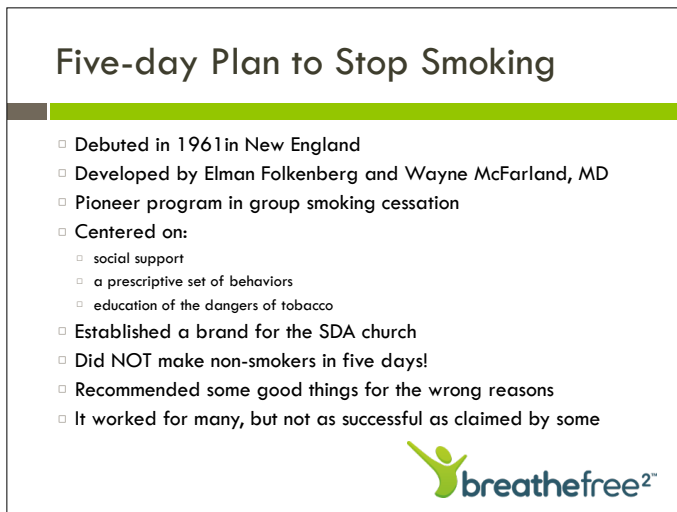


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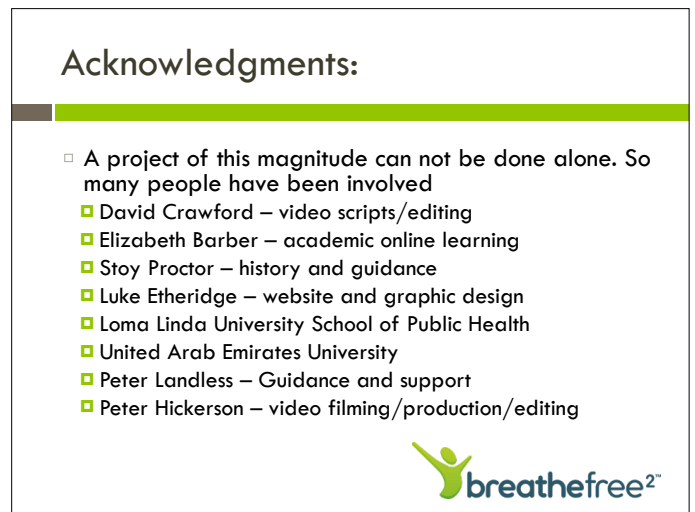
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6

Outline

- History of Tobacco
- History of tobacco control
 - 60 Years of Progress
 - Health Consequences
- Latest findings in smoking cessation
 - The role of pharmaceuticals, patches, and gums
- Acquired Motivation - nicotine addiction
 - The Solomon's Opponent Process model
 - The Biphasic Effects of nicotine
- Behavior change tools
- Hands-on learning of the new Breathe-Free 2.0 Program
 - Demonstration of the new website.



7

History of Tobacco



8

History of Tobacco

In the Beginning

- Tobacco is a plant that grows natively in North and South America.
- It is in the same family as the potato, pepper, and poisonous nightshade, a deadly plant.
- As early as 1 B.C., Indigenous Americans began using tobacco in many different ways:
 - Religious and medicinal practices.
- Tobacco was believed to be a cure-all

Production



Source: Boston University Medical Center



9

The New World Discovered

- October 15, 1492, Christopher Columbus was offered dried tobacco leaves as a gift from the Native American's he encountered.
 - ⊙ Soon after, sailors brought tobacco back to Europe, and the plant was being grown all over Europe.
- The major reason for tobacco's growing popularity in Europe was its supposed healing properties.
 - ⊙ Europeans believed that tobacco could cure almost anything, from bad breath to cancer!
- In 1588, A Virginian named Thomas Harriet promoted smoking tobacco as a viable way to get one's daily dose of tobacco.
 - ⊙ He died of cancer.



10

New world continued

- 1600's, tobacco was so popular that it was frequently used as money!
- In 1610 Sir Francis Bacon noted that trying to quit the bad habit was really hard!
- In 1632, 12 years after the Mayflower arrived on Plymouth Rock, it was illegal to smoke publicly in Massachusetts!



