Measures have been taken, by the Utah Department of Health, Bureau of Health Promotions, to ensure no conflict of interest in this activity

CNE/CEU's are available for this live webinar. You must take the pre and post tests. 80% is required on the post test to receive CNE/CEU's. Certificates will be emailed out to you within two weeks.

Tobacco Cessation Interventions

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Learner Outcomes

- Participants will be able to list the risks of tobacco use and benefits of cessation
- Participants will be able to describe motivational interviewing and implementation in tobacco cessation interventions
- Participants will be able to name three tobacco cessation resources

Tobacco Use in Utah: The Problem

- More than 200,000 Utahns use tobacco
- More than 38,500 youth under the age of 17 are projected to die from smoking
- Nearly 19,000 children exposed to secondhand smoke in their homes
- $542 million each year in medical costs directly related to smoking

Sources: Tobacco Prevention and Control in Utah Fourteenth Annual Report - August 2014
http://www.tobaccofreekids.org

WHY SHOULD CLINICIANS ADDRESS TOBACCO?

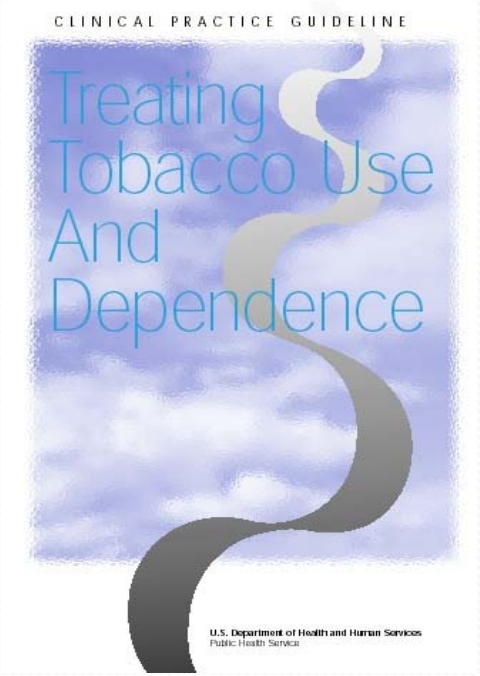
- Tobacco users expect to be encouraged to quit by health professionals.
- Screening for tobacco use and providing tobacco cessation counseling are positively associated with patient satisfaction.
- Advice from a healthcare provider can <u>double</u> the chances of successful quitting.

Effect of Smoking on Diabetes

- Tobacco raises blood sugar levels
- Tobacco use increases the risk of heart attack or stroke
- Increased chance of getting gum disease and may suffer tooth loss
- Tobacco use can make foot ulcers, foot infections, and blood vessel disease in the legs worse

Clinical Practice Guideline for Treating Tobacco Use and Dependence

- Update released May 2008
- Sponsored by the Agency for Healthcare Research and Quality of the U.S. Public Heath Service with
  - Centers for Disease Control and Prevention
  - National Cancer Institute
  - National Institute for Drug Addiction
  - National Heart, Lung, & Blood Institute
  - Robert Wood Johnson Foundation



How do I help Tobacco Users Quit?

- ASK – the patient if she wants to quit
- ADVISE – her to quit
- ASSESS – willingness to make a quit attempt
- ASSIST – her in making a quit attempt
- ARRANGE – for follow-up contacts to prevent relapse

The 5 A's - Ask

Ask EVERY patient about tobacco use status at EVERY visit.

- Current
- Former
- Never

This occurs most consistently when there are systems in place, such as question on intake form, chart stickers, or electronic prompts on electronic medical records.

The 5 A's - Advise

- As a healthcare professional, ***I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future.*** And this program will help you.
- Make it personal…
  - Quitting smoking will help reduce your elevated blood pressure.
  - Quitting smoking will improve your HDL level.

The 5 A's – Assess

- ***Are you willing to give quitting a try?***
- On a scale from 1 to 10,what is you **desire** to quit tobacco?
- On a scale from 1 to 10, **how confident** are you in your ability to quit?
  - If less than a 3, you might ask "how come you're not a 10?"
- What do we need to do to increase that number?
- What is one small change you could make today, that would move you closer to reaching the goal of quitting tobacco?

