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## Season 2, Episode 9:

Welcome to Healthier You by Vanderbilt Health & Wellness, a podcast to help Vanderbilt faculty and staff live their healthiest lives.

**Syra York:** Well, hello and welcome to the Healthier You podcast. This month we are interviewing Ashley Cleveland, who is a doctorally prepared nurse practitioner working at the Vanderbilt Lung Institute and she has joined us today to talk to us about a very important topic of smoking and smoking cessation. I know that there has been a lot of data and a lot of news articles lately that have come out. And a lot of patients, visitors, faculty and staff do have questions about smoking and smoking cessation, so that's why she's here today to talk to us about all of these things. So welcome, Ashley. Thank you for joining us.

**Ashley Cleveland:** Thank you so much for having me. I'm excited to talk with you guys this morning.

**SY:** So give us a little bit of a background on your time at Vanderbilt Lung Institute and what you do for Vanderbilt.

**AC:** OK. So again, my name is Ashley Cleveland and I am one of the nurse practitioners here at the Vanderbilt Lung Institute, where we of course see patients for various lung or pulmonary diseases. One of my key focuses at the Vanderbilt

Lung Institute is to assist with smoking cessation or nicotine cessation. So in addition to what I do on a day-to-day basis, I also see and counsel patients who may be interested in quitting whatever nicotine or tobacco use they are using.

**SY:** I know there's been a lot of talk since the COVID-19 pandemic about nicotine use in general. Have you seen trends in which patients, staff, faculty have maybe increased nicotine use since the COVID-19 pandemic?

**AC:** Absolutely. And so I did a little bit of research to kind of prep myself for this podcast because as we know, there's some literature, some data out there, but not enough to really draw a lot of conclusions. But apparently, after the COVID pandemic and during the COVID pandemic, a lot of individuals did note an increase in e-cigarette and regular traditional cigarette use during the pandemic. However, since the pandemic has kind of gone down now, a lot of people have dropped their use. And they aren't using these different modalities as they were previously during the actual pandemic. So it's a kind of a yes and a no response.

**SY:** What are some harmful effects about nicotine and, you know, smoking in general? I know that we hear things every day, but this is more your expertise and I would like to see your viewpoint on it.

**AC:** So we know smoking or nicotine in any form, whether it's a vape, a traditional cigarette, cigars, pipes, smokeless tobacco, all of those contain nicotine and those are of course, harmful to our health. And so as we all know, the American Heart Association discusses the harmful effects of nicotine on the cardiovascular system, so causing heart disease, causing higher blood pressure and then in my world the pulmonary or the lung world, we know that exposure or constant exposure to nicotine can increase your risk of developing chronic pulmonary diseases such as COPD, especially if you are a traditional cigarette smoker. So COPD, emphysema, bronchitis, asthma, and then sometimes, depending on just the individual, some people can develop interstitial or like actual lung tissue changes, as a result of their exposure to nicotine.

**SY:** And what is the best way to quit smoking or quit using nicotine that you've found?

**AC:** So I'm a little biased because again, I do do this on a day-to-day basis and I do believe that there are individuals out here who can successfully quit cold turkey. But what I do know and what I see in my day-to-day practice, individuals who have been using any type of nicotine containing product for an extended amount of time like I'm talking years, a lot of those individuals do find that they're able to quit and then maybe a couple of months or even a few years later, there's some type of trigger that comes along that then causes them to start smoking or whatever it is that they're doing again. So I truly believe that the best way to quit smoking and to actually get it to the point where you don't restart smoking is to find yourself in the care of a formal smoking or tobacco cessation clinic such as the one that we have here at Vanderbilt. And one of the good things about our clinic is that it's one-on-one counseling or consultations with patients, and it includes the patient and then a nurse practitioner. So it's myself and three other nurse practitioners and one of the benefits of that is not only can we counsel our patients effectively and kind of talk about the why behind why the nicotine dependence is happening. So we talk about a little bit of addiction science and then also discuss that patient's history. We also can provide patients with medications to assist with quitting smoking, and I think that's one of the key pieces. While I do believe that a lot of people can quit smoking cold turkey, I do think that these medications that we have, such as varenicline and bupropion, which are two of our oral medications that we use and then in combination with whatever type of nicotine replacement therapy, whether it be patches, lozenges, gum or nasal sprays. When you use either of those, or those together you have a much higher success rate on being able to quit smoking and then not restarting smoking, whether it's a couple of months or couple of years later.

**SY:** You know you have such a good point on that, that multidisciplinary approach where you know you're working with the patient one-on-one and then you're also using different modalities of care. And you know that's something that we also at Occupational Health do offer for our employees is the Quit Rx program, so if anyone is interested in doing that as well, they can give us a call or look up our website and they can get more information on that. Because it is so much more helpful, as you were saying.

**AC:** Absolutely. It takes a couple of different people like, you know, you have to

factor in the behavioral aspects. And then also again how the brain is perceiving and craving that nicotine. And that's why the medications are so effective in individuals who have utilized nicotine containing products for so long, because then it gets down to that receptor site and changes the way the brain perceives and craves that nicotine.

**SY:** In some of these individuals that have been using nicotine for a long period of time in your opinion, do you believe that it's ever too late to quit nicotine or quit smoking?

