

2008 BEST PRACTICES - WEBEX SERIES
CANCER PREVENTION AND
TREATMENT SERIES

TOBACCO USE DISORDER

Chris Lamer

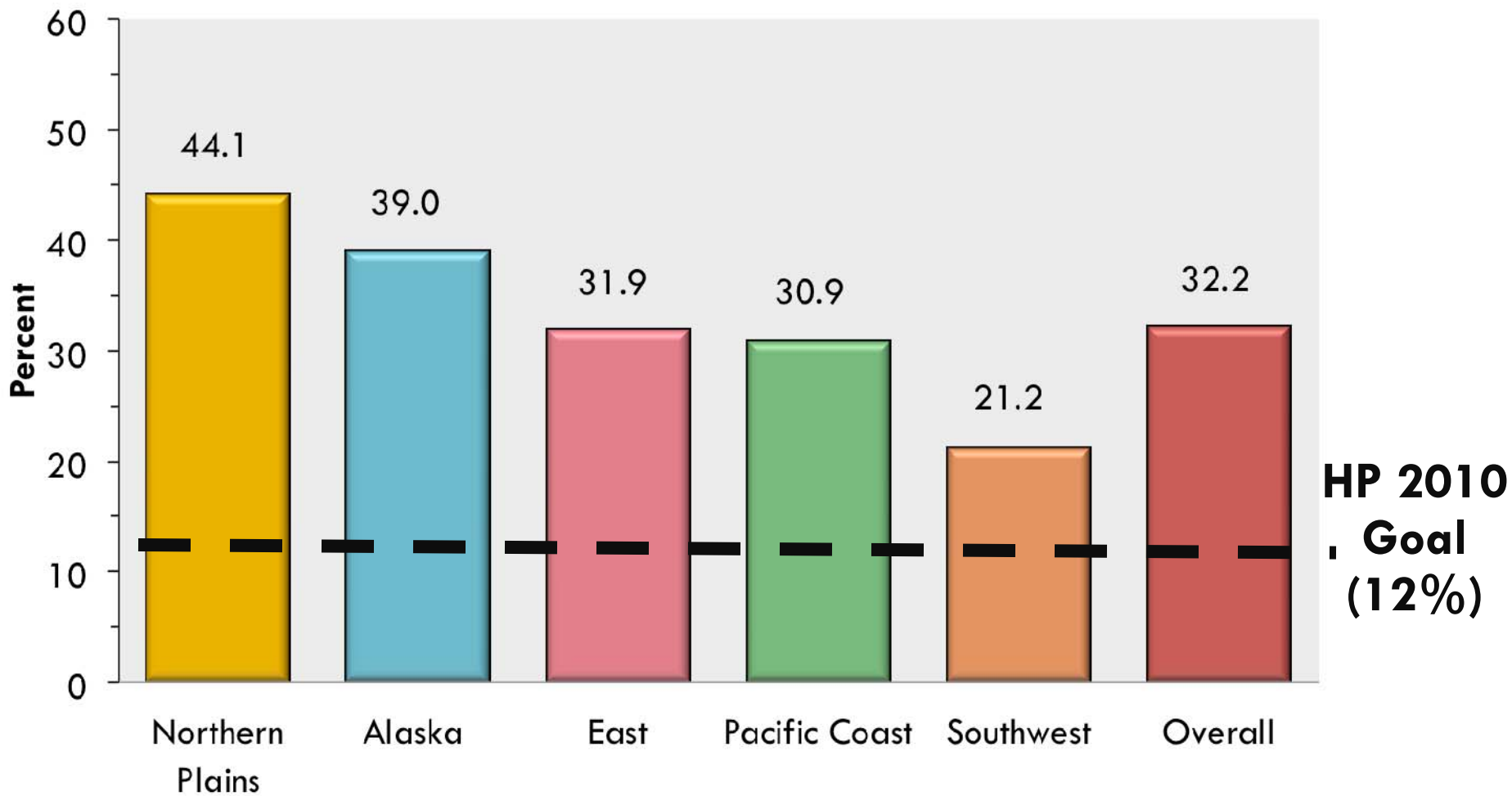
ROLE OF TOBACCO

- Tobacco has long played a significant role in the American Indian culture
 - ▣ Medicinal and healing rituals
 - ▣ Ceremonial or religious practices
 - ▣ Instructional or educational device

- American Indians and Alaska Natives have the highest rate of commercial tobacco use (32.4%) of any racial/ethnic group in the United States.

