



Tobacco Dependence Treatment
Continuing Education Program
For Health & Human Service Professionals

The Core Presentation
1 hour
Indian Health Service
Tobacco Dependence Treatment

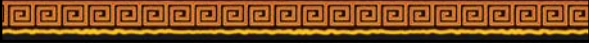
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Educational Objectives



**Upon Program Completion
 the Participant will be able to:**

- Confidently discuss the negative impact of tobacco use on health and quality of life;
- Apply evidence-based techniques to perform a brief tobacco cessation intervention as a routine practice;
- Describe the relevant resources available to assist patients, clients, family members, or friends to abstain from tobacco use.



Disclosure Statement

Neither we nor our immediate families have conflicts of interest or financial relationship with the manufacturers of products or services that will be discussed in this continuing education presentation.

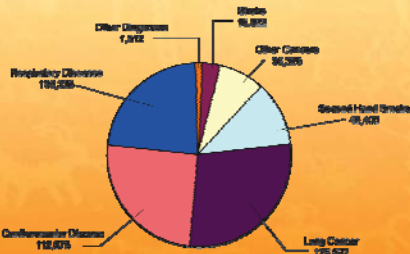
Consequences of Commercial Tobacco Use

- Tobacco use is the leading preventable cause of death and disability in this country.
- One in five deaths in the U.S. is tobacco-related.
- Men who smoke lose on average 13.2 years of life and female smokers lose 14.5 years.



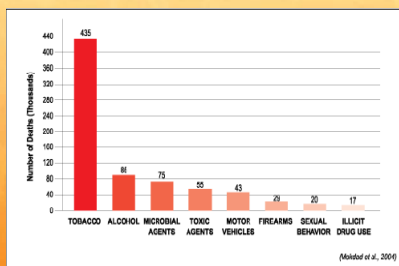
Former tobacco users fill 1200 body bags per day.

443,595 U.S. Deaths Each Year* Attributable to Smoking

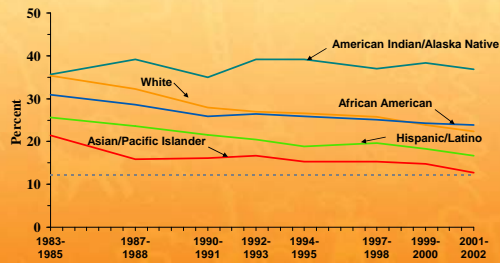


*Average annual number of deaths, 2000-2004
Source: MMWR 2006;55(45):1226-1228.

Actual Causes of Death in the U.S., 2000

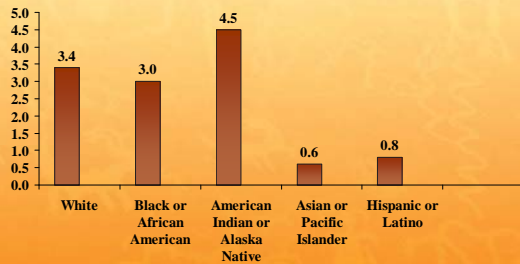


Adult Cigarette Smoking* Trends 1983- 2002



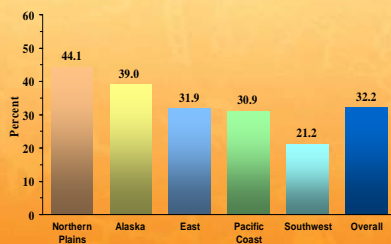
* Smoking on 1 or more of the previous 30 days.
Source: National Health Interview Surveys, 1983-2002, selected years, aggregate data

Smokeless Tobacco Use 1983- 2002



U.S. Department of Health and Human Services. Tobacco Use Among U.S. Racial/Ethnic Minority Groups —African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

Current Cigarette Smoking by Region American Indian/Alaska Native Adults 1997-2000



Source: MMWR August 1, 2003/52(SS07);1-13

Environmental Tobacco Smoke (ETS) or Secondhand Smoke (ShS)

- 22% of nonsmoking children are exposed to ShS in their homes
- 60% of adults show biologic evidence of ShS exposure
- In children, increased risk of:
 - Asthma
 - Respiratory Infections
 - Otitis Media
 - Sudden Infant Death Syndrome (SIDS)
 - Dental Caries
- In adults, increased risk of:
 - Lung Cancer
 - Ischemic Heart Disease



2008 Clinical Practice Guideline Treating Tobacco Use and Dependence

- Available on-line
<http://www.ahrq.gov/path/tobacco.htm>
- Individual copies available
 - AHRQ 1-800-358-9295
 - CDC 1-800-CDC-1311
 - NCI 1-800-4-CANCER