**AC:** Never, never, never, never. There is a lot of data out there that tells about the almost immediate benefits that an individual can get from quitting smoking. So it's never too late to quit smoking. You can instantly see, of course, from a pulmonary standpoint, changes in your breathing. A lot of patients report improvements in their shortness of breath or even their cough, and then people that are getting pulmonary function testing. There are some improvements in their lung functions as a result of quitting smoking. And then of course thinking about the heart and the benefits of lower blood pressure, less heart disease, decreasing your chance of stroke and heart attack. There's so many benefits from quitting smoking that if you're 80 years old and you're thinking about quitting, I would recommend that you do so.

**SY:** You know there's a lot of resources out in the community that maybe patients, faculty and staff members might not be aware of. What are some of your favorite resources to use, and what would you recommend?

**AC:** I am now learning about the resource that you guys have to offer. So I would definitely say that would be one and then also some free resources that are available to people that don't require like an actual doctor visit, which would be of course the the Quit Hot Line. So 1-800-QUIT-NOW and then there is also available in the Google Play Store as well as the Apple Store, the quitSTART app, which is similar to 1-800-QUIT-NOW, but it provides you with resources electronically on your phone. You're able to set a quit date and then it also gives you links and phone numbers to individuals that you can call to assist you on your quick journey. And then the last free resource would be smokefree.gov, which is an online website that also provides people with resources, maybe even some nicotine replacement

therapy, as well as the 1-800-QUIT-NOW. Both of those resources can sometimes provide patients with nicotine replacement therapy. And of course, talking about our really amazing nurse practitioners in our smoking or our tobacco cessation clinic. So most individuals can utilize their insurance and your insurance will cover four tobacco cessation visits a year. So if you are someone who is thinking about quitting smoking or think about quitting vaping and you would like to see one of us, you can easily self refer, you can call our institute to get scheduled with one of us. It doesn't necessarily require a referral.

And again.

Either myself or any of the other nurse practitioners would be more than happy to assist whoever's looking for assistance on their journeys to tobacco cessation.

**SY:** I know that sometimes cost could be a concern for patients potentially. And then also there is the concern amongst many individuals that "I can't do this" or "I've tried and I failed". So what advice do you give for somebody who has previously tried to quit nicotine use but maybe was not successful in the past?

**AC:** I think it's kind of a two-part question in a sense, because I think one of the important parts of tobacco cessation when you think about it is knowing and understanding what exactly is going on in your brain. So why is it that I crave this nicotine? Or why is it that I want to smoke this cigarette? Why is it that I'm always thinking about it? And I think one of the beauties of our clinic is that we do have the expertise and the knowledge to talk about patients and explain that to them. And I personally believe that education is one of our best resources, and when you're able to educate somebody behind the why on something is occurring, then that allows them to kind of look at it and say, "OK, hey, I know I might have failed at this in the past, but I see why I was able to quit smoking for six, seven, eight months and then something stressful happened. And then I started again. It's because my brain was craving that." So I do believe that, you know, it's definitely necessary to get in with someone where you can then be counseled and understand the why behind it, and then also again starting those resources such as nicotine replacement therapy and then the oral medications that we have to offer. If they didn't work before in the past, it could have been like, for instance, varenicline, which is previously known as Chantix, they do not make Chantix anymore, all that's available is the generic version, which is varenicline. And so a lot of patients will say, "Oh, I've tried that Chantix

before in the past and it gave me terrible nightmares. Oh, it made me sick to my stomach.” And a lot of patients don't understand or realize that there are so many workarounds behind those vivid dreams or the GI upset. Something as simple as making sure that you're taking each dose with a full glass of water and some food to decrease the chances of the GI upset. As far as the vivid dreams, maybe taking that evening dose prior to 6:00 PM to help decrease the chances of you having those dreams and then also sometimes it's OK to just completely get rid of the evening dose of the varenicline, because once daily dosing is more effective than no daily dosing at all.

**SY:** Yes, that's a good point. And do you feel in your professional opinion that vaping is a suitable substitute for smoking?

**AC:** So this is kind of like a catch-22. So vaping and E cigarettes are the same thing. So I need people to understand that if you're vaping, that's considered using an e-cigarette, especially if you're vaping nicotine, then that would count you as being a tobacco user. And in no means am I ever saying that vaping is safe to do. Vaping comes with its own risk, although not as significant as a traditional cigarette. They do come with the risk of lung disease, especially if you think about the vape-associated lung injuries, which are really not popular, but really more so seen in a lot of the younger generation the late adolescents, because vaping has kind of gone up in their community. Those are risks and then of course still you can have some risk of like asthma, chronic bronchitis, maybe some type of COPD if you're using the vapes. So by no means is vaping a safer alternative to a traditional cigarette. Now you may have some people that may say, “OK, well, I'm using this vape to then quit smoking because most people don't use a vape as frequently as they would a traditional cigarette.” And so in that case, when I'm counseling patients, I do encourage that. But I always make them aware that at some point we also have to quit this vape. We're not trading one evil for another. So vaping is effective to use, not safe, effective to use if you're using it to help you to quit cigarettes. But bottom line, it's not a safe alternative, and it's not something that we would recommend that individuals use.

**SY:** So it seems like there is a lot of resources out there. There's obviously the Vanderbilt Lung Institute, just to recap, as one potential resource and then also

again, Occupational Health with that Quit Rx program. I appreciate your time and I hope to see everybody who is, you know, hoping to quit smoking to make 2025 the year to do so.

**AC:** Absolutely. Thanks for having me.

**SY:** Thank you. Take care.

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