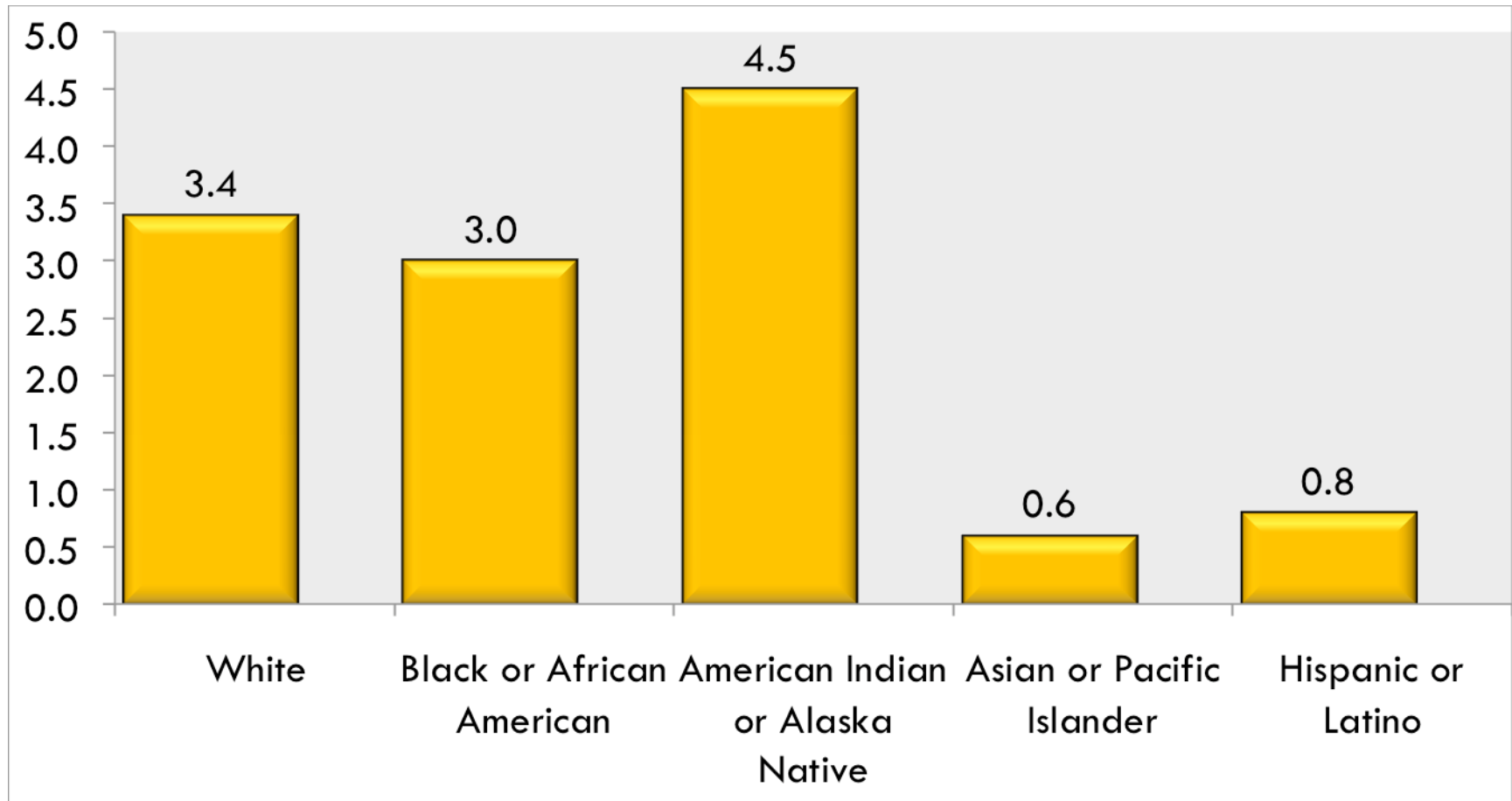


SMOKING BY REGION



AI/AN 1997-2000

SMOKELESS TOBACCO USE



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.