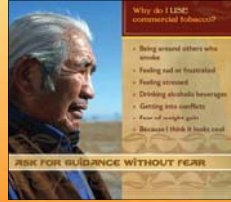
Three Levels of Tobacco Interventions

- Minimal Intervention
- Brief/Intermediate Intervention
- Intensive Intervention



Minimal Interventions

- Less than 3 minutes
- Information is provided through educational materials
- Usually no significant personal interaction
- Advantage: Broad distribution and inexpensive



Brief/Intermediate Interventions

- 3 - 10 minutes
- Use **5 A Model** when counseling:
 - Ask if the person uses tobacco
 - Advise to quit
 - Assess willingness to make quit attempt
 - Assist in making quit attempt
 - Arrange for follow up contact
- Recommend discussing nicotine replacement therapy (NRT) or pharmacotherapy options with Primary Care Provider or Pharmacist



Intensive Interventions

- 4 or more visits with total contact time > 40 minutes
- More effective than brief intervention
- Multiple providers increase quit rates
- Use Motivational Interviewing, help with problem solving, social support, and coping skills
- Recommend discussing nicotine replacement therapy (NRT) or pharmacotherapy options with Primary Care Provider or Pharmacist



Brief/Intermediate vs. Intensive Tobacco Cessation Counseling* by Clinicians (n = 43 studies)

Compared to No Contact (Abstinence rate 10.9%):

- Minimal Counseling (≤ 3 minutes)
 - Abstinence rate 13.4%
 - Odds ratio 1.3
- Brief/Intermediate Counseling (3-10 minutes)
 - Abstinence rate 16.0%
 - Odds ratio 1.6
- Intensive Counseling (≥ 10 minutes)
 - Abstinence rate 22.1%
 - Odds ratio 2.3



*Counseling = individual, group or telephone

Multiple Providers Need to Intervene

- More effective than interventions delivered by a single type of provider
- Increases quit rates by:
 - 1 provider = 80%
 - 2 providers = 150%
- More is more!



The Five As: Framework for Tobacco Use Intervention

- | | | |
|------------------|---|-----------------|
| • Ask | about tobacco use | (Nurse) |
| • Advise | all tobacco users to quit | (Provider) |
| • Assess | willingness to quit | (Provider) |
| • Assist | to increase readiness to access treatment | (Provider/RN) |
| • Arrange | treatment and follow-up | (Provider/TTS*) |

*TTS = Tobacco Treatment Specialist

Ask

- Implement a system to identify all tobacco users in your healthcare setting
- Ask **EVERY** patient at **EVERY** visit about tobacco use and exposure and document status
- Ask patient for permission to review tobacco use and exposure history
- Keep it simple such as, "What commercial tobacco use and exposure have you had?" or "Please, tell me about your commercial tobacco use."
- Document status

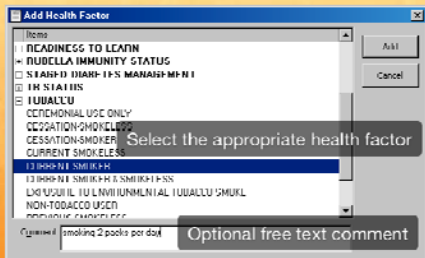
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Ask Tobacco Health Factors

- Ask the patient if he or she uses tobacco products (cigarettes, snuff, dip, etc.)
- Ask the patient if he or she uses tobacco products for cultural or religious purposes
- Ask the patient if he or she is exposed to tobacco smoke at work or home
- Ask the patient if anyone uses tobacco products at home

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Ask Tobacco Health Factors



Add Health Factor

Items

- 11. READINESS TO LEARN
- 12. RUBELLA IMMUNITY STATUS
- 13. ASBESTHUS (ASBESTHUS) MANIFESTATION
- 14. SIALADENITIS
- 15. TUBERCULOSIS
- 16. CERVICAL CERVIX ONLY
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Select the appropriate health factor

Comment: Smoking 2 packs per day

Optional free text comment

Advise

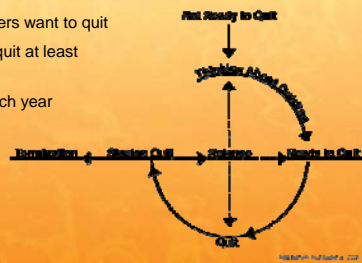
- Advise your patient to stop using commercial tobacco
- Advice should be:
 - Clear
 - Strong
 - Personalized



Assess Readiness to Change

“Are you ready to set a Quit Date in the next 30 days?”