11

Tobacco: A Growth Industry

- In 1776, during the American Revolutionary War, tobacco helped finance the revolution by serving as collateral for loans the Americans borrowed from France!
- In 1826, the pure form of nicotine is finally discovered. Soon after, scientists conclude that nicotine is a dangerous poison.
- In 1847, the famous Phillip Morris is established, selling hand rolled Turkish cigarettes.
- In 1901 3.5 billion cigarettes were sold, while 6 billion cigars were sold.
- Along with the popularity of cigarettes, however, was a small but growing anti-tobacco campaign, with some states proposing a total ban on tobacco.



12

War & Cigarettes: A Deadly Combo

- The use of cigarette exploded during World War I (1914-1918), where cigarettes were called the "soldier's smoke".
- By 1923, Camel controls 45% of the U.S. market! In 1924, Phillip Morris begins to market Marlboro as a woman's cigarette that is a "Mild as May"!
- During World War II (1939-1945), cigarette sales are at an all time high. Cigarettes were included in a soldier's C-Rations (like food!). Tobacco companies sent millions of cigarettes to the soldiers for free, and when these soldiers came home, the companies had a steady stream of loyal customers.
- During the 1950's, more and more evidence was surfacing that smoking was linked to lung cancer. Although the tobacco industry denied such health hazards, they promoted new products which were "safer", such as those with lower tar and filtered cigarettes.



13

Health Hazards Revealed!

- In 1964, the Surgeon General's report on "Smoking and Health" was published. This report assisted in allowing the government to regulate the advertisement and sales of cigarettes. The 1960's in general was a time when much of the health hazards of smoking were reported. In 1965, television cigarette ads are taken off the air in Great Britain.
- In 1966, those health warnings on cigarette packs begin popping up.



14

Cigarettes Sales Today

- 10 million sold every minute
- 15 billion sold daily
- 5,8 trillion sold annually



15

History of Tobacco Control



16

1950s

- Smoking continues to climb, as the evidence for tobacco's negative health effects builds.
- Rigorous studies link tobacco use to death and disease.
- The Federal Trade Commission says cigarette ads that highlight health benefits are deceptive.



17

1955

- The American Cancer Society-commissioned Hammond-Horn study conducted from 1952 to 1955 includes 188,000 U.S. men recruited by 22,000 volunteers.
- This is the first large prospective study to examine the effect of cigarette smoking on death rates from cancer and other diseases.



18

1957

- First U.S. Surgeon General Leroy E. Burney issues a "Joint Report of Study Group on Smoking and Health." The report says, "It is clear that there is an increasing and consistent body of evidence that excessive cigarette smoking is one of the causative factors in lung cancer." This marks the first time the U.S. Public Health Service takes a position on smoking and health.



19

1963

- Yearly per capita consumption of cigarettes in the U.S. reaches its peak, at 4,336 cigarettes per person per year — more than a pack of cigarettes every two days. Cigarette consumption will begin a true downward trend in 1964 with the release of the first Surgeon General's report on tobacco and health.



20

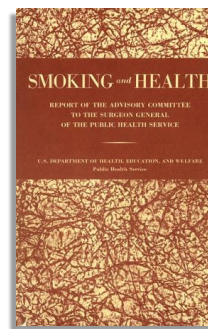
1964

- The landmark Surgeon General's report linking smoking and lung cancer is released by Surgeon General Luther L. Terry. The report was developed by a committee of 10 experts from diverse disciplines with no previous stance on tobacco. The committee reviewed more than 7,000 scientific articles with the help of more than 150 consultants.
- Dr. Terry later said the report "hit the country like a bombshell. It was front-page news and a lead story on every radio and television station in the United States and many abroad."
- A survey conducted in 1958 found that only 44 percent of Americans believed smoking caused cancer, while 78 percent believed so by 1968. The report marked a major shift in the tides of public opinion and kicked off 50 years in the fight against death and disease from tobacco.

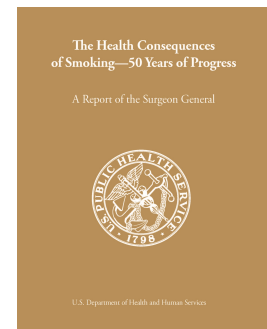


21

50 Years of Progress



1964



22

The Power of Nicotine Addiction

- Nicotine is the primary addicting agent in cigarettes.
- Nicotine keeps people smoking longer, and that causes more damage to the body.
- Nicotine patches, gum, and lozenges are safe when used as directed.



23

The Grimm Statistics

- Our World in Data
 - <https://ourworldindata.org/smoking>
- WHO
 - https://www.who.int/health-topics/tobacco#tab=tab_1
 - <https://www.paho.org/en>

Smoking is still the leading cause of preventable disease and death globally.



