

Plan First: Smoking Cessation Products and Counseling

**Satellite Conference and Live Webcast
Wednesday, October 24, 2012
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**Produced by the Alabama Department of Public Health
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Faculty

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Tobacco Use Is the Leading Cause of Preventable Death in the United States

Tobacco Use

- **Tobacco kills more than 400,000 people annually**
 - **More than AIDS, alcohol, car accidents, illegal drugs, murders, and suicides combined**

In Alabama . . .

- **Approximately 8,700 Alabamians die each year from a tobacco-related cause**

– Fosson, G.H., & McCallum, D.M. (2011). The Burden of Tobacco in Alabama. Tuscaloosa, AL: Institute for Social Science Research, University of Alabama

The Tobacco Problem in Alabama

- **Nearly one in four Alabamians smoke**
 - **Alabama has one of the highest prevalence rates in the nation**

Medicaid and Tobacco Usage

- People on Medicaid smoke at a disproportionately higher rate than the general population
- Annual healthcare costs in Alabama directly caused by smoking: \$1.5 billion
- Portion covered by the state Medicaid program: \$238 million

Women and Tobacco Use in Alabama: 2011 BRFSS

- Almost 21% of women in Alabama smoke
- For ages 19-55 the prevalence rate is 26%

Contraceptive Considerations

- Risks linked to birth control
 - DVT
 - Stroke
 - MI

Contraceptive Considerations

- Factors that increase a patient's risk
 - Age \geq 35 plus smoking 15 / more cigarettes daily
 - Increased risk of CVD due to DM, HBP, high cholesterol
 - Smokers with these risk factors are limited in their contraceptive options

Preconception Health

- Every woman should be thinking about her health
 - Even if she is not planning a pregnancy
- About half of all pregnancies are not planned

Tobacco Effects

- Smoking has many adverse reproductive effects, including increased risk for:
 - Infertility
 - Miscarriage
 - Pre-term delivery
 - Stillbirth

Tobacco Effects

- Low birth weight
- Sudden Infant Death Syndrome (SIDS)

Smoking and Pregnancy

- Smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants (CDC, 2006)
- In 2010, when Alabama mothers were asked if they had smoked any cigarettes in the past two years, 32% answered "Yes"

- Alabama Pregnancy Risk Assessment Monitoring System, 2010

Infant Mortality Rate in Alabama in 2010

- 13 deaths per 1,000 live births for children whose mothers smoked during pregnancy
 - Compared to a rate of 8 for children whose mothers did not smoke, according to ADPH data

Quitting Tobacco Use

- Most tobacco users want to quit, but lack the support to help them succeed
- Having a variety of options available increases the success of making quitting permanent

Two Pronged Approach

- Telephone Quitline counseling is effective with diverse populations and has broad reach
- "... providing medication in addition to counseling significantly enhances treatment outcomes."

- Treating Tobacco Use and Dependence, Clinical Practice Guideline, 2008 Update, U.S. Department of Health and Human Services

The Alabama Tobacco Quitline

- A free telephone-based tobacco cessation service in which master's-level counselors answer callers' questions about the quitting process and help them develop an effective plan for quitting

Alabama Tobacco Quitline

- Our Quitline provides master’s level counselors who have completed certified tobacco treatment cessation training
- The Quitline offers extended counseling sessions for Plan First participants

Tobacco Quitline Treatment

- Answer questions
- Determine readiness to quit
- Establish individualized plan
- Provide support
- Set quit date
- Offer counseling sessions at patient’s convenience

Smoking Cessation Products

- Nicotine replacement products
 - Over the counter
 - Gum
 - Lozenges
 - Patches

The only product prescribed by ADPH

Smoking Cessation Products

- Prescription only
 - Inhaler
 - Nasal spray
- Non-nicotine based products – prescription only
 - Varenicline Tartrate (Chantix®)
 - Bupropion (Zyban®)

Patch Administration

- Administration is product specific, but generally:
 - 3 step schedule
 - Lower daily dose at each successive step
 - Patients smoking <10 cigarettes / day should start at Step 2 and remain at this step for 6 weeks then continue to the last step

Patch Administration



Patch Administration

- Apply patch for 16 or 24 hours / day
- Initial adjustments dictated by side-effects and / or severity of withdrawal symptoms
- Concomittant use of certain medications (i.e. cimetidine) will necessitate a dose adjustment

What Do We Need to Do?

- Ascertain tobacco use – Nurse
- Determine tobacco use history – Nurse
- Advise regarding smoking cessation project and determine willingness to participate – Nurse
- Prescribe product – NP
 - Give RX to patient

What Do We Need to Do?

- Complete:
 - Plan First Smoking Cessation Referral Form – Care Coordinator
 - Medicaid Pharmacy Form – NP / Nurse
- Fax both forms to Medicaid – Care Coordinator
 - 1 – 800 – 748 – 0116

What Do We Need to Do?

- Fax the Smoking Cessation Form only to the Quitline – Care Coordinator
 - 1 – 601 – 899 – 8650

Progress Report

- Monthly
 - Patient name - Date of intake
 - Medicaid # - Quit date
 - Referral date - # of sessions
 - Date contacted

Evaluation

- Project will be evaluated by UAB School of Public Health
 - Participation
 - Product
 - Counseling
 - Seven month quit rate

Musts

- **The patient must be a Plan First recipient – Aid Cat. 50 – Family Planning Only**

Musts

- **Must complete the Smoking Cessation Referral Form and the Medicaid Pharmacy Form**
 - **Fax the Smoking Cessation AND the Pharmacy Form to Medicaid**
 - **1 – 800 – 748 – 0116**
 - **Fax the Smoking Cessation Referral Form to the Quitline**
 - **1 – 601 – 899 – 8650**

Forms

- **Forms can be obtained at:**
 - **http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.5_Pharmacy_Forms.aspx**
 - **<http://www.adph.org/planfirst>**