

Treating Tobacco Use and Dependence

Providing assistance to clients toward increasing their success in quitting tobacco use

Objectives

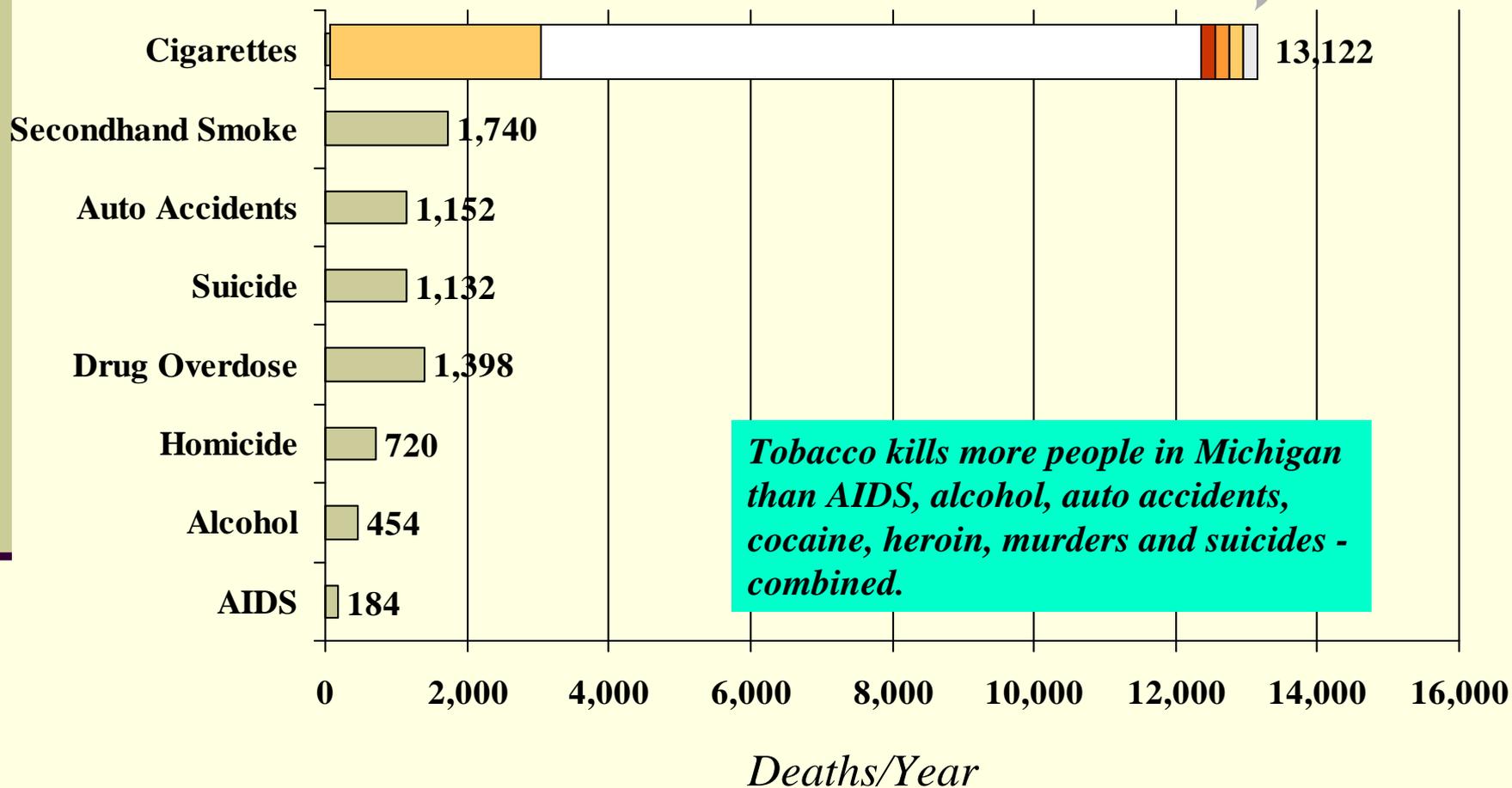
- ❖ Describe the local and statewide burden of tobacco use
- ❖ List the common symptoms of nicotine addiction
- ❖ Review the current recommendations for prevention and treatment of nicotine addiction
- ❖ Review the resources available to assist clients in quitting tobacco use

Burden of Tobacco Use in Michigan

- ❖ Tobacco use is the number one cause of preventable death in Michigan
- ❖ Tobacco kills more people in Michigan than AIDS, alcohol, auto accidents, cocaine, heroin, murders and suicides combined