24

What We've Learned

The Killer Cigarette

- Smoking risks are more deadly than 50 years ago.
- Smokers inhale over 7,000 chemical compounds.
- At least 70 CAUSE CANCER.



25

What We've Learned

The Killer Cigarette

- Smoking causes disease in nearly every organ.
- Secondhand smoke kills more than 41,000 nonsmokers every year in the US.
- There is no safe level of SHS exposure and NO SAFE CIGARETTE.



26

21st Century Tobacco Use (Global)

Between 2010 and 2014 smoking caused

- Nearly half a million premature deaths a year
- More than 87% of all lung cancer deaths
- 61% of all pulmonary deaths
- 32% of all coronary deaths



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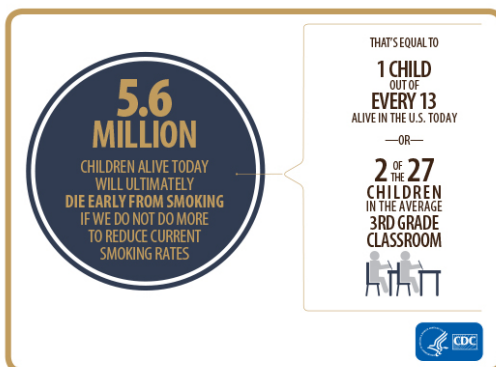
Smoking and Children

- Every adult who dies early because of smoking is replaced by two new young smokers.
- If they keep smoking, at least one of the two will also die early from smoking.



28

Smoking and Children



29

Smoking and Children

- Today about half of all children 3-18 years of age are exposed regularly to cigarette smoke.
- Every day over 3,200 kids try their first cigarette and another 2,100 youth and young adults become daily smokers.
- Nearly 9 out of 10 smokers started before age 18.



30

The costs of smoking (US)

- We spend at least **\$132 billion** in yearly medical care for adults.
- We lose at least **\$157 billion** yearly in productivity costs when smokers get sick and die early.
- Social costs
- Pain and suffering
- All attributed to the power of nicotine addiction.



31

Is there a role for the church in smoking cessation?



32

Latest Findings in Smoking Cessation



33

Nicotine Replacement Therapy (NRT)

- NRT reduces withdrawal by giving a little nicotine, but not any of the other dangerous chemicals found in cigarettes.
 - This helps satisfy nicotine craving and lessen the urge to smoke.
- NRT options include patches, gum, lozenges, an inhaler, and nasal spray.
 - Patches, gum, and lozenges are available without a prescription.
- If the smoker is pregnant or planning to become pregnant, strongly encourage them to talk with their doctor or pharmacist before using NRT.



34

Other Quit Smoking Medications

- **Bupropion (Zyban)**
 - Helps to reduce nicotine withdrawal and the urge to smoke
 - Can be used safely with NRT
- **Varenicline (Chantix)**
 - Helps to reduce nicotine withdrawal and the urge to smoke.
 - It blocks the effect of nicotine from cigarettes if user starts again.



35

Bupropion SR pills

- Bupropion SR is a medicine that has no nicotine. You need a prescription to get these pills. They seem to help with withdrawal and lessen the urge to smoke. Some people have side effects when using bupropion SR pills. The side effects include dry mouth and not being able to sleep. Ask your doctor, dentist, or pharmacist if this medicine is right for you. Make sure to use it the way your doctor prescribes it.
- This medicine is not right for:
 - Pregnant women
 - People who have seizures
 - People with eating disorders
 - Heavy drinkers



36

Varenicline Pills

- Varenicline is also a medicine that has no nicotine. You need a prescription to get these pills. This drug may help those who wish to quit by easing their withdrawal symptoms and by blocking the effects of nicotine from cigarettes if they start smoking again. The side effects include stomach issues, like nausea, and vivid dreams. There have been rare reports of mood swings, depression, and suicidal thoughts. Your doctor will want to monitor this carefully. Ask your doctor, dentist, or pharmacist if this medicine is right for you. Make sure to use it the way your doctor prescribes it.
- This medicine is not right for:
 - People with kidney problems
 - Women who are pregnant, plan to become pregnant, or are breastfeeding



37

What is the motivation to smoke?



38

Reasons for Smoking Addiction (1941)

There seem to be two types of smokers, the lusty and the tense. “The lusty ‘are the people with strong appetites who generally and thoroughly enjoy all the good things of the earth and with them smoking.... While the lusty have appetites to satisfy, the tense have tensions to relieve.”

