

Spiritual Practice of Quitters at the Nevada Tobacco Users Helpline

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Elizabeth Fildes, Ed.D, RN, CNE, CARN-AP
Salome Kapella-Mshigeni, MPH
Sophie Vang, BSN, RN
Vincent Balbuena, BSN, RN



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Tobacco Use

National Level

- Single most preventable cause of disease, disability, and death (Centers for Disease Control and Prevention [CDC], 2013)
- Nearly 1 in 5 adults (18+ years or older) smoke
 - **45.3 million** (20.9% of population)
 - Estimated **443,000** Americans die from smoking or exposure to secondhand smoke per year
 - 50% of individuals of those continually smoking will die from smoking related causes
 - For every 1 smoking-related death, 20 people suffer with a smoking-related disease



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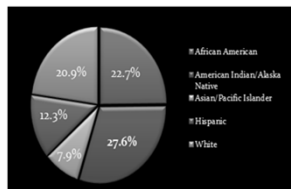
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Tobacco Use

Nevada in 2012

- Behavioral Risk Factor Surveillance System (BRFSS via CDC):
 - **18.1%** adults smoked [19.9% Male vs. 16.4% Female]
 - Current Smoking (Adults) by the numbers

Race/Ethnicity



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Tobacco Use

Youths in Nevada

- Youth Risk Behavior Surveillance System (YRBSS)
 - **17.0%** youths smoked [18.6% Male vs. 15.3% Female]
- Campaign for Tobacco Free Kids' (2013) Toll of Tobacco Stats:
 - Kids (under 18) becoming new daily smokers/year: **2,400**
 - Kids exposed to secondhand smoke at home: **84,000**
 - Packs of cigarettes smoked by kids/year: **6.0 million**
 - High school (HS) students who smoke: **17.0%** (24,000)
 - Male (HS) students using either smokeless or spit tobacco: **8.8%**
 - Youths (under 18) who will ultimately die prematurely from the effects of smoking: **47,000**



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Health Economic Impact in Nevada

An Overview

- CDC (2013) via Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) online application

	Smoking - Attributable Mortality (SAM), 2000-2004		Smoking - Attributable Productivity Losses, 2000-2004		Smoking - Attributable Expenditures (SAEs), 2004	
	SAM ¹ Total	SAM ¹ Rate	Productivity Losses* (\$)	Type of Expense	SAEs (\$)	
Overall:	3,310	343.7	902,851,000	Overall:	709,000,000	
Male:	1,935	437.0	578,890,000	Ambulatory Care:	144,000,000	
Female:	1,375	266.4	324,161,000	Hospital Care:	349,000,000	
				Nursing Home Care:	27,000,000	
				Prescription Drugs:	114,000,000	
				Other [†] :	75,000,000	

Note: ¹Age-adjusted rate expressed per 100,000 population.

Note: *Average annual total among adults aged 25 years and older. It does not include burn or secondhand smoke deaths.

Note: †Excess personal health care expenditures attributed to diseases for which cigarette smoking is a primary risk factor, among adults aged 18 years and older. † Home health services and durable medical equipment expenditures.

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Tobacco-Related Costs

National vs. Nevada

- Smoking-Caused Federal vs. Nevada Government Expenditures & Related Tax Burdens on Citizens (Campaign for Tobacco Free Kids via Ann Boonn, 2013)

	NV Taxpayers' Share of Federal Government Smoking-Caused Expenditures (millions/year)	NV Taxpayers' Payments to Cover State Government Smoking-Caused Expenditures (millions/year)	NV Taxpayers' Fed/State Smoking-Caused Tax Burden (millions/year)	Average State Households Fed/State Smoking-Caused Tax Burden (dollars/year)
Nevada (NV)	\$ 460.6	\$ 66.5	\$ 527.0	\$ 536
US (Total)	\$ 54.5 billion	\$ 16.4 billion	\$ 70.3 billion	\$ 611