Causes of Preventable Death

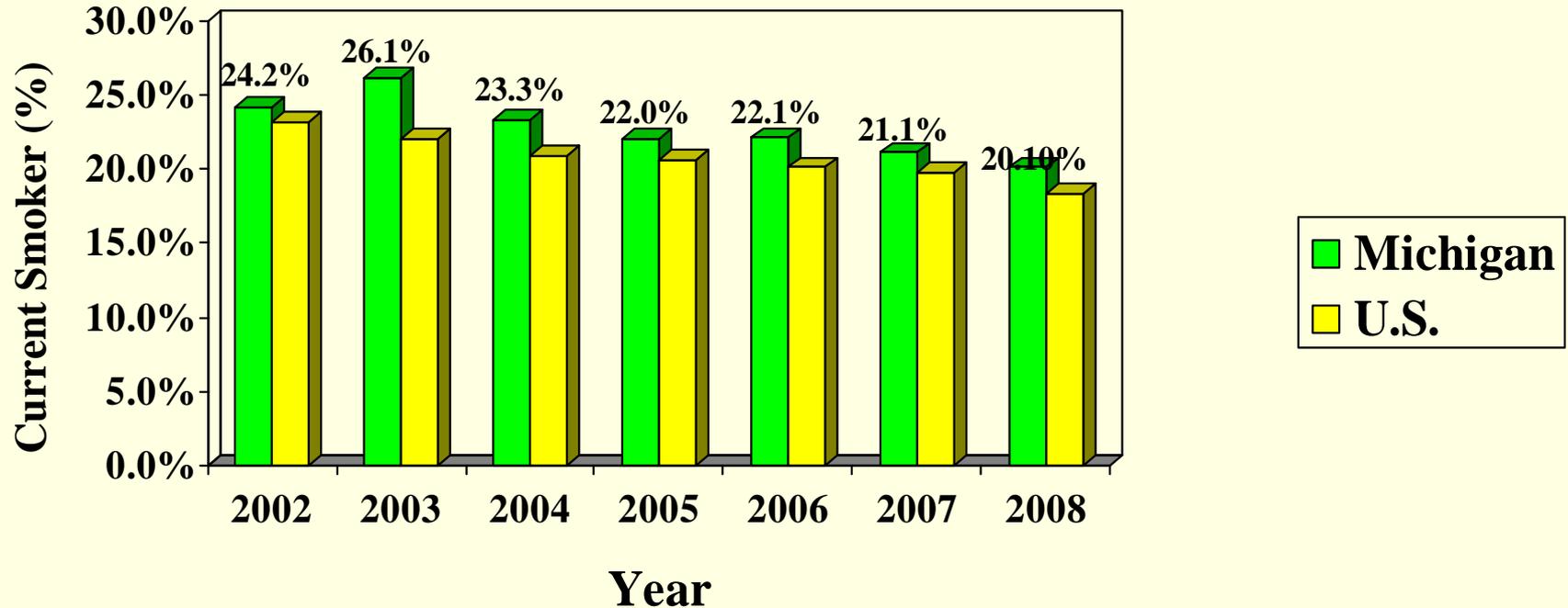
Michigan Residents, 2007



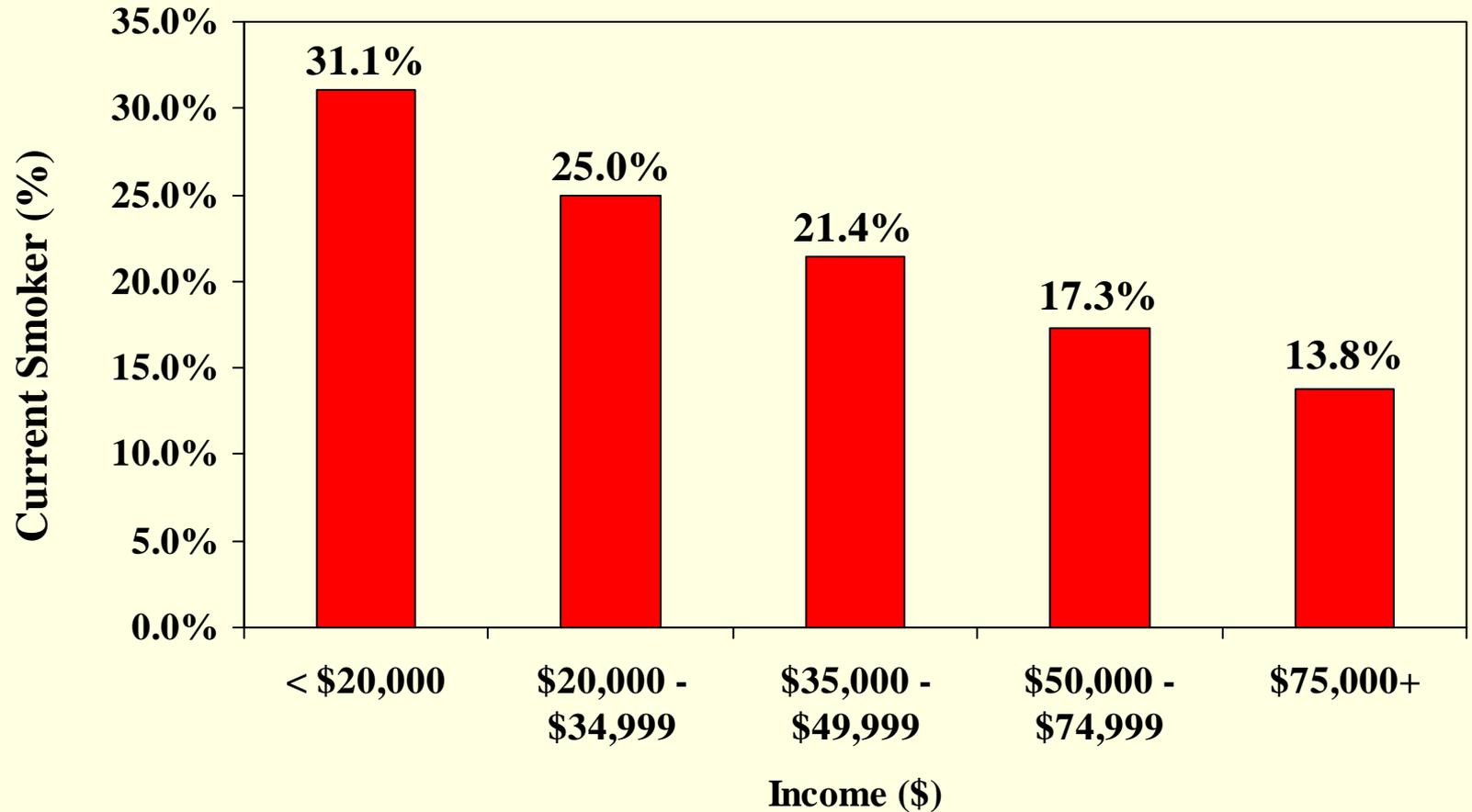
Source: Michigan Department of Community Health, Division for Vital Records and Health Statistics and Centers for Disease Control and Prevention; Smoking Attributable Morbidity, Mortality and Economic Costs (SAMMEC).