Kahn and Gildea (1941)



39

Reasons for Smoking Addiction (1945)

- Nicotine
- Optical perception of the smoke
- Fire worship
- Agreeable smell and taste
- Mechanical manipulation of the cigar or cigarette somewhat resembling the influence of the nipple on the infant
- Pleasurable irritation of the laryngeal and tracheal sensory branches of the pneumogastric nerve
- Stimulation
- Sociability
- It gives people something to do
- It permits one to do nothing — gracefully
- Relief of tension

Finnegan, Larson, and Haag (1945)



40

Reasons for Smoking Addiction (1983)

- Handling/Sensorimotor manipulation
- Craving / Psychological Addiction
- Habit
- Stimulation
- Pleasurable relaxation
- Crutch / Tension reduction

Horn & Wainglow (1983, DHHS) factor analytic studies



41

Philosophical Implications

- Richard Solomon (1980 A.D.) – “The costs of pleasure and the benefits of pain”
- King Solomon (about 950 B.C.) – “What the wicked dreads will overtake him; what the righteous desire will be granted.” Proverbs 10:24 (NIV)



42



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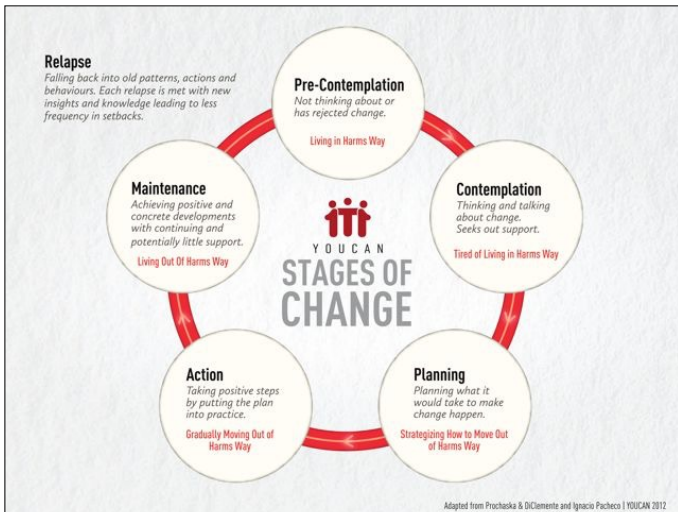
Stages of Change Model

1. Pre-awareness
2. Awareness that there is a problem
3. Thinking about change
4. Planning for behavior change
5. Action. Working a plan.
6. Persistence. Practice make perfect.
7. Try again. (If you fail)

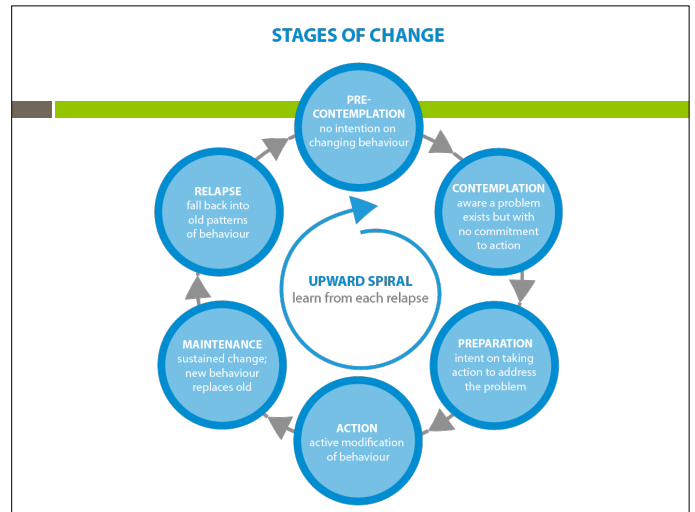
Success. (For some, for a while)



