Treating Commercial Tobacco Abuse as a Chronic Disease: Integrating Treatment into the Clinic Setting

Kim Alford
Certified Health Education Specialist
Certified Tobacco Treatment Specialist
Sault Ste. Marie Tribe of Chippewa Indians

Treating Tobacco Use and Dependence Clinical Practice Guideline

U.S. Department of Health and Human Services - 2008

We've Come A Long Way Baby!

1st Guideline – 1996

- Smoking Cessation Clinical Practice Guideline No. 18 (scientific literature 1975-1994)

2nd Guideline – 2000

- Treating Tobacco Use and Dependence (1975-1999)

3rd Guideline – 2008

- Treating Tobacco Use and Dependence (1975-2007)
- Collaborative 8,700 articles reviewed with an expert panel opinion

1. Increase in Managed Care Options

- Increase in treatment options in managed care plans from 25% to 90%
- Joint Commission requires delivery of evidenced based tobacco interventions for patients with diagnosis of acute myocardial infarction, congestive heart failure, or pneumonia
- Medicare, the Veterans Health Administration, and US Military now provide coverage for tobacco dependence treatment

2. Increase in Advice to Quit

- Advice to Quit rate has approximately doubled since 1990's
- Increase in proportion of smokers receiving more intensive cessation interventions
- Since 1996, smoking prevalence among adults in US declined from 25% to 21%

3. Progress in Treatment Development and Delivery

- Telephone quit lines in every state, shown effective
- Seven U.S. FDA approved medications for treating tobacco dependence available
- Evidence of particular medications or combinations of medications are especially effective

What is Lacking?

- Innovative and more effective counseling strategies
- More consistent and effective interventions and options particularly for adolescents and young adults

Smoking Prevalence is Still High

- Low socioeconomic status
- Low education attainment
- American Indian Populations (some)
- Psychiatric disorders, including substance use disorders

- Need is in new techniques and treatment deliveries strategies in “real-world settings”

Guideline is based on adult smokers,

although data is relevant to adolescent smokers as presented.

Ten Key Guideline Recommendations #1

- Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit.
- Effective treatments exist, however, that can significantly increase rates of long-term abstinence.

"A chronic disease model emphasizes for clinicians the importance of continued patient education, counseling, and advice over time."

"Although most clinicians are comfortable in counseling their patients about other chronic diseases such as diabetes or hyperlipidemia, many believe they are less effective at providing counseling to patients who use tobacco."

ST - Recommendation #1

- Assessed status of Tobacco Cessation program
- Developed systems approach for Sault Tribe based on Clinical Practice Guideline – Treating Tobacco Use and Dependence
  - provided staff training
- Dr. William Wadland, MSU presented to Medical staff
  - Science-based research on established chronic disease and effectiveness of medications, cost effectiveness of tobacco cessation efforts
- Mayo model for dosing NRT's
- Continued staff trainings and technical support
    - myself, pharmaceutical reps

Recommendation #2

- It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a heath care setting.

ST - Recommendation #2

- Buy in from Medical and Pharmacy staff, other departments (dental, etc.)
  - Met with Medical Director one/one with Guidelines and assessment of existing tobacco program (strengths and weaknesses)
  - Presented cost effectiveness for tobacco cessation
  - Essential - ownership and leadership with program
  - Requested pharmacist to work with me on medication protocol, medication education

Recommendation #3

- Tobacco dependence treatments are effective across a broad range of populations.
- Clinicians should encourage every patient willing to make a quit attempt to use the counseling treatments and medications recommended in the Guideline.

ST - Recommendation #3

- Provided training on 5 A's
  - Ask (Do you use tobacco?)
  - Advise (Smoking can create complications with your diabetes)
  - Assess (Are you ready to quit at this time?)
  - Assist (Discuss medications and quit date)
  - Arrange (refer to counseling and arrange for follow up)
    - Created referral system

Recommendation #4

- Brief tobacco dependence treatment is effective.
- Clinicians should offer every patient who uses tobacco at least the brief treatments shown to be effective in this Guideline.