Smoking Prevalence

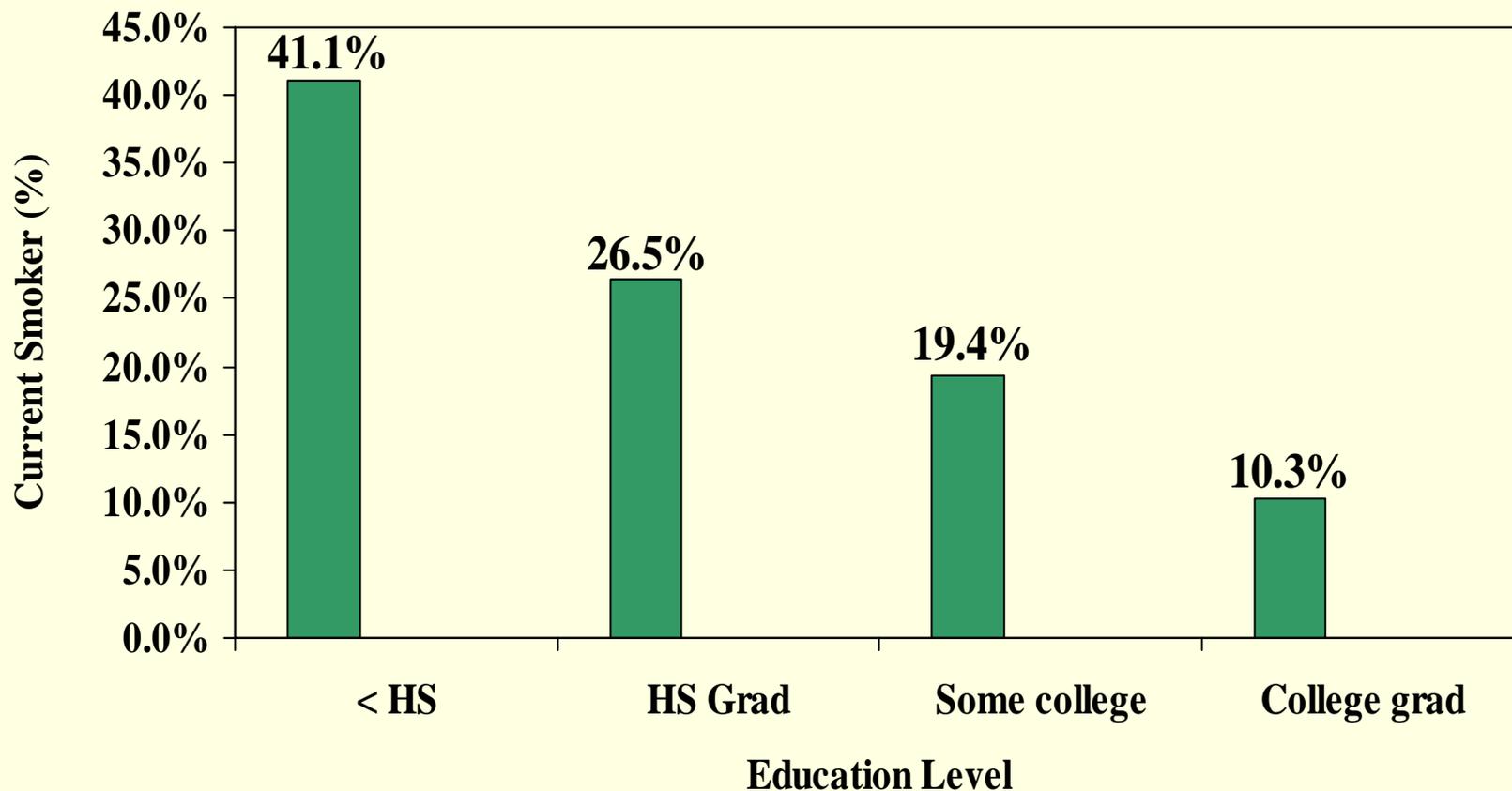
Percentage Smoking Prevalence:
Michigan vs. Nationwide (States and DC)



