Ready to Quit!
A FREE smoking cessation program for Northeastern students

John Wong, DNP, ACNP-BC, TTS-C
Elizabeth Riccio, BSN, RN, TTS-C
Presenter Disclosure Information

- The following relationships exist related to this presentation:
  - John Wong, DNP, ACNP-BC, TTS-C: No financial relationships to disclose
  - Elizabeth Riccio, BSN, RN, TTS-C: No financial relationships to disclose
What is the smoking rate in the US for ages 18 or older?

A) 17.8%
B) 16.7%
C) 20.2%
D) 15.3%

Source: CDC.gov
What is the smoking rate in the US for ages 18 or older?

A) 17.8% (42 million) ages 18 or older currently smoke cigarettes.

Source: CDC.gov
Is tobacco use still the leading preventable cause of death?

A) True
B) False

Source: CDC.gov
Is tobacco use still the leading preventable cause of death?

A) True, tobacco use remains the leading preventable cause of death.

Source: CDC.gov
Smoking causes more deaths each year than...

A) Motor vehicle injuries
B) Illegal drug use
C) Alcohol use
D) Firearm-related incidents
E) All of the above combined

Source: CDC.gov
Smoking causes more deaths each year than...

E) All of the above combined. Smoking causes more deaths than motor vehicle injuries, illegal drug use, alcohol use, firearm-related incidents, and HIV combined each year.

Source: CDC.gov
More Than 480,000 U.S. Deaths Attributable Each Year to Cigarette Smoking

- Lung Cancer: 137,989 (29%)
- Ischemic Heart Disease: 133,300 (28%)
- Chronic Obstructive Pulmonary Disease: 100,600 (21%)
- Stroke: 15,300 (4%)
- Other Cancers: 36,000 (8%)

Source: CDC.gov
### Table 3. Mortality and Excess Mortality, According to Sex and Smoking Status.*

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Never Smoked</th>
<th>Current Smoker</th>
<th>% of Excess Mortality†</th>
<th>Never Smoked</th>
<th>Current Smoker</th>
<th>% of Excess Mortality†</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>deaths/1000 person-yr‡</td>
<td></td>
<td></td>
<td>deaths/1000 person-yr‡</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All causes</td>
<td>1035.5</td>
<td>2541.8</td>
<td>—</td>
<td>1528.0</td>
<td>3921.9</td>
<td>—</td>
</tr>
<tr>
<td>Diseases established as caused by smoking§</td>
<td>474.7</td>
<td>1729.0</td>
<td>83.3</td>
<td>802.4</td>
<td>2806.6</td>
<td>83.8</td>
</tr>
<tr>
<td>Additional diseases associated with smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All infections, A00–B99¶</td>
<td>19.7</td>
<td>43.5</td>
<td>1.6</td>
<td>28.4</td>
<td>64.6</td>
<td>1.5</td>
</tr>
<tr>
<td>Breast cancer, C50</td>
<td>62.7</td>
<td>79.8</td>
<td>1.1</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Prostate cancer, C61</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>65.7</td>
<td>85.6</td>
<td>0.8</td>
</tr>
<tr>
<td>Rare cancers‖</td>
<td>42.0</td>
<td>41.8</td>
<td>0.0</td>
<td>25.5</td>
<td>35.0</td>
<td>0.4</td>
</tr>
<tr>
<td>Cancers of unknown site</td>
<td>28.1</td>
<td>71.2</td>
<td>2.8</td>
<td>40.5</td>
<td>110.5</td>
<td>2.9</td>
</tr>
<tr>
<td>Hypertensive heart disease, I11</td>
<td>7.7</td>
<td>13.3</td>
<td>0.4</td>
<td>12.1</td>
<td>33.1</td>
<td>0.9</td>
</tr>
<tr>
<td>Essential hypertension and hypertensive renal disease, I10 and I15</td>
<td>7.9</td>
<td>17.0</td>
<td>0.6</td>
<td>10.4</td>
<td>23.8</td>
<td>0.6</td>
</tr>
<tr>
<td>All other respiratory diseases**</td>
<td>14.3</td>
<td>21.7</td>
<td>0.5</td>
<td>22.9</td>
<td>41.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Ischemic disorders of the intestines, K55</td>
<td>2.8</td>
<td>14.6</td>
<td>0.8</td>
<td>2.8</td>
<td>13.9</td>
<td>0.5</td>
</tr>
<tr>
<td>Liver cirrhosis, K70 and K74</td>
<td>6.9</td>
<td>20.8</td>
<td>0.9</td>
<td>10.5</td>
<td>47.9</td>
<td>1.6</td>
</tr>
<tr>
<td>All other digestive diseases††</td>
<td>20.0</td>
<td>35.3</td>
<td>1.0</td>
<td>23.7</td>
<td>55.9</td>
<td>1.3</td>
</tr>
<tr>
<td>Renal failure, N17–N19</td>
<td>16.1</td>
<td>25.6</td>
<td>0.6</td>
<td>25.0</td>
<td>41.2</td>
<td>0.7</td>
</tr>
<tr>
<td>Additional rare causes combined‡‡</td>
<td>51.7</td>
<td>93.4</td>
<td>2.8</td>
<td>38.6</td>
<td>64.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Unknown causes</td>
<td>33.0</td>
<td>90.9</td>
<td>3.8</td>
<td>53.4</td>
<td>104.9</td>
<td>2.2</td>
</tr>
<tr>
<td>Excess risk explained by additional outcomes</td>
<td>16.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15.3</td>
</tr>
</tbody>
</table>
How many more years of life is gained when a person younger than 35 quits smoking?