ST - Recommendation #4

- Developed Sault Tribe Clinical Guideline to be passed by Provider Staff Organization Board (PSO Board).
  - Guideline outlined 5 A's, 5 R's, Medication Protocol, and Tobacco Cessation Procedures
- Provided staff in-services on guidelines to all clinic sites

Recommendation #5

- Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity.
- Two components of counseling are especially effective, and clinicians should use these when counseling patients making a quit attempt:
  - Practical counseling
    - problem solving/skills training
  - Social support delivered as part of treatment
    - individual counseling increases abstinence rates the most (over group and other types).
    - stronger evidence that counseling is an effective treatment strategy
    - counseling adds significantly to the effectiveness of tobacco cessation medications
    - Quit-line counseling is an effective intervention with broad reach.
    - Counseling increases abstinence among adolescent smokers.

ST - Recommendation #5

- Identified “Champions” (CHN, CHT, or Health Educator) to implement consultations in all other clinic sites (six)
  - 1 hour initial consult
  - 15-30 min. bi-weekly follow ups
- Developed Tobacco Referral forms, culturally sensitive educational materials for consistency throughout Tribe
- Provided in-depth tobacco counseling education and training to Champions
  - history, nicotine dependence, chronic disease, pharmacotherapy, relapse prevention, consultation, motivational interviewing, and ongoing technical support

Recommendation #6

- Effective medications are available for tobacco dependence.
- Clinicians should encourage their use by all patients attempting to quit smoking
  - except when medically contraindicated
  - or with specific populations for which there is insufficient evidence of effectiveness
    - pregnant women, smokeless tobacco users, light smokers, and adolescents

Caveat to #6 (pg. 3)

- **Inconclusive evidence of effectiveness of NRT during pregnancy**. However, "although the use of NRT exposes pregnant women to nicotine, smoking exposes them to nicotine *plus* numerous other chemicals that are injurious to the woman and fetus." … of particular concern are carbon monoxide, nicotine, and oxidizing chemicals.
  - "These concerns must be considered in the context of inconclusive evidence that cessation medications boost abstinence rates in pregnant smokers."
- Same preface for smokeless tobacco users, light smokers, and adolescents
- Clinicians should consider combinations of medications as identified effective by the Guideline

ST - Recommendation #6

- Cessation medications are offered to pregnant women when behavioral modification does not work and is at the discretion of the provider and patient.
  - Currently Obstetrician must approve
- Teens may be prescribed NRT with parental approval – must go through ND Program
  - ST has policy and consequences for under age 18 smoking on tribal property
  - YEA Coordinators can provide education/counseling to under 18 years

Medications

- **Target objectives**
  - Withdrawal symptom relief
  - Control of cravings/urges
  - Abstinence

- **Modification of medication doses may be necessary to achieve these targets**
  - Higher doses
  - Multi-drug regimens
  - Longer course of treatment

Seven First-line Medications for Long-term Abstinence

- **Sault Tribe**
  - Bupropion SR
  - Nicotine gum
  - Nicotine lozenge
  - Nicotine patch
  - Varenicline (Chantix)
- **Other**
  - Nicotine inhaler
  - Nicotine nasal spray
- *Clinicians should consider combinations of medications as identified effective by the Guideline*