Michigan Adult Smokers by Income, 2008



Michigan Adult Smokers by Education Level 2008



Source: 2008 Michigan BRFSS

[Placeholder slide for your local data, insert rates if available]

Smoking Related Deaths and Direct Health Care Costs by Michigan Counties, 2005

State/County	Total Number of Deaths	Smoking Related Deaths		Economic Costs		Estimated Deaths from Secondhand Smoke Exposure
		Number	Percent	Direct Health Care Costs of Smoking	Cost Per Capita	
Michigan	86,386	14,565	16.9%	\$3,130,000,000	\$311	2,490

Note: For data specific to your county, please contact your consultant

Smoking And Lung Cancer

- ❖ Cigarette smoking causes 87% of lung cancer deaths
- ❖ Secondhand smoke causes an estimated 3,000 deaths from lung cancer in nonsmokers per year in the U.S.
- ❖ In Michigan, the overall death rate from lung cancer has remained stable, yet
 - The mortality rate among men is decreasing
 - The mortality rate among women is increasing
 - If trends continue, in approximately 10 years the mortality rates for lung cancer between the two sexes will be equal

Benefits of Quitting

- ❖ After 20 minutes: BP and pulse rate drops; body temp rises toward normal
- ❖ After 8 hours: CO level in blood drops to normal; O2 level rises to normal
- ❖ After 24 hours: The chance of heart attack decreases
- ❖ After 48 hours: Nerve endings start re-growing; ability to smell and taste is enhanced
- ❖ After 2 weeks to 3 months: Circulation improves; walking becomes easier; lung function improves

Benefits of Quitting (Continued)

- ❖ After 1-9 months: Decrease in coughing, sinus congestion, fatigue, shortness of breath
- ❖ After 1 year: Excess risk of coronary heart disease is decreased to half that of a smoker
- ❖ After 5 to 15 years: Stroke risk is reduced to that of people who have never smoked
- ❖ After 10 years: Risk of lung cancer drops to as little as one-half that of continuing smokers; risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases; risk of ulcer decreases
- ❖ After 15 years: Risk of coronary heart disease is now similar to that of people who have never smoked; risk of death returns to nearly the level of people who have never smoked

Smoking During Pregnancy

- ❖ Smoking during pregnancy is the leading preventable cause of illness and death among mothers and infants
- ❖ Pregnant women who smoke or are exposed to secondhand smoke are between 1.5 and 3.5 times more likely to have a LBW baby
- ❖ The smoking attributable cost of neonatal health care per LBW birth is estimated to be \$1,338
 - Refer to the MDCH brochure, “Quit Smoking for You and Your Baby” – <http://www.michigan.gov/tobacco>

Smoking During Pregnancy

- ❖ Maternal smoking seems to double the risk of SIDS.
 - A mother smoking 10 or more cigarettes per day seems to raise the risk of SIDS by 70%
 - One study found that 23.6% of SIDS deaths among single-births appear to be attributable to prenatal maternal smoking
 - Exposure of an infant to secondhand smoke raises the risk of SIDS

- ❖ Every \$1 spent on smoking cessation for pregnant women can save about \$3 in reduced neonatal intensive care costs