Stages of Change

- **Precontemplation:** The individual does not expect to make any change in behavior within the next 6 months.
  - *FOCUS ON ADVANTAGES OF QUITITNG*
- **Contemplation:** The individual plans to make a behavior change within the next 6 months. This stage is characterized by ambivalence about smoking.
  - *HELP THEM VISUALIZE SUCCESS AT QUITTING*
- **Preparation:** The individual anticipates making a behavior change within the next month. Individuals in this phase have made plans for taking action and intend to make a change.
  - *HELP THEM CREATE THEIR PLAN*

Stages of Change (cont.)

- **Action:** The individual has made a significant change; in the case of smoking cessation, this means that the individual has quit completely.
  - *ENCOURAGE REWARDS, MAKING OTHER HEALTHFUL BEHAVIOR CHANGE*
- **Maintenance:** The individual attempts to prevent relapse.

Preparation or Action Stage The 5 A's - Assist

- Make a quit plan!!!
  - **S**et a date
  - **T**ell family, friends, and coworkers
  - **A**nticipate challenges (withdrawal, triggers)
  - **R**emove tobacco products from your environment
- Consider use of approved medications

The 5 A's - Arrange

- waytoquit.org
- Quitline 1-800-QUIT-NOW
- Local/National Cessation Resources
- Timing: Follow-up should begin soon after the quit date, preferably during the first week.
- Discuss problems encountered to get them back on track
- For clients who are abstinent, congratulate them on their success

way to quit.org

- Utah's on-line resource for info on dangers of tobacco and nicotine use
- Connects Utahns to free resources and services
- Provides healthcare professionals with the resources they need to help their patients quit tobacco use

BE THERE EVEN WHEN YOU CAN'T BE.

YOUR ADVICE CAN INCREASE TOBACCO QUIT RATES BY 30 PERCENT.

As a healthcare provider, it's now easier than ever to support your patient's tobacco cessation with help from waytoquit.org.

75% of adult smokers in Utah want to quit, but not enough have access to the information and support they need. That's why you, as a health professional, play such a critical role in the fight against tobacco: simply advising patients to quit increases success rates by 30 percent.

waytoquit.org provides Utah healthcare professionals with a comprehensive resource for cessation information. The website is a one-stop shop with everything you need to talk to your patients: medication & dosage information, educational tools, insurance coverage links, and referrals to free local services.

Talk to your patients about quitting tobacco today; visit the "Healthcare Providers" section at waytoquit.org.

way to quit.org

The Utah Tobacco Quit Line

- Toll free: **1.800.QUIT.NOW**
  - Spanish: 1.855.DEJELOYA
- **FREE** for Utah residents (adults and youth)
- Hours – 24/7 every day of the week (except major holidays)
- Quit Guide and supplemental materials for different groups
  - pregnant women, Native American, youth, LGBTQ

The Utah Tobacco Quit Line (cont.)

- Services available in English, Spanish and translation in 140 other languages
- Nicotine replacement therapy (patch, gum) for eligible participants
- Up to 5 calls with Quit Coach, can incorporate online counseling and/or text-in option
- Pregnant and post-partum women can receive 10 calls and NRT with a doctor's prescription

Text2Quit

Tailored texts to match each individual's Quitting Plan and profile.

- Up to 300 text messages tailored to an individual's Quitting Plan.
- Coaching call reminders and prompts to connect with a Quit Coach.
- Medication reminders and helpful suggestions
- Tips and games to help manage urges
- Mobile tracking of tobacco usage, urges, cost savings and other measures.

Referral Process

- Send FAX referral
- Quit Line calls client
- Client enrolls, receives materials, NRT
- Client receives quit coaching
- Outcomes report sent to HIPPA-covered entities

Online Referral Form

way to quit

1.800.QUIT.NOW

The Utah Tobacco Quit Line provides tobacco cessation services at no charge to your patients. Please complete the form below including both patient information and details about your clinic. Upon receiving the completed form, the Utah Tobacco Quit Line will contact the patient to enroll in our tobacco cessation program. Once your patient has been contacted, you will receive a faxed outcome report.