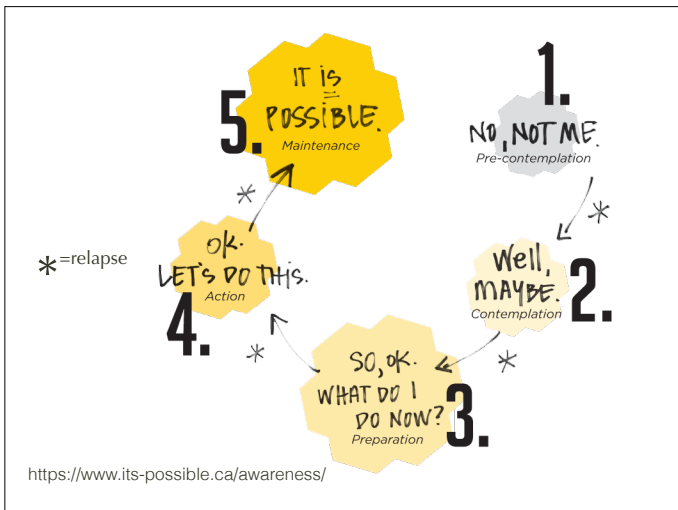
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45



46



47

Pre-contemplation

- Characteristics:
 - Not currently considering change: "Ignorance is bliss"
- Techniques:
 - Validate lack of readiness
 - Clarify: decision is theirs
 - Encourage re-evaluation of current behavior
 - Encourage self-exploration, not action
 - Explain and personalize the risk



48

Contemplation

- Characteristics:
 - Ambivalent about change: "Sitting on the fence"
 - Not considering change within the next month
- Techniques:
 - Validate lack of readiness
 - Clarify: decision is theirs
 - Encourage evaluation of pros and cons of behavior change
 - Identify and promote new, positive outcome expectations



49

Change Indicates Holy Spirit's Work

- "Every desire for truth and purity, every conviction of our own sinfulness, is an evidence that His Spirit is moving upon our hearts. Steps to Christ 26



50

Preparation

- Characteristics:
 - Some experience with change and are trying to change: "Testing the waters"
 - Planning to act within 1 month
- Techniques:
 - Identify and assist in problem solving re: obstacles
 - Help patient identify social support
 - Verify that person has underlying skills for behavior change
 - Encourage small initial steps



51

Action

- Characteristics:
 - Practicing new behavior for 3-6 months
- Techniques:
 - Focus on restructuring cues and social support
 - Bolster self-efficacy for dealing with obstacles
 - Combat feelings of loss and reiterate long-term benefits



52

Prayer is the Key

- "Ask, and it will be given to you; seek, and you will find; knock, and it will be opened to you" Matthew 7:7.
- "If any of you lacks wisdom, let him ask of God, who gives to all liberally and without reproach, and it will be given to him" James 1:5.



53

Simplest Prayer Effective

- "We should reach out the hand of faith, and grasp the arm of infinite power. The simplest prayer that is put up in faith is acceptable to heaven. The humblest soul that looks up to Christ in faith is connected with the God of the universe." Signs of the Times, March 10, 1890.



54

Every Sincere Prayer Answered

- **“God is bending from his throne to hear the cry of the oppressed. To every sincere prayer he answers, ‘Here am I.’ The prayer that ascends from a broken and contrite heart is never disregarded;** it is as sweet music in the ears of our heavenly Father: for he waits to bestow upon us the fullness of his blessing.” The Oriental Watchman, 12-01-1909.



55

Maintenance—Success

- Characteristics:
 - Continued commitment to sustaining new behavior
 - Post-6 months to 5 years
- Techniques:
 - Plan for follow-up support
 - Reinforce internal rewards
 - Discuss coping with relapse



56

God’s Special Help with Bad Habits

- There are a lot of godless behavior change programs.
- God will always help people change destructive habits.
- God will help those who do not know him!
- God’s help in changing a bad habit may be the first step in convincing them He is real.
- God’s help is available to all, and will be dispensed to all who sincerely ask.



57

Don’t Dwell on the Negatives

- **“In working for the victims of evil habits, instead of pointing them to the despair and ruin toward which they are hastening, turn their eyes away to Jesus.** Fix them upon the glories of the heavenly. This will do more for the saving of body and soul than will all the terrors of the grave when kept before the helpless and apparently hopeless.” The Ministry of Healing, p. 62-63.



58

All Behaviors Can be Changed

“Christ has given His Spirit as a divine power to overcome all hereditary and cultivated tendencies to evil, and to impress His own character upon His church.”
Desire of Ages 671



59

Relapse

- Characteristics:
 - Resumption of old behaviors: "Fall from grace"
- Techniques:
 - Evaluate trigger for relapse
 - Reassess motivation and barriers
 - Plan stronger coping strategies



60

Keeping it Up.