TOBACCO ABUSE IS A CHRONIC DISEASE

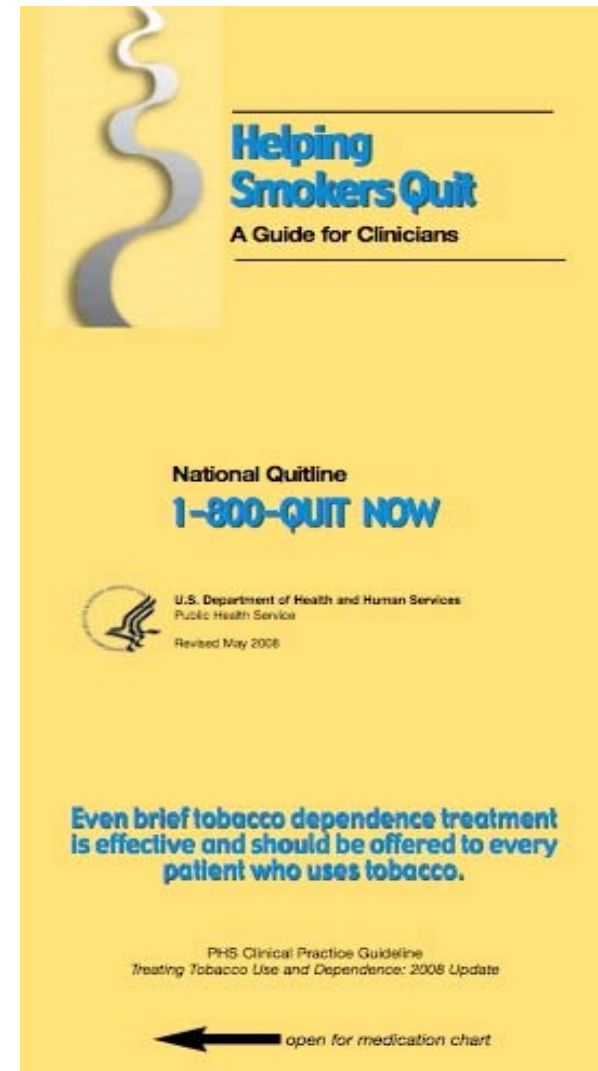
- Tobacco use disorder is a chronic disease
 - 305.1
 - 649.00-649.04
 - V15.82
- The causes of tobacco dependence are complex
 - ▣ Interpersonal variability
 - ▣ The "Three-Link Chain of Tobacco Dependence"
 - Biological
 - Psychological
 - Sociocultural factors



TREATMENT IS EFFECTIVE

Intensive interventions
increase quit rates

- ▣ Individual 70%
- ▣ Group 30%
- ▣ Telephone counseling 20%



TREATMENT COMBINES INTERVENTIONS

- Combine counseling and medications

- Nicotine replacement

- Patches
 - Spray
 - Lozenges
 - Gum
 - lollipops

- Non-nicotine replacement

- Bupropion SR
 - Varenicline
 - Antidepressant Medications

BRIEF INTERVENTION

- Brief interventions (< 3 minutes)
- 5 A's
 - **Ask** if they use tobacco
 - **Advise** to quit
 - **Assess** willingness to make quit attempt
 - **Assist** in making quit attempt
 - **Arrange** for follow up contact
- Increases tobacco quit rates by 30%

Ask

Ask about tobacco use at every visit.

Advise

Advise all tobacco users to quit.

Assess

Assess readiness to quit.

Assist

Assist tobacco users with a quit plan.