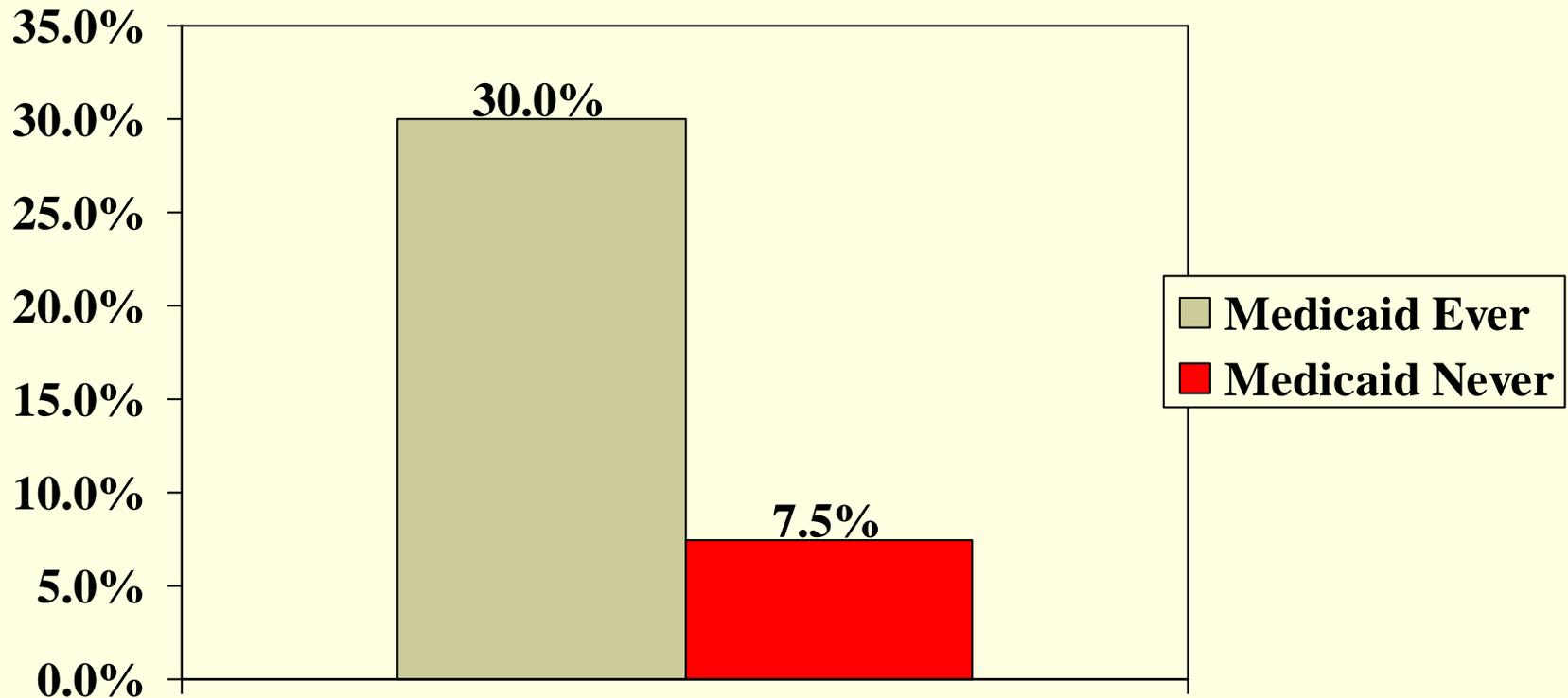
Infant Deaths, Live Births, and Infant Death Rate by the risk factor of mother's smoking status during pregnancy, 2008

	Infant Deaths	Live Births	Infant Death Rate
State Totals	940	127,537	7.4 ± 0.5
Non-Smoker	741	109,535	6.8 ± 0.5
Smoker	173	17,542	9.9 ± 1.5

Live Births in Michigan and Mother's Smoking Status by County, 2006

State/County	Number of Live Births	Mother Smoked During Pregnancy		Low Birth Weight (LBW) Babies			Number of SIDS Deaths
		Number	% of Total Births	Number	% of Total Births	% of LBW due to maternal smoking	
Michigan	127,537	17,542	13.8%	10,720	8.4%	9.5%	51
Note: For data specific to your county, please contact your consultant							

Prevalence of Smoking in the last 3 months of pregnancy by Medicaid participation, 2006



Source: 2006 Michigan Pregnancy Risk Assessment Monitoring System (PRAMS)

Nicotine Addiction

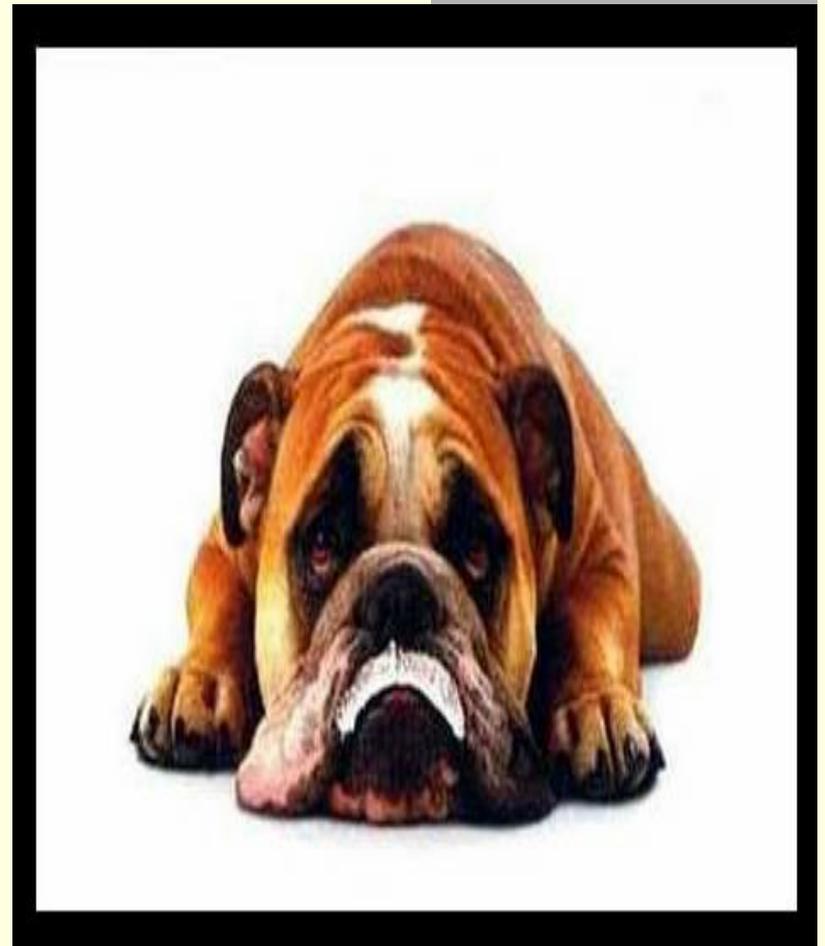
- ❖ Cigarettes and other forms of tobacco are addictive
- ❖ Nicotine, found in tobacco products, is the addictive chemical
- ❖ Addiction to tobacco is similar to addiction to other drugs such as cocaine and heroin
- ❖ High levels of nicotine reach the brain within 10 seconds