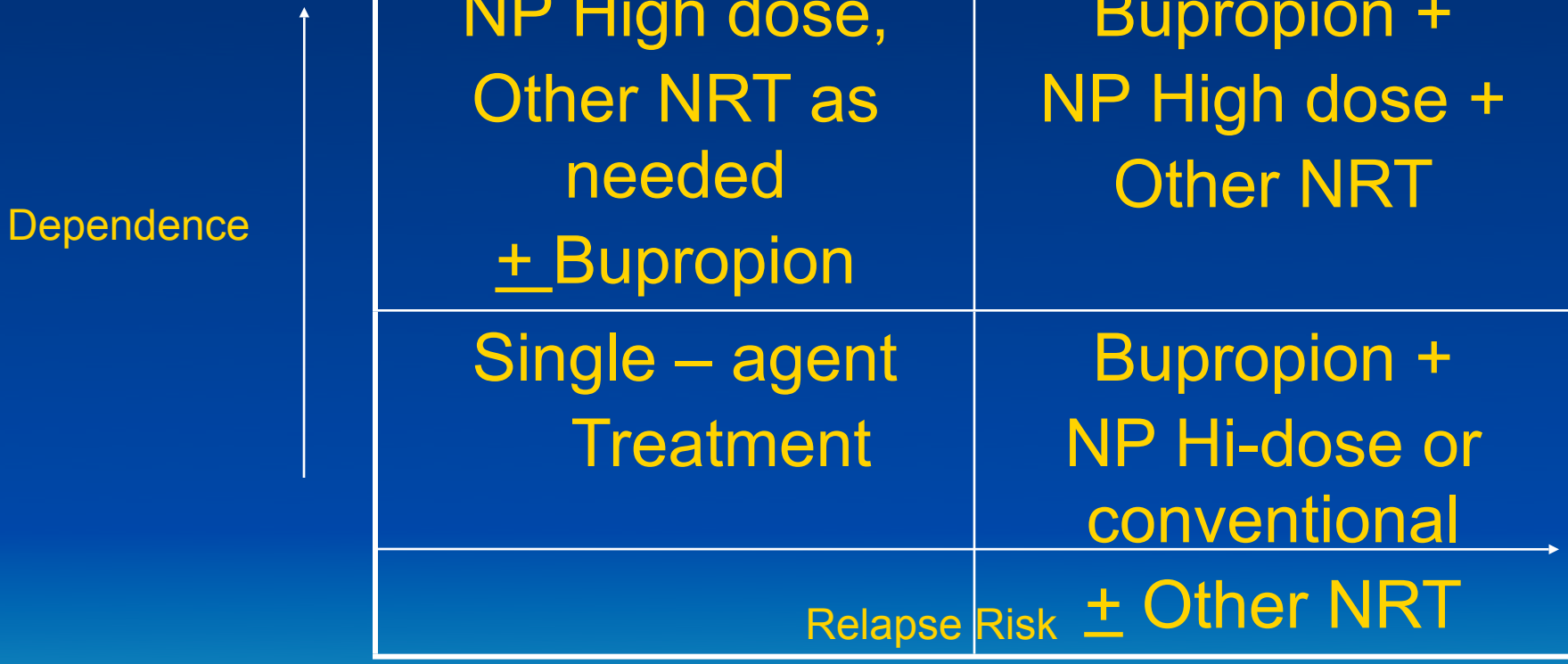
Medications and Patient Characteristics

- **Age (meds not adjusted to age)**
  - Under 18 can use NRT or Bupropion with parental permission and provider approval
- **Gender (meds not adjusted to gender)**
- **Patient preferences (matters)**
  - Previous experience
  - TV ads
  - Hear-say
- **Co-morbid conditions**
  - Depression
  - Weight concern (only Bupropion)
  - Other medications
  - Contraindications
- **Payment or Reimbursement**

Central Measure of Dependence

- **Highly Dependent**
  - ≥ 20 cigarettes per day
  - Smokes within 30 minutes of waking
- **High Risk of Relapse**
  - Prior abstinence never > 4 wks
  - History of chemical dependency (alcohol)
  - Significant withdrawal symptoms in first few days of previous quit attempts
  - History of psychiatric disorder
  - Other smokers in home

Central Measure of Dependence



Recommendation #7

- Counseling and medications are effective when used by themselves for treating tobacco dependence.
- The combination of counseling and medication, however, is more effective than either one alone.
- Thus, clinicians should encourage all individuals making a quit attempt to use both counseling and medications.

ST - Requirements #7

- All clients/patients must have initial consultation with tobacco cessation consultant, usually 1 hour in length, facilitated with Nicotine Dependence workbook
- Tobacco consultant can evaluate dependence, initial health history, and prior quitting history for recommendation on type and dose of cessation medications to use.
- Pharmacy must receive provider med order and signed referral from tobacco consultant prior to filling prescribed cessation medication

ST Requirements #7

- Must have follow up appts person-to-person or by phone, in order to get medications refilled.
- Follow up appts are made within one week of quit date and every 2 weeks thereafter until medications are completed
- Clients cannot call in refills
  - Tobacco consultant must call in refills for clients– ensures that follow up counseling occurs.
  - Pharmacy will contact tobacco consultant to verify follow up if client attempts to call in refill

Recommendation #8

- Telephone quit-line counseling is effective with diverse populations and has broad reach.
- Therefore, clinicians and health care delivery systems should both ensure patient access to quit-lines and promote quit-line use.