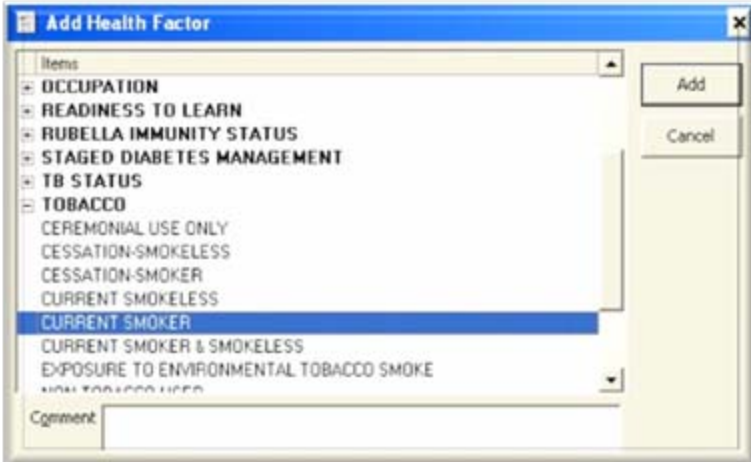
Arrange

Arrange followup visits.

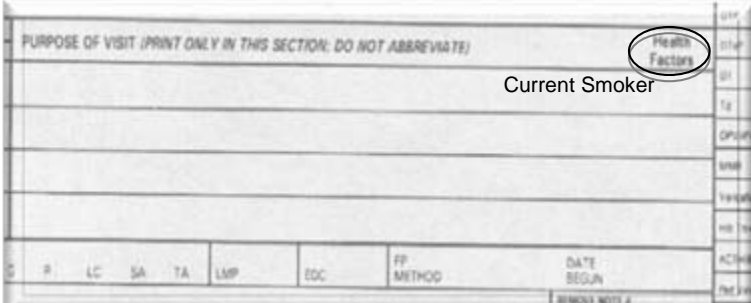
Ask Advise Assess Assist Arrange

□ Health Factors

- Non-Tobacco User
- Current Smoker
- Current Smokeless
- Current Smoker & Smokeless
- Cessation Smoker
- Cessation Smokeless
- Previous Smoker
- Pervious Smokeless
- Ceremonial Use Only
- Smoker in the Home
- Smoke Free Home
- Exposure to Environmental Tobacco Smoke



The screenshot shows a dialog box titled "Add Health Factor". It contains a list of health factors under various categories: OCCUPATION, READINESS TO LEARN, RUBELLA IMMUNITY STATUS, STAGED DIABETES MANAGEMENT, TB STATUS, and TOBACCO. Under TOBACCO, there are several options: CEREMONIAL USE ONLY, CESSATION-SMOKELESS, CESSATION-SMOKER, CURRENT SMOKELESS, CURRENT SMOKER (highlighted in blue), CURRENT SMOKER & SMOKELESS, and EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE. There are "Add" and "Cancel" buttons on the right and a "Comment:" field at the bottom.



The screenshot shows a clinical form with a table. The table has columns for "GIR", "W", "M", "A", "T", "L", "R", "LC", "SA", "TA", "LMP", "EDC", "FP METHOD", "DATE BEGAN", "REMARKS/NOTE #", and "ACTIVE". The "GIR" column has a sub-column for "Health Factors". The "Health Factors" sub-column has a value of "Current Smoker".

Ask

Advise

Assess

Assist

Arrange

□ Patient Education

TO-QT

QUIT

OUTCOME: The patient/family will understand that tobacco cessation will improve quality of life, that cessation will benefit health, and how participation in a support program may prevent relapse.

STANDARDS:

1. Advise the patient to quit.
2. Discuss that readiness and personal motivation are key components to quitting.
3. Review the treatment, medication, and support options available to the patient/family. Make referrals as appropriate. Refer to [“TO-IR Information and Referral” on page 931.](#)
4. Review the value of frequent follow up and support during the first months of cessation.