Nicotine Addiction

- ❖ Creates a relaxed, pleasurable feeling in the user
- ❖ New users experience improved reaction time and ability to sustain attention level
- ❖ Tolerance develops over time

Nicotine Addiction

- ❖ Withdrawal symptoms within 4-6 hours of quitting
- ❖ May include headache, nausea, irritability, depression, fatigue, increased appetite



Nicotine Addiction

- ❖ It is very difficult for most smokers to quit smoking
- ❖ Most tobacco users try several times before they are successful
- ❖ When asked, most smokers want to quit
- ❖ There are tools available to make quitting smoking or other tobacco use easier

Treating Nicotine Addiction

- ❖ Provider counseling
- ❖ Resources
- ❖ Medication
- ❖ Nicotine Replacement Therapy



Provider Counseling: The 5 A's

❖ Ask

❖ Advise

❖ Assess

❖ Assist

❖ Arrange

ASK

- ❖ Treat smoking status as a vital sign.
- ❖ **Ask every client** about their smoking status at **every visit.**
- ❖ The simple act of a health care provider asking about a person's smoking status has been demonstrated to be a significant trigger in helping that person to think about quitting.

ASK

- ❖ Ask about tobacco use status using a multiple-choice question to improve disclosure.
-
- **Which of the following statements would you say best describes your cigarette smoking? Would you say:**
 - a) I smoke regularly now - about the same amount as before finding out I was pregnant.
 - b) I smoke regularly now, but I've cut down since I found out I was pregnant.
 - c) I smoke every once in a while.
 - d) I have quit smoking since finding out I was pregnant.
 - e) I wasn't smoking around the time I found out I was pregnant, and I don't currently smoke cigarettes.
 - f) Refused to answer the question.

ADVISE

- ❖ Clearly and **strongly urge all tobacco users to quit.**
- ❖ Personalize your message - your message should be tied to the individual patient's health status or illness, their economic benefit, benefits to them or other members of their household.

ADVISE (continued)

- ❖ Clearly advise all clients who report smoking not to smoke in indoor environments and not to smoke around children
- ❖ Secondhand smoke increases the risk of lung cancer, heart disease, stroke, asthma, breast cancer in young women
- ❖ The CDC warns all people at risk of heart disease to avoid exposure to SHS- even 30 minutes of exposure increases the risk of heart attack