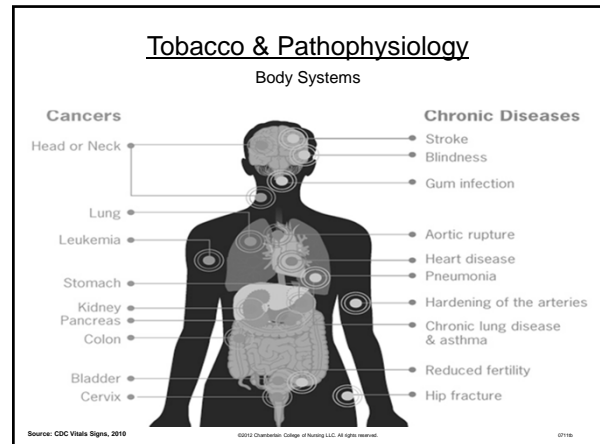
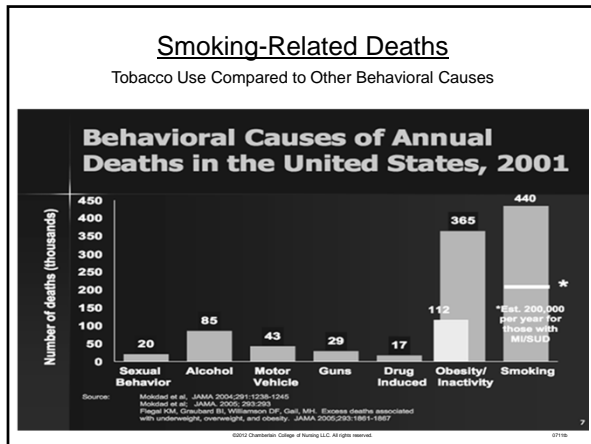
- Breakdown of Tobacco-Related Costs and Revenues (Tobacco Free Kids via Ann Boonn, 2013)

	Smoking Caused Health Costs	Smoking Caused Productivity Losses	State Gov't Smoking Medicaid Costs	Federal Smoking Medicaid Costs	Other State Gov't Smoking Health Costs	Other Fed. Gov't Smoking Caused Costs	Taxpayers Fed/State Tax Burden From Smoking	Estimated FY13 State Tobacco Tax Revenues	Estimated FY13 State Tobacco Settlement Revenues	Estimated FY13 State Tobacco Prevention Spending	CDC Annual Spending Target
Nevada	\$65	\$80	\$49.5	\$73.4	\$17.0	\$110.8	\$27.0	\$102.2	\$41.4	\$1.2	\$2.5
States Total	\$66+ bill.	\$97+ bill.	\$13.5 bill.	\$17.5 bill.	\$2.9+ bill.	\$33.6 bill.	\$70.3 bill.	\$18.4 bill.	\$7.3 bill.	\$49.5	\$3.7 bill.

*Note, all amounts in millions except where otherwise indicated.

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Basic Pathophysiology

Findings of Surgeon General's report (U.S. Department of Health & Human Services, 2010)

- o Contains **7,000** chemicals including poisons.
- o These poisonous chemicals reach every organ in the body.
- o Go quickly from your lungs to your blood to arteries to tissues in all parts of the body leading to inflammation and damage!
- o Much like a drain cleaner on your skin, it would hurt and become inflamed...if done many times/day; skin will not have a chance to heal; it will stay **red, irritated** and **inflamed**.
- o Organs have a lining of cells similar to skin...continuous exposure will be damaging.
- o White blood cell numbers stay high meaning the body will be constantly fighting against the damage caused by tobacco smoke.
- o Poisons cause stress in our body.
- o **This stress can lead to disease in almost any organ!!!**

Effects Due to Secondhand Smoke

Causal Associations with Second-Hand Smoke

<p>> Developmental</p> <ul style="list-style-type: none"> • Low birth weight • Sudden Infant Death Syndrome • Pre-term delivery 	<p>> Carcinogenic</p> <ul style="list-style-type: none"> • Lung cancer • Nasal sinus cancer • Breast cancer (younger, premenopausal women)
<p>> Respiratory</p> <ul style="list-style-type: none"> • Asthma Induction and Exacerbation • Eye and nasal irritation • Bronchitis, pneumonia, otitis media in children 	<p>> Cardiovascular</p> <ul style="list-style-type: none"> • Heart disease mortality • Acute and chronic coronary heart disease morbidity • Altered vascular properties

Tobacco Quitlines

What are they?

