cessation2/statedetail.php?stateId=09](https://www.lungusa2.org/cessation2/statedetail.php?stateId=09).
- “Economic Trends in Tobacco | Smoking & Tobacco Use | CDC.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, [www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/economics/econ\\_facts/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/index.htm).
- “Health Effects of Cigarette Smoking | CDC.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, [www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm).
- “Health Effects of Secondhand Smoke | CDC.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, [www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/health\\_effects/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm).
- “Health Effects of Secondhand Smoke.” *American Lung Association*, [www.lung.org/stop-smoking/smoking-facts/health-effects-of-secondhand-smoke.html](https://www.lung.org/stop-smoking/smoking-facts/health-effects-of-secondhand-smoke.html).
- “What You Need to Know to Quit Smoking.” *Truth Initiative*, [truthinitiative.org/research-resources/quitting-smoking-vaping/what-you-need-know-quit-smoking](https://truthinitiative.org/research-resources/quitting-smoking-vaping/what-you-need-know-quit-smoking).
- <https://www.publicdomainpictures.net/en/view-image.php?image=19800&picture=stop-smoking>
- <https://www.maxpixel.net/Vaporizer-E-Cigarette-Electronic-Cigarette-Vaping-1301664>
- <https://pixabay.com/photos/cigarettes-smoking-stop-lung-cancer-2142848/>

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Consented  Name: Marianne Mitchell, APRN  
Name: Peter Anderson, MD

Did NOT Consent  Name: \_\_\_\_\_  
Name: \_\_\_\_\_