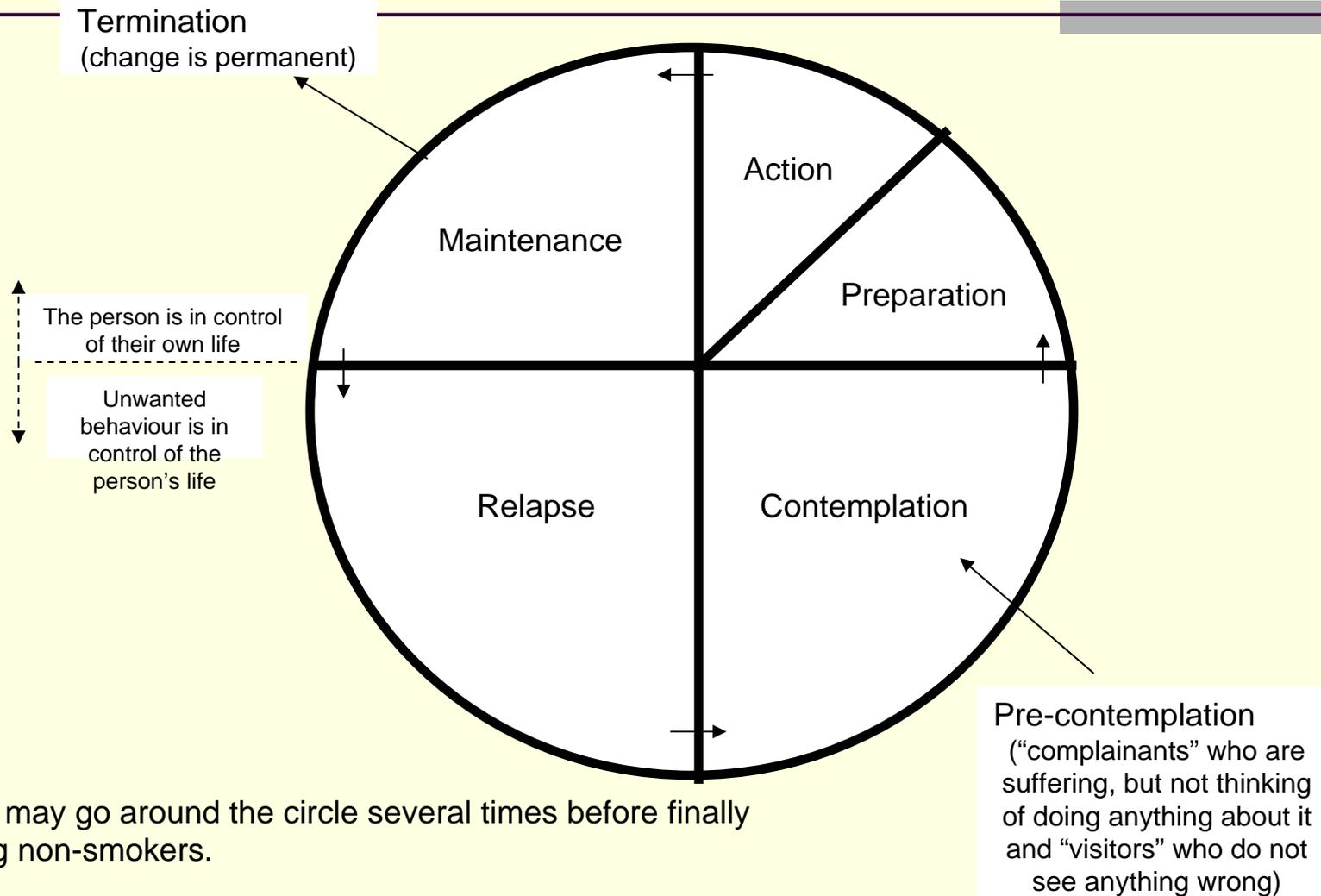
ADVISE (continued)

- ❖ Children exposed to secondhand smoke suffer from increased risk of pneumonia, bronchitis, asthma, middle ear infections, and SIDS death, and are hospitalized more than unexposed children
 - Refer to the MDCH brochures, “Smoking Around Children” and “Asthma and Secondhand Smoke”

ASSESS

- ❖ **Ask every tobacco user if they are willing to make a quit attempt** at this time.
 - This step is as important as asking if a patient smokes.
- ❖ Determine the tobacco user's willingness to make a quit attempt
 - Refer to the handout on the "Transtheoretical Model, Stages of Change", from the American Heart Association

Stages of Change Theory: Transtheoretical Model



Smokers may go around the circle several times before finally becoming non-smokers.

ASSESS – Patients unwilling to make a quit attempt

- ❖ If the patient is unwilling to make a quit attempt, provide motivational intervention using the 5 R's:
 - Relevance
 - Risk
 - Rewards
 - Roadblocks
 - Repetition

ASSESS (continued)

- If the patient is willing to make an attempt, provide assistance
- If the patient is unwilling to make a quit attempt, provide motivational intervention
- If the patient requests treatment, deliver appropriate treatment
- If the patient is a member of a special population, provide additional relevant information

ASSIST

❖ Aid the patient in quitting

- Help the patient with a quit plan (set a quit date, tell family/friends, anticipate challenges, remove tobacco products/paraphernalia)
- Provide practical counseling
- Provide a supportive clinical environment
- Help patient obtain support from key people in their life

ASSIST (continued)

- Recommend the use of approved pharmacotherapy (See **Suggested Pharmacotherapy** handout)
- Provide supplementary materials
 - MDCH Quit Kit
 - MDCH Telephone Quitline Number
 - Area hospital contact information (for classes)
 - MDCH materials and brochures
 - “Quit Smoking for You and Your Baby”
 - “Smoking Around Children”
 - “Asthma and Secondhand Smoke”

ASSIST (continued)

- ❖ Michigan Tobacco QuitLine
 - 1-800-480-7848 OR 1-800-480-QUIT
 - Free Nicotine Replacement Therapy (NRT) to uninsured or insured with no prescription coverage
 - Overall quit rates as of June, 2008:
 - 24% at 3 months
 - 18.6% at 6 months

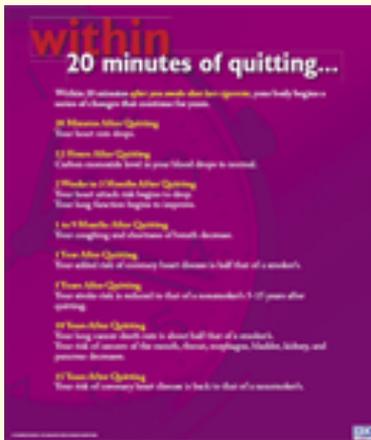
ASSIST (continued)

- ❖ Area hospitals offer cessation classes
 -
 -
 -
- ❖ List other local cessation resources



[insert your picture here]

ASSIST (continued)



- ❖ Use the available tobacco prevention materials
- ❖ Post materials in the clinics
- ❖ If you need more materials, contact _____ at (XXX) XXX-XXXX.



