Tobacco Use Treatment in Nursing Curricula
What Faculty, Students, and Nurses Need to Know
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Objectives
- Describe evidence based interventions aimed at the problems associated with tobacco dependence
- Describe critical elements and implications of tobacco treatment contained in nursing education curricula (Academic/Clinical)
- List options for incorporating tobacco treatment programming into curricula (Academic/Clinical)
State of Tobacco Cessation Education in Nursing Academia

- Devastation of tobacco use
- Limited and inconsistent tobacco treatment content in current nursing curricula (Heath, et. al., 2012; Price, et al., 2008)
- Nursing bias and attitudes (Clark, et. al., 2004; Essenmacher, et. al., 2009; Lentz, 2008; Prochaska, 2010; Prochaska, 2011)
- Nurses feel unprepared & unqualified
- Issues unique to psychiatric population (Cotton & Manderscheid, 2008)

Academic/Clinical Curricula Delivery Methods

- Face-to-face class or seminar
- Webinar
- Teleconference
- Add to Nurse Residency Programs
- Include educational credit/ CE’s

What Nurses and Students need to know

... And Nursing faculty...
Ethics & Tobacco
Nursing Implications

• Diminished autonomy
  - Imperative that nurses explore patient’s statements
  - ‘Hooked from the first cigarette’ (DiFranza, 2008; Sanouri, et. al., 2008)
  - ‘Informed Consent’ (Goodin, 1988)
  - ‘Taking rights away’
  - Raising confidence levels (patient & nurse)

Common Nursing Language

• Tobacco use vs. ‘smoking’
• Example: cigarettes per day (cpd) vs. pack years; mutually agreed upon assessment tools; define ‘brief intervention’ vs. ‘intensive intervention’
• Performance Measures
• Stats & Data Mining
• To use NIC/NOC, that is the question...

Nicotine Dependence:
A Tale of Two Problems

1. Biological:
   - Nicotine addiction
   - Central Nervous System development:
   “… nicotine-caused changes in brain receptor number, density, sensitivity, and permeability alter the brain’s response to normal neurotransmitters...changes neuronal gene expression, second messenger system functions, modulations mechanisms, and even arborization patterns, creating an environment that is “engineered” to function best in the presence of nicotine... (American College of Chest Physicians: Tobacco Toolkit).”
Nicotine Dependence: A Tale of Two Problems continued

2. Psychosocial:
   - The habituation process:
     - 1 cig \( \sim \) 10 puffs
     - 1 pack \( \sim \) 200 puffs
     - Pack/day x 1 yr \( \sim \) 73,000 puffs
     - Pack/day x 20 yrs \( \sim \) 1.5 million puffs
   - Socialization
   - Rationalization, grief, PTSD, substance abuse, psych Dx, etc.
   - (Mis)perceptions

Biological Strategies

- Non-pharmacological strategies:
  - “The Big 3” (eat right, exercise right, sleep right)
  - Quit Planning for biologically-based triggers
  - The role of Complimentary Alternative Medicine in tobacco cessation treatment
  - Deep breathing and relaxation techniques

Biological Strategies: Pharmacological

- Tobacco products: cigarettes, cigars, mini-cigars, chew/ dip/ snuff, loose tobacco
- Nicotine content in tobacco products
- Medications (“This is not strep throat or a URI” R.D. Hurt, MD, Mayo Clinic):
  - Chantix
  - Zyban/ Wellbutrin/ Bupropion
  - Nicotine Replacement Therapy: Patch, gum, lozenge, inhaler, nasal spray
  - Bioavailability
### Psychosocial Strategies

- Nurse training with Motivational Interviewing/Stages of Change
- Cognitive Behavioral Therapy
- Thought stopping/thought challenging
- Strategies for limit setting w/family/friends
- Family/friend support
- American Cancer Society: Helping a Smoker Quit
- How to socialize w/o using tobacco

### Treatment Models

- Centralized: a separate direct care service, consulting, QI, Stats, Research
- Decentralized: direct care services co-located within treatment areas, little oversight
- Blended: separate direct care service w/oversight of co-located treatment, consulting for high risk patients (recent cancer Dx/MI/stroke, HgBA1C 8.9 or higher, impending transplant, home oxygen patient, etc), staff training & clinical champions

### Academic Dissemination Options: Undergraduate

- ADN/BSN programming topics:
  - Recognizing personal bias & ethics
  - Accurate assessments, physical effects, psychological effects
  - Improving effectiveness of tobacco treatment strategy delivery
  - Comprehensive knowledge of medications
  - MI/ CBT/ SOC training
  - Nicotine effects on medications
  - Program development support
Academic Dissemination Options: Graduate

- Undergraduate Programming PLUS:
  - Comprehensive staff training (clinical and academic) i.e. ‘Train the Trainer’
  - Program design & development
  - Program evaluation
  - Research/publication opportunities
  - C-TTS

Dissemination: Clinical Opportunities

- Clinical tobacco treatment champions
- MI trainers for behavioral health change
- CBT trainers
- Nurse Residency at clinical site
- Mentorship
- QI/Performance Measure projects
- Practice research & publication

Nursing Implications

- Common nursing language is a MUST!
- Nursing impact on sluggish quit rates = OPPORTUNITY!!!
- Training and competency
- Nursing evaluation of tobacco treatment models and strategies
- Program development
Resources

- Tobacco Free Nurses: http://www.tobaccofreeneurses.org/
- Rx for Change: www.rxforchange.ucsf.edu/
- CITTs training: via Mayo clinic and many other sources
- ATTUD membership: www.attud.org/
- Society for Research on Nicotine & Tobacco: http://www.srnt.org/
- Tobacco Cessation Leadership Network: http://www.tcln.org/
- Motivational Interviewing: http://www.motivationalinterview.org/
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- Motivational Interviewing: http://www.motivationalinterview.org/

References

- Clark, E., McCann, T. V., Rowe, K., & Lazenbatt, A. Cognitive dissonance and undergraduate nursing students' knowledge of, and attitudes about smoking. Journal of Advanced Nursing, 46(6), 586-594.

References continued...

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