- 70% of tobacco users want to quit
- 81% have tried to quit at least once in lifetime
- >40% try to quit each year



Assist & Arrange

- If your patient is **NOT READY** to quit in the next 30 days:
 - conduct a Brief/Intermediate Motivational Intervention
 - provide information for the patient
 - repeat the message at each encounter
- If your patient is **READY to QUIT** in the next 30 days:
 - conduct a Brief/Intermediate Cessation Intervention
 - help the patient develop a Quit Plan
 - refer the patient for counseling and follow up

Assist & Arrange

If Patient is *Not Ready* to Quit

Provide a brief *Motivational Intervention* utilizing the "5 Rs":

- Relevant Information
- Risks of Continued Tobacco Use
- Rewards of Quitting
- Roadblocks to Quitting
- Repeat the Message at Each Visit

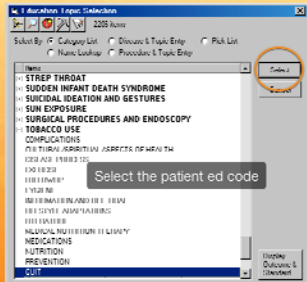
Assist & Arrange

If Patient *Is Ready* to Quit
Develop a Quit Plan:

- Set a Quit Date
- Provide treatment from the clinician and help patient obtain support from others
- Provide Practical Counseling (problem-solving and anticipate challenges)
- Recommend use of Cessation Medication if no contraindications
- Offer Self-Help Materials
- Refer to Intensive Services



Patient Education Documentation in EHR



New Goal Setting Tool

Patient Goals

Goal Setting: ☒ Goal Set ☐ Goal Not Set

Goal: Goal #:

Type of Goal:

Motivation:

Goal Start Date:

Goal Complete: ☐ Go

Stop:

Step Start Date:

Step Follow-up Date: Progress:

Step Complete: ☐ Met ☐ Changed ☐ Maintained

The 5As in Summary

- **Ask** Screen for tobacco use every visit
 Document health factor
- **Advise** Encourage tobacco avoidance
 Document as patient education: TO-QT
- **Assess** Determine readiness to quit in next 30 days
 Tobacco handouts TO-L
 Encourage tobacco avoidance TO-QT
- **Assist** Help set a tobacco quit date and plan
- **Arrange** Help to establish patient follow up
 Quit line information TO-HELP
 Tobacco handouts TO-L
 Refer to tobacco cessation specialist TO-IR



Nicotine Dependence

- Nicotine withdrawal symptoms:

- depressed mood
- insomnia
- irritability
- frustration
- anger
- anxiety
- difficulty concentrating
- restlessness
- decreased heart rate
- increased appetite and weight gain



The dependence-producing properties of nicotine are believed to be mediated by nicotinic acetylcholine receptors located in the ventral tegmental area (VTA) of the brain.

Socio-Cultural Factors

- Traditional tobacco plays an important role in some Native American cultures
- When discussing commercial tobacco use with patients, be aware of learning styles, age, language, religious beliefs, and cultural norms



Ceremonial Tobacco

"When used with respect in small amounts, traditional tobacco is a life-affirming sacramental substance that confers enormous power on the people using it. When used without respect in cigarettes and other commercial products, tobacco is a deadly killer, regardless of race or religion."

Joseph Winter, 2000



Ceremonial vs. Commercial Tobacco Abuse

Ceremonial Use

- Known as sacred herb
- Plant is cultivated in the wild
- Used in:
 - Healing
 - Making agreements
 - Prayer
 - Events (e.g. Pow Wows)
 - Honor visitors
 - Meetings

Commercial Abuse

- Commercial Tobacco consumption
- Used to satisfy a personal need or enjoy the pleasurable effects



Psychological Factors

- Reinforced conditioned drug-taking behavior, not only physical dependence, is central to the concept of addiction
- As nicotine dependence develops, tobacco use is perpetuated by a corresponding set of emotions and behaviors
- People use nicotine for mood regulation, stress management, weight control, and improved concentration



Recommendation for Pharmacotherapy

- Use of pharmacotherapy for smoking cessation doubles long term quit rates compared to placebo use
- All patients attempting to quit should be encouraged to use effective pharmacotherapy for smoking cessation except in the presence of special circumstances



Nicotine Content of Common Tobacco Products

- 1 cigarette equals ~ 1 mg nicotine
- 1 dip chewing tobacco equals ~ 3-4 mg nicotine
- 1 cigar equals ~10-20 mg nicotine
- 1 bidi or kretek equals ~ 2-3 mg nicotine






FDA Approved Medications For Smoking Cessation

Nicotine Replacement:

- Nicotine Gum
- Nicotine Patch
- Nicotine Inhaler
- Nicotine Nasal Spray
- Nicotine Lozenge

Non-Nicotine Replacement:

- Bupropion SR (Zyban®)
- Varenicline (Chantix®)



Nicotine Replacement Therapy Dosing

CONTRAINDICATIONS: Post MI, unstable angina, severe arrhythmias, Class D agents in pregnancy