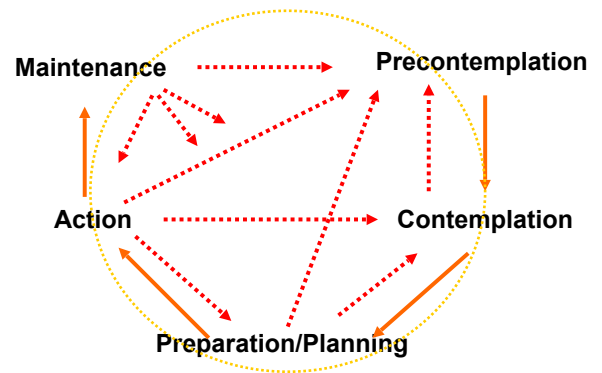
“He who would overcome must hold fast to Christ. He must not look back, but keep the eye ever upward, gaining one grace after another.” 6 T 148



61

Transtheoretical Change Process

HOW PEOPLE CHANGE



62

Five Basic Steps in Self-Behavior Change

1. Select a Behavior
2. Observe the Behavior
3. Develop a Plan
4. Apply the Plan
5. Maintain the Behavior



63

Role of Spiritual Help in Cessation

- There are a lot of godless behavior change programs.
- Goal of our programs must be to introduce people to the only Power that can effect permanent change.



64

What is the “Health Message”?

- More than a set of scientifically established health practices.
- More important than its component parts.
- Does far more than modern science can demonstrate.
- Eternal health benefits ONLY come from Jesus.
- The Seventh-day Adventist health message, can bring the dead to life.



65

“To arouse those spiritually dead, to create new tastes, new motives, requires as great an outlay of power as to raise one from physical death. It is indeed giving life to the dead to convert the sinner from the error of his ways; but our Deliverer is able to do this; for He came to destroy the works of the enemy. And will He not accomplish that which He has pledged himself to perform? RH, March 12, 1901 (Emphasis mine)



66

"Medical missionary work is in no case to be divorced from the gospel ministry. The Lord has specified that the two shall be as closely connected as the arm is with the body. Without this union neither part of the work is complete. The medical missionary work is the gospel in illustration." CH 424



67

"We should ever remember that the object of the medical missionary work is to point sin-sick men and women to the Man of Calvary, who takes away the sin of the world." CDF 458



68

Basic Human Problem

"Man cannot transform himself by the exercise of his will. He possesses no power by which this change can be effected. ... All the culture and education which the world can give will fail of making a degraded child of sin a child of heaven. The renewing energy must come from God." Christ's Object Lessons 96-97



69

Foundational Tool: Motivational Interviewing



70

Definition: Motivational Interviewing

- Motivational Interviewing is a method that works on facilitating and engaging intrinsic motivation *within the client* in order to change behavior.
- MI is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.
- Motivational Interviewing provides a foundation for assisting individuals with developing the rationale for beginning change in their lives.



71

Motivational Interviewing – Background

- First described in the 1980's by William Miller and Stephen Rollnick, two psychologists who had experience in treating alcoholism
- Spirit or philosophy of MI and behavior change considered most important; techniques follow accordingly.



72

Goal of Motivational Interviewing

- Finding out which stage the client is at, and addressing the concerns specific to their stage
- Have the client articulate their “pros” and “cons” so they can better process and ultimately resolve the conflict between them.
- Empathizing and empowering the client to take steps towards change by affirming their strengths as well as the centrality of their initiative in lasting change



73

MI and evidence

- Systematic reviews and meta-analyses have shown some beneficial effect of MI interviewing techniques compared to traditional advice giving in various contexts outside of the addictions, such as with diet, exercise and adherence to medications.
- Some reviews have even shown statistically significant change in direct measures such as blood pressure, cholesterol, and body mass index.

Rubal, Sandbaek, et al.
Motivational Interviewing: A Systematic Review and Meta-Analysis. British Journal of General Practice 2005; 55: 305-312



74

Types of Questions

- Open Questions
- Affirmation
- Reflective listening
- Summary reflections



75

Open Questions

- What can you tell me about your relationship with your cigarettes?
- How can I help you with ___?
- Help me understand ___?
- How would you like things to be different?
- What are the good things about ___ and what are the less good things about it?
- When would you be most likely to ___?
- What do you think you will lose if you give up ___?
- What have you tried before to make a change?
- What do you want to do next?



76

Affirming Questions

- I appreciate that you are willing to come to the meeting tonight.
- You are clearly a very resourceful person.
- You handled yourself really well in that situation.
- That's a good suggestion.
- If I were in your shoes, I don't know if I could have managed nearly so well.
- I've enjoyed your sharing with us today.