A) 4-7 years
B) 6-9 years
C) 1-3 years
D) 3-6 years
How many more years of life is gained when a person younger than 35 quits smoking?

B) 6-9 years. Smokers who quit before age 35 have mortality rates similar to those who never smoked.

Source: CDC. MMWR 2011 (8).
Economics

- Tobacco use costs the US ~$300 billion a year
  - $170 billion in direct medical costs
  - $156 billion in lost productivity

- In 2014 states collected $25.7 billion in tobacco taxes and legal settlements
  - States spent <2% on prevention and cessation programs

Source: CDC.gov
- Tobacco companies spends more than $8 billion dollars on marketing annually
- ~$24 million per day
- Adolescents and young adults are the target

Source: CDC.gov. USDHHS PHS, Office of the Surgeon General
Replacement smokers (young smokers)

- ~90% of smokers begin by the time they’re 18, and 98% by age 26

Source: CDC.gov. USDHHS PHS, Office of the Surgeon General
The Spring 2014 American College Health Association-National College Health Assessment reported _____ of college students used cigarettes in the past 30 days of the survey.

A) 13.8%
B) 12.2%
C) 2.4%
D) 9.9%
E) 5.3%

Source: ACHA-NCHA II.
The Spring 2014 American College Health Association-National College Health Assessment reported _____ of Northeastern students used cigarettes in the past 30 days of the survey.

B) 12.2% of college students reported smoking in the past 30 days of the survey.

Source: ACHA-NCHA II.
Position Statement on Tobacco on College and University Campuses

Offer and promote programs and services that include practical, evidence- and theory-informed approaches to end tobacco use, including screenings through health and counseling services, free/reduced-cost tobacco-cessation counseling, free/reduced-cost nicotine replacement therapy, and medication options on campus.

Source: ACHA
2014 CDC and HHS best practice goals for tobacco cessation programs

• Prevent smoking initiation among youth and young adults

• Promote quitting among young adults and youth

• Eliminate exposure to secondhand smoke

Source: CDC.gov. USDHHS PHS, Office of the Surgeon General
RTQ Components

- An initial meeting with a tobacco treatment specialist
- Weekly coaching meetings
- Weekly follow-up phone calls
- Encouraging text messages
- Opportunity to meet with a behavioral health therapist
Ready to Quit!

• Ready To Quit! originated as a result of the Northeastern University campus going smoke free.

• In January 2013, RTQ was launched at UHCS.
Ready to Quit!

• Students are able to sign up for RTQ via the UHCS webpage, or calling UHCS directly. The student will complete an assessment form and is then contacted for an initial appointment to discuss RTQ and their treatment options.

• Students enrolled in RTQ have weekly follow up and coaching meetings with a tobacco treatment specialist (TTS).

• Students are text messaged positive words of encouragement and tips for smoking cessation one to three times a week and they also receive follow up phone calls at least once a week to provide support to remain tobacco free.
Students also have the option to meet with behavioral health services for concerns regarding smoking cessation.

RTQ is a twelve week program, but can be adjusted to fit the student’s needs. This means the program may be more or less than the twelve weeks.

Students can join and/or leave the program whenever they wish. There is no maximum amount of times a student can join RTQ.
Ready to Quit!