Patient ID:

*** First name:**

*** Last name:**

Gender: ---------- Select ----------

*** Date of Birth:** *(MM/DD/YYYY)*

Address 1:

Address 2:

City:

State: Utah

County:

Zip Code:

Primary Language: ---------- Select ----------

Alere Wellbeing

way to quit

1.800.QUIT.NOW

Participant Outcome Report

Your Clinic recently referred a patient via the Alaska Tobacco Quit Line Fax Referral Program. This form describes the type of service the patient received through the Alaska Tobacco Quit Line. Please place this in the patient's file.

Clinic Information:

Clinic Name:

Clinic Phone Number: Clinic Fax Number:

Patient Information:

Participant Name:

Participant Address:

Participant Primary Phone Number: Participant Date of Birth:

Outcomes:

Status:

Program:

NRT:

Contact Date if Contacted:

Planned Quit Date (If accepted services):

Definitions of Outcomes Listed Above

Status

- **Accepted Services:** Participant was reached and accepted service.
- **Declined Services:** Participant was reached and declined service.
- **Unreachable:** Attempts were made to contact the participant during their best time, but the quitline was unable to reach the participant.

Program

- **General Questions:** Participant inquired about the quitline and its services, but did not opt for an intervention or materials.
- **Materials Only:** Participant requested printed materials only.
- **One-Call:** Participant received a single call intervention with a Quit Coach.
- **Multi-Call:** Participant received an intervention with a Quit Coach and accepted additional proactive calls.
- **Web Only:** Participant enrolled in web-based cessation services.

NRT

- Participant was screened and dosed for the above noted Nicotine Replacement Therapy (patch, gum, or lozenge).

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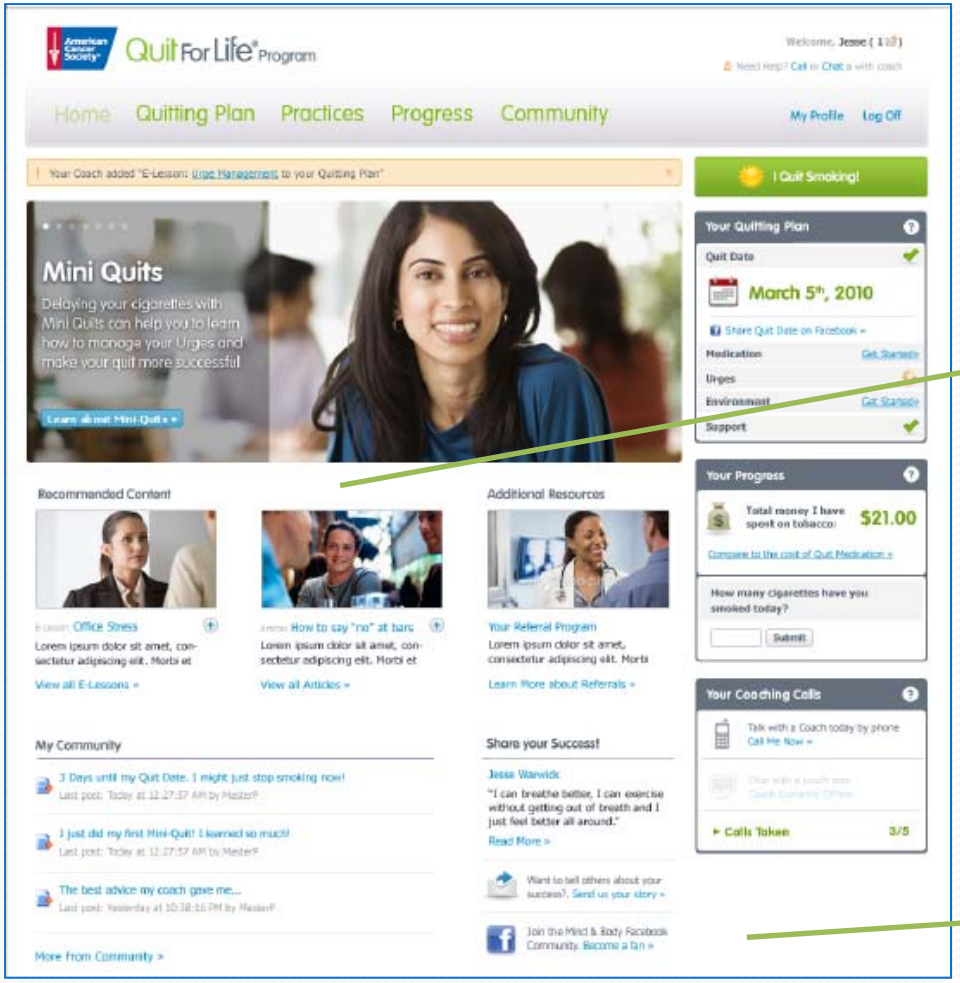
Online Counseling