ST - Recommendation #8

- Sault Tribe does not utilize the quit line due to intensive internal counseling, however we do have quit line information available for those who want it or are not eligible for our services

Recommendation #9

- If a tobacco user currently is unwilling to make a quit attempt, clinicians should use the motivational treatments shown in the Guideline to be effective in increasing future quit attempts.
  - Motivational Interviewing strategies
  - 5 R's = ***R***elevance, ***R***isks, ***R***ewards, ***R***oadblocks, ***R***epetition

ST - Recommendation #9

- Training with 5 R's was initially provided, however, unknown if they are used
- Current research is being done using the patch and gum for those who do not wish to quit
  - i.e. still smoke and use patch and/or gum
- In Sault Tribe program, the objective is abstinence, therefore, we do not use medication with those not ready to quit

Recommendation #10

- Tobacco dependence treatments are both clinically effective and highly cost-effective relative to interventions for other clinical disorders
- Providing coverage for these treatments increases quit rates
- Insurers and purchasers should ensure that all insurance plans include the counseling and medication identified as effective in the Guideline as covered benefits

ST - Recommendation #10

- Sault Tribe allocates $2.50 per carton of cigarettes sold to the Health Education budget for tobacco prevention and cessation efforts (approximately $200,000 annually)
  - Previous to 2005, allocated $.25 per carton
  - Comes from taxes on cigarettes, i.e. rather than the member getting a full $17.50 discount per carton, now gets $15.00 discount
- HE budget covers all cessation medications, Health Educator staff salaries, tobacco prevention efforts (youth and adult)

ST - Recommendation #10

- All cessation medications are paid 100% (no co-pay) paid with HE budget. Pharmacy handles all meds as though they are on formulary, then bills quarterly to HE (accounting) for payment
  - Tribal members only and other eligible clients with insurance
- All clients must be seen by Sault Tribe provider to enroll in the Nicotine Dependence Program

Guideline Update: Advances

- Produced even stronger evidence that counseling is an effective tobacco use treatment strategy.
- Substantial evidence shows that intensive interventions produce higher success rates than do less intensive interventions
  - four or more sessions that are 10 minutes or more in length
  - Multiple visits for longer periods of time
    - may be provided by more than one clinician
- Particularly, findings that counseling adds significantly to the effectiveness of tobacco cessation medications, quit-line counseling is an effective intervention with broad reach.
- Counseling increases abstinence among adolescent smokers.

Guideline Update: Advances

- Greater number of effective medications than were identified previously.
  - Seven FDA approved medications
- Multiple combinations of medications have been shown to be effective.
  - more options
- Evidence regarding the effectiveness of medications relative to one another.

Guideline Update: Advances

- New evidence that health care policies significantly affect the likelihood that smokers will receive effective tobacco dependence treatment and successfully stop tobacco use.
  - E.g. making tobacco dependence a benefit covered by insurance plans increases the likelihood that a tobacco user will receive treatment and quit successfully.

New Stuff

- Treatment for the RECENT quitter.
  - High risk of relapse
    - Special mailings
    - Conversation when seeing them in public or office

- Address problems…
  - Lack of support
  - Negative mood or depression
  - Withdrawal symptoms
  - Weight gain
  - Smoking lapses

New Stuff

- Although most counseling types are effective, individual counseling increases abstinence rates the most.
- NRT is not an independent risk factor for acute myocardial events (no longer contraindicated).
  - Should be used with caution among particular cardiovascular patients – post myocardial infarction (within 2 wks), serious arrhythmias, unstable angina pectoris

New Stuff

- Inconclusive evidence of effectiveness of NRT during pregnancy.

- Smokeless tobacco:
  - "Current evidence is insufficient to suggest that the use of tobacco cessation medications increases long-term abstinence among users of smokeless tobacco."

  - Light smokers (≤ 10 cpd):
    - Lozenge shown to be most effective

“Specialists”

- One who views tobacco dependence treatment as a primary professional role.
- Possesses skills, knowledge, and training to provide effective interventions across a range of intensities.
- Often affiliated with programs with staff dedicated to tobacco interventions in which treatment involves multiple counseling sessions
- Often conduct research on tobacco dependence and treatment

Questions?