1. **Nicotine Gum**
2, 4 mg OTC. Chew, then park in mouth. Use 1 piece every 1-2 hr for 6 weeks, then taper.
2. **Nicotine Patch**
7, 14, 21 mg/24hr OTC. Apply to dry skin. Use highest dose for 4-6 weeks, then taper. OR 15 mg/16hr OTC. Use for 6 weeks.
3. **Nicotine Inhaler**
4 mg per cartridge, RX. Puff frequently. Use 6-16 cartridges daily for 6 weeks, then taper.
4. **Nicotine Nasal Spray**
0.5 mg per spray, RX. Use 1-2 sprays each nostril every hr for 4-8 weeks, then taper.
5. **Nicotine Lozenge**
2, 4 mg OTC. Moisten, then park in mouth. Use 1 piece every 1-2 hr for 6 weeks, then taper.

Non-Nicotine Replacement Therapy Dosing

1. **Bupropion SR (Zyban®):** First non-nicotine replacement drug approved by FDA for smoking cessation
150 mg SR daily x 3 days, then increase to 150 mg twice daily. Discontinue tobacco use after 7-14 days, continue medication for 7-12 weeks

CONTRAINDICATIONS & PRECAUTIONS:

- Review FDA box warning
- History of seizure disorder, eating disorder, serious head trauma, current alcoholism or alcohol abuse, concurrent use of another form of bupropion, use of MAO inhibitor in past 14 days
- Class C agent in pregnancy

Non-Nicotine Replacement Therapy Dosing

2. **Varenicline (Chantix®):** First non-nicotine replacement drug created specifically for smoking cessation, approved by FDA in 2006
0.5 mg daily x 3 days, 0.5 mg twice daily x 4 days, then 1 mg twice daily. Discontinue tobacco use after 7-14 days, continue medication for 12 weeks

CONTRAINDICATIONS & PRECAUTIONS:

- Review FDA Box Warning
- History of psychiatric illness
- Stop use and consult a physician if experiencing depressed mood, suicidal thoughts, changes in emotion or behavior, or drowsiness
- Not recommended if under age 18 or pregnant or nursing; Class C agent in pregnancy
- Adjust dose and use with caution in patients with renal insufficiency.

Identify Resources

Tobacco Dependence Treatment

- Are there any "in-house" treatment services available to patients?
- Are there any local treatment services available? (American Lung Association (ALA) or American Cancer Society (ACS))
- Does your state have a quitline? (1-800-QUIT NOW)

Identifying "Tobacco Treatment Champions"

- Are there any Tobacco Treatment Specialists at your facility?
- Do you have a provider who would be willing to work with a program? Nurse, Dentist, Pharmacist, or Health Educator

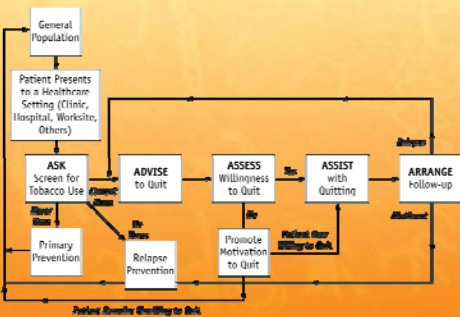


Implementation

- Screen everyone for commercial tobacco use at every visit
 - Change patient forms to include screening tools and use them
- Teach providers
 - To screen at each visit and talk to patients about commercial tobacco use
- Help people quit
 - Offer treatment services
 - Cover cost of tobacco treatment services
- Change policies
 - Tobacco free campus
 - Offer employee tobacco treatment services



The Five A's Summary



National Indian Health Service Tobacco Control Task Force (TCTF)

The National Indian Health Service (IHS) Tobacco Control Task Force is comprised of a multidisciplinary team of volunteer representatives from across the Indian Health System as well as partners from tobacco control organizations

Contact for TCTF:
Megan.Wohr@ihs.gov



Tobacco Control Task Force Technical Assistance

Certifications

- Basic Tobacco Intervention Skills
- Basic Tobacco Intervention Skills
- Instructor
- Tobacco Treatment Specialist

Clinical Tools

- Fieldbook
- Supplemental Materials

Task Force Member Mentoring

- EHR Templates
- Coding/Billing
- Protocol Development

Website
<http://www.ihs.gov/medicalprograms/epi/>



IHS Tobacco Control Task Force Clinical Tobacco Control Fieldbook



Implementing Tobacco Control into the Primary Healthcare Setting

IHS Tobacco Control Task Force



Online Resources

- www.smokefree.gov (CDC)
- <http://www.surgeongeneral.gov/tobacco/> (DHHS)
- www.fda.gov/TobaccoProducts/default.htm (FDA)
- www.cancer.org (American Cancer Society)
- www.americanheart.org (American Heart Association)
- www.lungusa.org (American Lung Association)
- www.becomeanex.org (Become An EX)

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