Interactive, self-guided Quitting Plan

Rich media and simple text-based content recommended by Quitting Plan / Coach

Progress and milestone trackers populated through web app, mobile apps, or SMS

Coaching call tracker to boost phone engagement (web-phone program)

Integration with social networks and Web Coach community

Local Resources

- **Tobacco Cessation Medications for the Uninsured Programs**

Uninsured smokers pay for office visit but then may receive up to 12 weeks of buproprion or up to 24 weeks of Chantix

- Participating Federally Qualified Community Health Centers: www.auch.org/about-auch/our-members
- Health Clinics of Utah:
- www.health.utah.gov/clinics/healthclinicsofutah.html

National Resources

- **National Quit Line Portal**
  - 1-800-QuitNow
- **Smokefree.gov**
- **www.becomeanex.org**
  - Create a profile
  - Three-step plan
  - Ex Quit Plan Guide
  - Online support network

Tobacco Dependence: a 2-Part Problem

Tobacco Dependence

Physiological	Behavioral
The addiction to nicotine	The habit of using tobacco
↓ Treatment	↓ Treatment
Medications for cessation	Behavior change program

Treatment should address the physiological **and** the behavioral aspects of dependence.

Smoking Cessation Medications

Nicotine polacrilex gum

- Nicorette (OTC)
- Generic nicotine gum (OTC)

Nicotine lozenge

- Commit (OTC)
- Generic nicotine lozenge (OTC)

Nicotine transdermal patch

- Nicoderm CQ (OTC)
- Nicotrol (OTC)
- Generic nicotine patches (OTC, Rx)

Nicotine nasal spray

- Nicotrol NS (Rx)

Nicotine inhaler

- Nicotrol (Rx)

Bupropion SR (Zyban)

Varenicline (Chantix)

These are the only medications that are FDA-approved for smoking cessation.

What About E-Cigarettes?

- New nicotine products: unregulated, untested, and unproven
- No credible scientific evidence:
  - that ingredients are accurate and complete
  - that they are safe for human consumption
  - or that they can be effectively used as a cessation tool
- Until such evidence can be provided, they should not be considered safe.

Emerging trends

Other Tobacco Products (OTP)

- include: chew, cigars, snus, hookah and e-cigarettes
- All other tobacco products combined have a use rate of 10.3% among Utah adults which is close to the rate of current cigarette use

Half of the Utah's adult users of other tobacco products also use cigarettes

- We have no evidence that people who use these OTP quit cigarette smoking.

What About A Relapse?

- Viewed as a **learning experience**
- Not a sign of personal or clinician failure
- Continue to provide encouragement

It takes an average of 7 quit attempts to successfully quit using tobacco

Make a Commitment

Address tobacco use
with all patients.

At a minimum,
make a commitment to incorporate brief tobacco interventions as part of routine patient care.

Ask, Advise, Assess, Assist, and Arrange

For more information, contact:
Tobacco Free Resource Line: 1-877-220-3466 or
http://waytoquit.org/healthcare-providers