77

Case presentation

You are seeing a 4 year old boy with poorly controlled asthma in clinic. He has been admitted three times in the past 6 months for acute exacerbations. During your interview with the mother, a pack of cigarettes falls from her coat. She quickly states that she does not smoke “around her son.”



78

SO...What stage is our client at?

- (hint: do we really know at this point?)



79

You get more history...

- The mother says she has been feeling very stressed recently, especially with her child's recent hospitalizations.
- She has been smoking since she was a teenager (she is in her mid-20's) and she says that smoking relaxes her.
- She does think that quitting would help her child's asthma, and several people have told her that she should stop smoking in the interest of her child's health.
- When asked about quitting, she frowns and says she has tried to quit smoking several times in the past without success.



80

Use of Scales

- A common way of assessing as well as cultivating confidence or importance is the use of scales. Scales can help clients/patients to verbalize and process their ambivalence further. In this case,
- "On a scale of 1 to 10, how important do you think it is for you to quit smoking?" (Patient says 9 out of 10)
- "On a scale of 1 to 10, how confident are you that you can quit smoking?" (Patient says 4 out of 10)



81

So, now what do we do?

- Affirmations: recognizing client strengths and countering a defeatist attitude
 - "Why did you give yourself a 4 instead of a 2?"
 - "I am impressed that you have been trying to quit despite all the stress you are going through"
- Reflecting the pros and cons
 - "So, it is important for you to smoke in order to deal with the stress in your life, but you also wish you could quit in the interest of your child's health"
- Look for client driven strengths
 - "What would make you go up to a 6 or 7?"



82

Well, what if we have this history?

- The mother, who is 35 years old, smokes with her girlfriends who come and visit her in her apartment. She feels a sense of community with them, and smoking is a shared pastime they enjoy.
- The mother does not think her child's asthma has worsened because of her smoking – "I've been smoking since he was born and his asthma wasn't this bad before"
- When asked about quitting, she says – "Yes, I'm sure it would be better for my health, but so would moving out of New York City!"



83

On a scale of 1 to 10...

- "How important do you think quitting smoking is for your child?" (Patient says 3 out of 10)
- "How important is it for your own health?" (Patient says 4 out of 10)
- What about confidence?



84

So, what do we do now?

- Reflecting and empathizing with the “pros” and “cons”
 - “It seems that smoking is an important social activity for you, but you also would like to quit because it would be better for your health.”
 - “Yes, New York City can certainly be hazardous to your health!”
- “Roll” with resistance
 - “Yes, it does seem that you’ve been smoking for quite some time and your child’s asthma has only recently been flaring up.”
- Emphasize the significance of this patient’s level
 - “Why did you give it a 3 and not a 1?”



85

Resistance!

- In motivational interviewing philosophy, resistance is elicited when we try to push clients farther than they are ready to go.
- Resistance also occurs when clients have not been given sufficient opportunity to direct their actions and have simply been given instructions.



86

How do we deal with resistance?

- Empathizing with the client
 - “It sounds like many of us have been telling you what you should do and we’re not listening to what you would like to do for your child”
- EMPOWER the client
 - “You know, it’s up to you what you would like to do with your daughter’s medication – after all, you are her mother.”



87

OARS

- **O**pen ended questions
- **A**ffirmations: comment on strengths, effort, intention
- **R**eflective listening
- **S**ummaries: pulling together the person’s perspectives on change



88

Let’s Practice

- Break out into pairs
- One person will describe a habit or behavior that they, a family member, or friend have struggled with
- The other person will assess what stage his/her partner is at as well as their “pros” and “cons”
- Reverse roles!