Ask **Advise** Assess Assist Arrange

- TO – QT – G – CL - 3 min
 - ▣ Topic – TO (tobacco)
 - ▣ Subtopic – QT (quit)
 - ▣ Level of Understanding – good / fair / poor
 - ▣ Time in minutes

The screenshot shows a dialog box titled "Add Patient Education Event" with the following fields and options:

- Education Topic: Asthma-Disease Process (Asthma)
- Type of Training: Individual Group
- Comprehension Level: GOOD
- Length: 5 (min)
- Comment: REALLY LIKED TALKING ABOUT THIS
- Provided By: LAMER, CHRISTOPHER CLAYTON
- Status/Outcome: Goal Set Goal Met Goal Not Met
- Text area: Will avoid asthma triggers
- Buttons: Add, Cancel, Historical (checkbox), Display Outcome & Standard
- Section: Patient's Learning Health Factors

Ask

Advise

Assess

Assist

Arrange

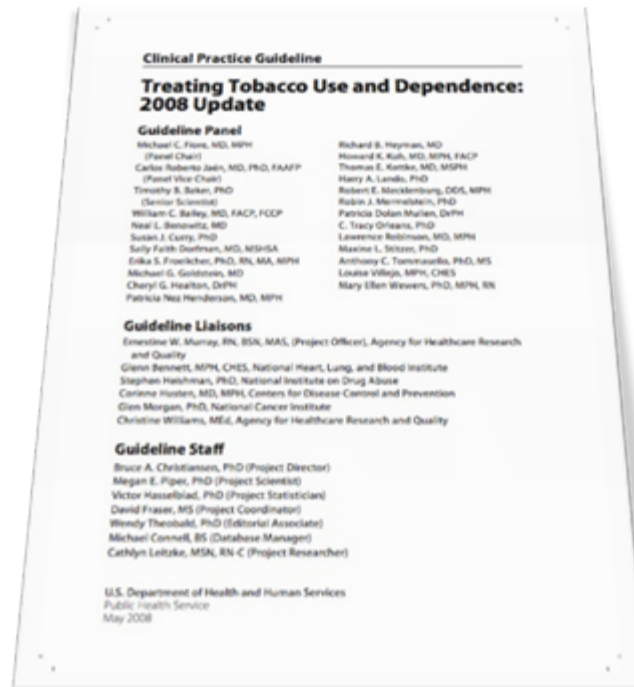
- The patient uses tobacco and wants to quit
 - Provide resources and assistance

- The patient uses tobacco and does not want to quit
 - Provide and review tobacco treatment literature
 - TO-QT-G-CL-3min-GNS
 - Provide feedback on why they should consider quitting

- The patient has used tobacco and has quit
- The patient has never used tobacco
 - Commend and promote abstinence

Ask Advise Assess **Assist** Arrange

- Set a goal and a quit date
 - TO-QT-G-CL-5min – GS – will quit on 6/25



Ask

Advise

Assess

Assist

Arrange

□ **TO-IR INFORMATION AND REFERRAL**

□ **OUTCOME:** The patient/family will understand the process of referral and treatment for nicotine dependence.

□ **STANDARDS:**

1. Discuss sources for tobacco cessation treatment
2. Refer to nicotine treatment program or other resource as available.

□ **TO-QL QUIT LINE**

□ **OUTCOME:** The patient/family will understand how to access and benefit from a tobacco quit line.

□ **STANDARDS:**

1. Explain to the patient/family that a quit line will enable to the patient to talk with a specialist who can help them plan an individualized quit method and may some times be used in coordination with other types of tobacco use treatment such as group or individual programs and/or medications.
2. Explain that people who use telephone counseling stop smoking at twice the rate of those who don't get this type of help.
3. Provide the patient with the quite line phone number and hours of operation or assist the patient in calling the quit line during the patient encounter.
4. Explain how the quit line works and what the patient can expect from calling.

IHS TOBACCO TASKFORCE

- Tobacco use disorder is a chronic disease
- Treatment is effective
- Combine counseling and medications
- Brief interventions

- IHS Tobacco Taskforce
 1. Increased collaboration between IHS Tobacco Control Task Force and National Tobacco Partners
 2. Tobacco Control Guidebook (Fieldbook)
 3. Pilot Site Projects

