# Plan First: Smoking Cessation Products and Counseling

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Produced by the Alabama Department of Public Health Video Communications and Distance Learning Division

# **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 ≥ 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'slevel 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

The only product prescribed by ADPH

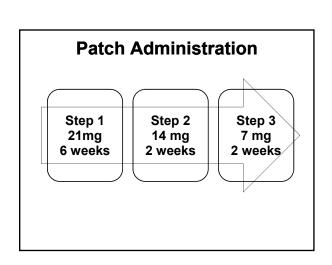
- Lozenges
- Patches -

# **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**

- -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
    - $\cdot 1 800 748 0116$
  - Fax the Smoking Cessation Referral Form to the Quitline
    - ·1 601 899 8650

### **Forms**

- Forms can be obtained at:
  - http://medicaid.alabama.gov/CONT ENT/5.0\_Resources/5.4\_Forms\_Lib rary/5.4.5\_Pharmacy\_Forms.aspx
  - -http://www.adph.org/planfirst