- One of CDC's 9 best practices for tobacco control
- Population-based tobacco cessation intervention
- Efficacy supported by research, and real-world settings
- Quitline Advantages:
 - Accessible
 - Convenient
 - Cost Effective
 - Evidence Based Treatment

Quitline History

- 1997
 - Founded by Elizabeth Fildes, Ed.D
 - University of Nevada School of Medicine
 - Department of Family & Community Medicine
- 2002
 - Department of Internal Medicine
- 2008
 - Department of Psychiatry

Quitline Services

- Adults Services
 - Telephone-based counseling
 - Psycho-education group therapy
 - Specialized materials
 - Medication Assistance Program



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Eligibility Criteria

- Adult Quitline
 - Nevada Residents; 18 Years or older; English Speakers; and Spanish Speakers
- Service Regulated
 - Provides an integrated approach, combining the disciplines of medicine and counseling
 - Professional counselors are Licensed with the State of Nevada Board of Examiners for Alcohol, Drug and Gambling Counselors
 - The Helpline follows federal (42 C.F.R. Part 2 and HIPAA) and state regulations (NRS 641.C and NAC 641.C)



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Holistic Model



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Intervention Method Used

- Ask
- Advice
- Assist = Referral



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Addiction Model

- Behavioral Treatment
- Addiction Treatment
 - Physiological
 - Psychological
- Pharmacotherapy
- Relapse Prevention



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FDA Approved Medications

- Nicotine Gum
- Nicotine Lozenge
- Nicotine patch
- Nicotine nasal spray
- Nicotine inhaler
- Bupropion tablets
- Varenicline tablets




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Stages of Change

Theory Model

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance




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Spirituality vs. Religion

Spirituality at a Glance


- Both
 - Emphasize purpose of life & depth of meaning
 - Expressed through art, poetry & narrative
- **Spirituality**
 - Innate connection (soul) with a "Greater"/sacred entity (God)
 - More personal
 - Less formal
 - More inclusive
- **Religion**
 - Refers to culturally and socially based traditions and beliefs
 - Associated with ceremony



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Spirituality's Role in Recovery

- Facilitating cultural and diverse needs of individuals
- Integrating into plans of care by health care professionals
- Therapeutic role in the promotion of meaningfulness in recovery from addiction addressing symptoms (Galanter, 2006):
 - o Anxiety
 - o Depression
 - o Maladaptive substance use




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Spirituality & Substance Abuse Research

Overview


- Positive correlation between high levels of spirituality and greater physical & mental health (Conner, Anglin, Annon, & Longshore, 2009; Heinz, Disney, Epstein, Glezen, Clark & Preston, 2010).
- -However, the role of spirituality in potentially facilitating successful addiction treatment outcomes has only been researched within the last couple of decades (Longshore, Anglin, & Conner, 2009).
- -Bulk of knowledge on alcohol and other medical conditions (cancer).



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Research on Drug and Alcohol Treatment

- **Priester et al.'s (2009) national survey examining the prevalence of the twelve-step approach and the use of holistic techniques found that**
 - o 91% of sampled treatment centers (N=139) endorsed a twelve-step approach
 - o 58% of programs used meditation as a component of treatment
 - o 26% of treatment programs actively used prayer as a component of treatment



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Research on Drug and Alcohol Treatment