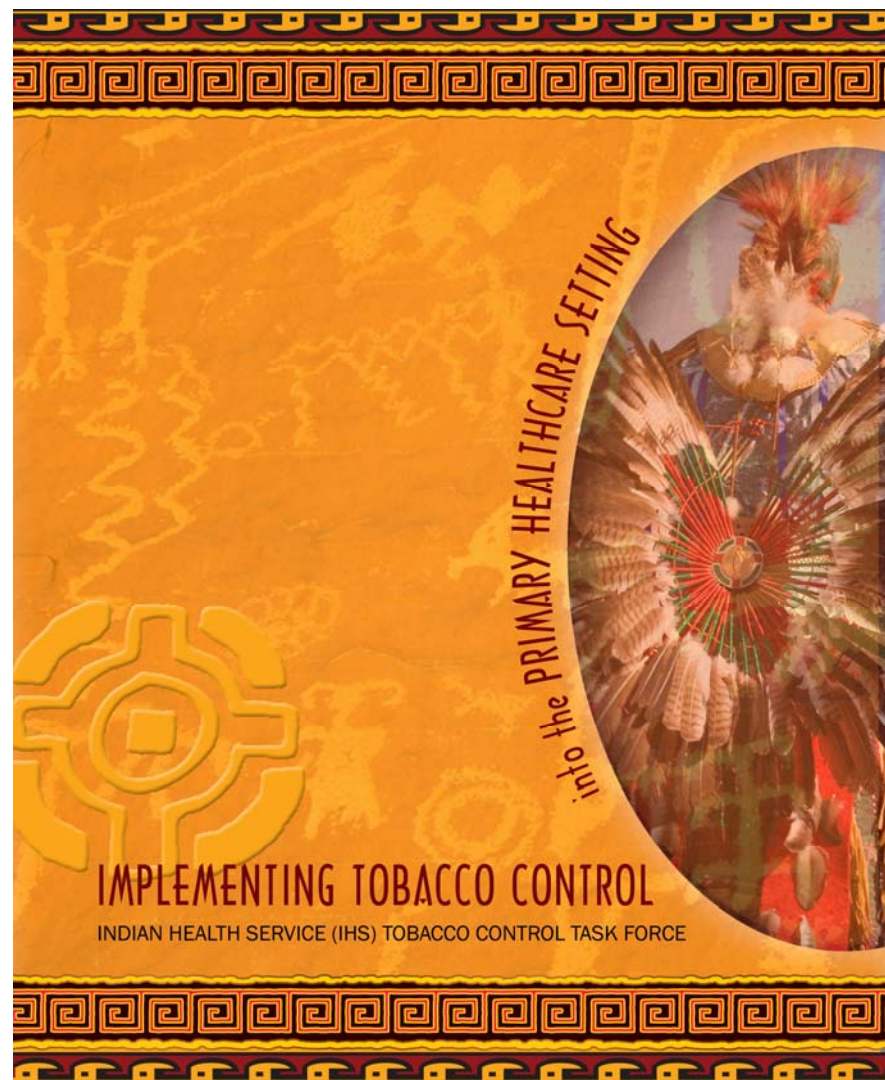


TOBACCO FIELDBOOK

- IHS Tobacco Control Task Force:
 - ▣ Clinical Tobacco Control Fieldbook

- Implementing Tobacco Control into the Primary Healthcare Setting

- Megan Woehr
 - ▣ Megan.Woehr@ihs.gov



TOBACCO FIELDBOOK

- Unit 1: Introduction
 - Traditional Tobacco
 - Commercial Tobacco related statistics
- Unit 2: Overview of the US Public Health Service Clinical Practice Guidelines
 - Coding & Billing
- Unit 3: Comprehensive approaches
- Unit 4: Brief Interventions
- Unit 5: Intensive interventions
- Unit 6: Pharmacotherapy
- Unit 7: Special Situations
 - Pregnancy, comorbidities, adolescents, behavioral health, nutrition
- Unit 8: Resources and Materials
- Unit 9: Tracking and Evaluation

PILOT SITES

- Proposals solicited from IHS, Tribal, and Urban Indian health care facilities.

- Four sites were invited to participate in the pilot program
 - Pine Ridge IHS
 - Fort Belknap Service Unit
 - Warm Springs Health & Wellness Center
 - Mille Lacs Ne-la-Shing Clinic

THE SINGLE MOST IMPORTANT
STEP IN ADDRESSING TOBACCO
USE AND DEPENDENCE IS:
SCREENING FOR TOBACCO USE

*U.S. DHHS Treating Tobacco Use and Dependence