- The treatment plan may include nicotine replacement therapy (NRT), such as nicotine patches, gum and/or lozenges, and/or medications such as Varenicline/Bupropion SR.

- These smoking cessation aids are all free of charge as well as the weekly meetings and consultations.
Ready to Quit!

- When a student finishes the RTQ program, they are followed up weekly via email or phone for four weeks. Then monthly for 5 months.
Ready to Quit!
A FREE smoking cessation program for Northeastern students
The New England College Health Association grant titled, “Ready To Quit!” Marketing Campaign: Using student ambassadors to encourage more students on campus to stop smoking, helped fund two RTQ ambassadors to assist in marketing RTQ with the goal of increasing enrollment and participation.

The ambassador’s main role is similar to peer leader roles. The ambassador provides support and help to their peers, acting as role models, and they may also have positive influences on behavior change.
RTQ ambassadors

• Not only will RTQ ambassadors help spread the word about RTQ and encourage and support students to stop smoking, they will also develop life long skills.

• These skills will include health education, health prevention, health promotion, time management, and also leadership, organizational and communication skills.
RTQ ambassadors

- Ambassadors inform and educate students about RTQ and smoking cessation and how to access resources for smoking cessation. This is accomplished by tabling, social media, speaking in classrooms and presenting to student organizations and gatherings.

- Ambassadors help recruit and enroll students contemplating or “Ready To Quit!” smoking.
Ready to Quit!
A FREE smoking cessation program for Northeastern students

Ready to Quit
College & University

Reach a new milestone
100 Likes

The first days are the hardest. Don't forget to visit http://smokefree.gov for extra help and more info #RTQ_NJU Northeastern
Home of Northeastern University health and wellness updates, events, and info! UHCS blog: uhcsnu.typepad.com/health/

Northeastern University
northeastern.edu/uhs
Joined August 2011

TWEETS  FOLLOWING  FOLLOWERS  FAVORITES  LISTS
1,303    154       844       11        8

**Northeastern UHCS @NU_UHCS • Mar 26**
Take several deep breaths. If you’re concentrating on your breathing, you won’t be thinking about smoking #RTQ_NU #Northeastern

**Northeastern UHCS @NU_UHCS • Mar 23**
Take a shower. The average shower takes 5 to 10 minutes. That might be all the time you need to get past an urge #RTQ_NU #Northeastern
Hookah

- 4 times more prevalent in cigarette smokers
  - 45.6%
  - 11.3% (non-cigarette smokers)
- Typical one hour session delivers
  - 3-6 fold more carbon monoxide
  - 46 fold higher levels of tar than a single cigarette

Source: JAMA 2015;313:456
Defining success

- Many students continue to make quit attempts.

- Many students decrease the number of cigarettes smoked despite not completing RTQ 6 month abstinence period.

- Students learn new behaviors (i.e. coping mechanisms, commitment, healthier lifestyle).

- Continue to have a comprehensive cessation program available for students.
RTQ limitations and challenges

- Transient population
- Social pressures
- Scheduling
- Breaks (i.e. Winter, Spring, Summer)
- Instant gratification
Replicating RTQ Using MAP-IT

- Mobilize
- Assess
- Plan
- Implement
- Track

Source: American College Health Association, 2015
Replicating RTQ Using MAP-IT

- Mobilize
  - Mission/Vision (cessation program)
  - Meet with stakeholders on campus (president, deans, director of health services, students)
  - Identify roles and responsibilities

Source: American College Health Association, 2015
Replicating RTQ Using MAP-IT

• Assess
  • Collect feedback from the community and assess needs
  • Is it realistic to achieve?
  • What are the different needs of your college or university?

Source: American College Health Association, 2015
Replicating RTQ Using MAP-IT

• Plan
  • Define a plan with clear objectives
  • Have a plan with specific action steps
  • Be realistic

Source: American College Health Association, 2015
Replicating RTQ Using MAP-IT

- Implement
  - Marketing
  - Program launch
  - Enrollment of students

Source: American College Health Association, 2015
Replicating RTQ Using ACHA MAP-IT

• Track
  • Evaluate process and progress

Source: American College Health Association, 2015
Referrals and resources

• 1-800-QUIT-NOW
• Smokefree.gov
• Becomeanex.org
• 2014 Best Practices for Comprehensive Tobacco Control Programs
• A Report of the Surgeon General the Health Consequences of Smoking 50 Years of Progress
• Treating Tobacco Dependence Practice Manual – American Academy of Physicians
References

References


Thank you!

Questions???