If you smoke around your children, they can inhale the equivalent of 100 packs of cigarettes by age 5.

Call the free Michigan Tobacco Quit Line at 1-800-480-7848

Secondhand smoke - it's nothing to kid about.



ASSIST Pregnant Smokers

- ❖ The Clinical Practice Guidelines include specific recommendations related to treating tobacco use dependence in pregnant women



- ❖ For a copy of the guidelines:

http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

ASSIST Pregnant Smokers

- ❖ Congratulate those smokers who have quit on their own.
- ❖ Motivate quit attempts by providing educational messages about the impact of smoking on both the woman's health and the health of the fetus.
- ❖ Give clear, strong advice to quit as soon as possible

ASSIST Pregnant Smokers

- ❖ Suggest the use of problem-solving methods and provide social support and pregnancy-specific self-help materials.
- ❖ Arrange for follow-up assessments throughout pregnancy, including further encouragement of cessation.
- ❖ In the early postpartum period, assess for relapse prevention strategies recognizing that patients may minimize or deny tobacco use.

ASSIST Pregnant Smokers

- ❖ Pregnant women are often more motivated to quit than others.
- ❖ This is a time in life where an intervention can make a huge difference in the life of a woman and for her pregnancy.

ASSIST Postpartum Women

- ❖ Implement postpartum cessation assessment and intervention during the last two weeks of pregnancy, preparing new Mom mentally and emotionally for the risk of smoking relapse.
- ❖ Provide SF homes pledge card, stickers, Quitline referral, possibility of NRT if not breastfeeding.
- ❖ Collaborate with family practice or pediatrician to ensure that smoking status is addressed at first infant check-up. This would be Mom's first clinical ask and advise, postpartum.
- ❖ Reinforce SF home benefits.

ASSIST Patients unwilling to make a quit attempt

- ❖ Link motivational discussion to topics relevant to the individual patient
 - Example: You shared with me that the time that you spend with your children is the most important thing to you. A lot of other people I've talked with who have quit smoking say that they have more time to spend with their kids, and they can play longer because they feel less tired.

ASSIST All clients using tobacco

- ❖ Recommending physical activity to smoking patients, even if they are unwilling to attempt to quit, can lead to positive change and cessation
- ❖ Provide information on local opportunities for physical activity



ARRANGE

- ❖ **Schedule follow-up contact**, in-person or telephone
 - If possible, follow up with all clients
 - Recommended follow up within one week of quit date and again within one month
 - Congratulate on success
 - Identify problems related to a relapse, NRT, etc. and provide assistance

Key Points

- ❖ You have the opportunity to help the clients you see to be successful in quitting smoking.
- ❖ It takes time, but it is worth it. The benefits to individuals is immense. Spending even 1-2 minutes can make a difference.
- ❖ By helping an adult to quit smoking, you are protecting children from SHS and decreasing the likelihood that they will smoke as they get older.

Helpful websites

- For providers:

- Association for the Treatment of Tobacco Use and Dependence www.attud.org

- Print a MI Tobacco Quit Line fax referral form:

- www.michigancancer.org/PDFs/MIProvidersTobaccoToolkit/MichTobaccoQuitlineFaxReferral-Form.pdf

- For patients:

- www.becomeanex.org

- www.tobaccofreecatalog.org/upfiles/QE24_Quitting_While_Pregnant.pdf

Michigan Tobacco Quitline

FAX REFERRAL FORM

****PROVIDER FAXES THIS COPY TO QUITLINE (877) 747-9528****

1. Print Patient Name _____
2. Today's Date _____
3. DOB ____/____/____ 4. Pregnant Yes ___ No ___ 5. Disabled Yes ___ No ___
6. Language Spoken (if other than English) _____
7. Provider _____
8. Clinic Name and Department _____
9. Address, City and Zip _____
10. Phone (____) _____ - _____ Fax (____) _____ - _____

I give my permission to my health care provider to fax this information. I understand that a Quitline Counselor will call me. I understand this is a free service.

Patient Signature _____ Today's Date _____
Patient Address: Street _____
City _____, MI ZIP _____
Phone (____) _____ - _____ Alternate Phone (____) _____ - _____

The Quitline will call you. Please circle the best times for the Quitline to reach you: Morning Afternoon Evening Weekend

If you are unavailable when we call you, may we leave a message, identifying ourselves as the Tobacco Quitline? ___Y
___N

Michigan Tobacco Quitline 1-800-480-QUIT (7848)

*****Please give patient a PATIENT copy before faxing to the Michigan Tobacco Quitline (877) 747-9528 *****

Patient Initials _____

Evaluation

We would like to know your feedback regarding this webinar. Please take a few minutes to respond to a brief survey. Click on the link below. Thank you!

<http://www.zoomerang.com/Survey/?p=WEB229J597BY83>