89

Some final thoughts on MI

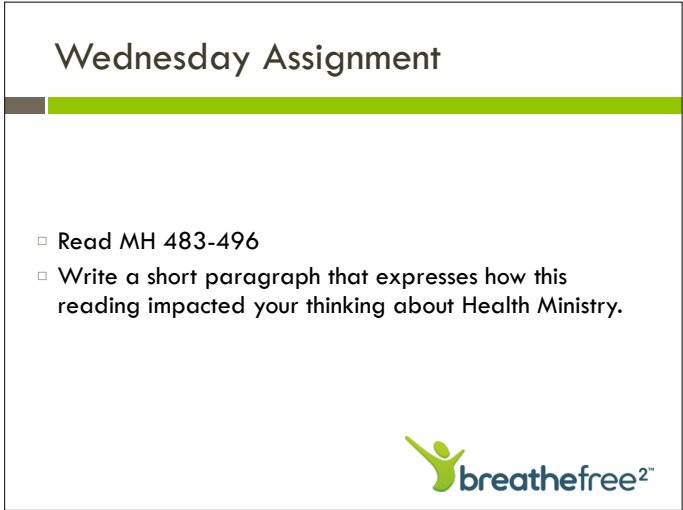
- It is a client-centered philosophy
- A non-judgmental tone and attitude helps clients be more open about their “pros” and “cons”
- Focus on the stage the client is at – e.g., don’t address confidence issues if the client is not yet interested in changing their behavior
- We should never think that we have failed if participants don’t make decisions toward change at each session.



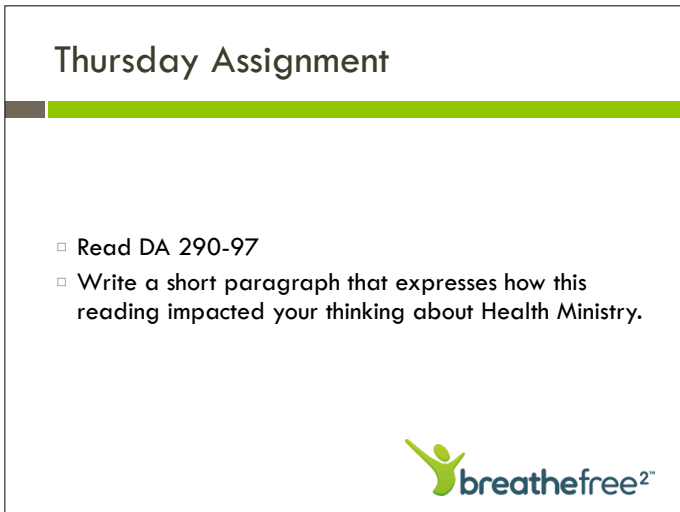
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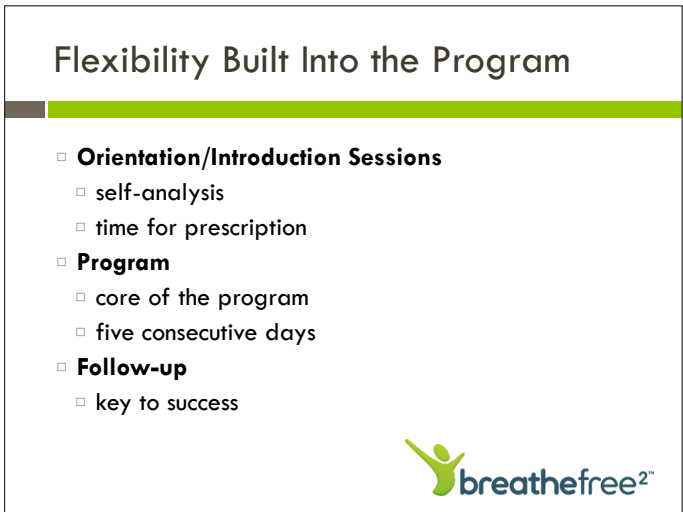
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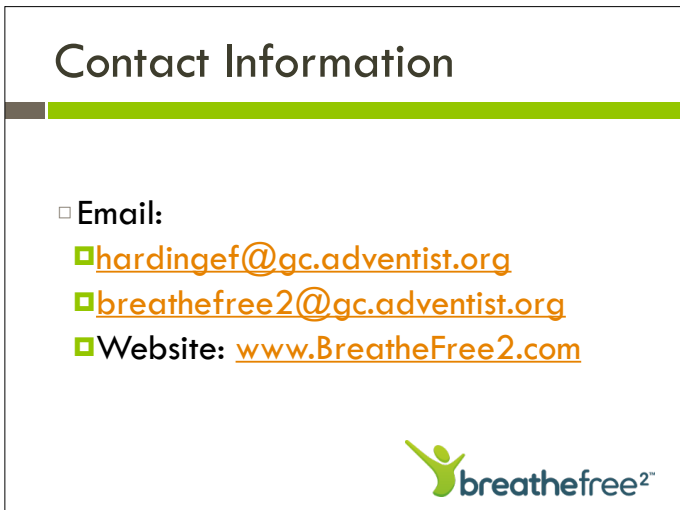
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