...continued

- **Focus-group study on spirituality and substance-abuse treatment (Heinz, Disney, Epstein, Glezen, Clark & Preston, 2010) of 25 methadone-maintained outpatients (primarily high-school educated, African-American males)**
 - o Heinz et al.'s (2010) study found that spirituality conflicted during the active phase of addiction
 - Conflict between following religious practices and drug abuse
 - Addiction as a means of partially to fully replacing spirituality
 - Struggle to redefine moral beliefs



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Research on Drug and Alcohol Treatment

...continued

- o Went "hand in hand" during recovery
 - Reflection on experiences increased each participant's spiritual purpose in life
 - Described as "hope"
 - Credited improving state of mind by giving inner peace and strength
- o Nearly all participants agreed that a voluntary spiritual discussion group into formal treatment in clinic would be preferable to a twelve-step approach
 - Preferred private activities that served spiritual purpose
 - Felt isolated by their religious institutions due to perceived notions of casted moral judgments



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Spirituality Practices in Nicotine Addiction

- Faced slow progress towards acceptance by major health organizations and services
- Traditionally, mostly all resources have been allocated to research of alcohol and other complex medical conditions in relation to spiritual practices
- Very limited research = Very wide gap of knowledge



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Nicotine Addiction Research

Brief Report of 2007 Pilot Study

- **Gonzales et al.'s (2007) survey was one of the first studies to examine the impact of spiritual support in nicotine addiction**
 - o Hypothesized the lack of recognition of spirituality in nicotine addiction may have been linked to perceived resistance from smokers.
 - o Wanted to understand why spirituality was considered fundamental in treating multiple drug dependencies (that may have included tobacco) but not treating tobacco addiction separately.
 - o Identified a total of 109 smokers (on average 38.3 years-old, smoked 17.4 cigarettes per day and smoked for 21.3 years in Oregon Health and Science University.



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Nicotine Addiction Research

...continued

- o Among surveyed participants, 92 individuals had history of use of spiritual resources.
- o 78% believed that using personal spiritual resources might be helpful in quitting smoking.
- o Concluded that smokers might have been receptive (not resistant) to the use of spiritual resources as means of decreasing and/or quitting smoking.
- o Served as a basis for on-going research to build upon.



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Spiritual Practices of Quitters at the Nevada Tobacco Users' Helpline (NTUH)

- Study to better understand the dynamics of nicotine treatment and the use of spirituality (Fildes, Kapella, Vang, & Villar, 2012).

Purpose

- To identify what spiritual practices recommended by counselors were mostly employed by clients who have quit through Helpline's multidimensional and comprehensive strategies.



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Spiritual Practices of Quitters at the Nevada Tobacco Users' Helpline (NTUH)

...continued

Methodology

- 13 month study time frame (Oct 2011 – Nov 2012)
- Level III clients received intensive counseling (3-10 sessions) and medication for smoking cessation
- 343 clients' records reviewed to identify spiritual practices utilized
 - o 170 Level III clients (completed 7 month evaluation) with a quit rate of 48.24%
 - o 173 Level III clients (completed a 13 month evaluation) with a quit rate of 44.89.



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Spiritual Practices of Quitters at the Nevada Tobacco Users' Helpline (NTUH)
 ...continued

Results

- Total (N=343) clients combined

- Spiritual practices reported
 - 42% used prayer
 - 31% utilized meditation



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Spiritual Practices of Quitters at the Nevada Tobacco Users' Helpline (NTUH)
 ...continued

Conclusion

- While some individuals chose to smoke, others have great difficulty in quitting.

- Spiritual practices may be beneficial to individuals who are seeking to stop smoking.

- Further study required to analyze whether the degree of spiritual belief of subjects impact their recovery from nicotine addiction.



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Implications for Nursing Professionals

- Nurses as spiritual, cultural and health education advocates in addressing the spiritual component in relation to total care
- Nursing plans of care (individualize for diverse populations)
- Invaluable resource (Quitlines)
 - Timely and accessible
 - Helps addresses significant barriers (transportation difficulties, physical impairment, work/family responsibilities, language, cultural competency)
- Create initiatives (continuing education units) to increase knowledge and working partnerships between nurses and Quitlines



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