

A.A.R.P for Health Care Providers

Coordinator Name

Alabama Dept. of Public Health



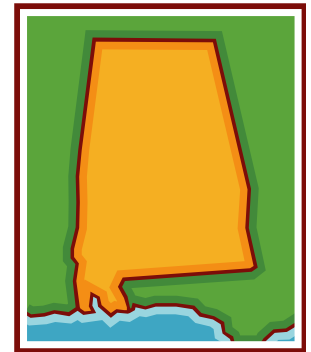
Smoking-related morbidity and mortality

- Tobacco use is the single most preventable cause of death in the United States. ¹
- Nationally, 450,000 deaths per year are attributable to cigarette smoking and secondhand smoke exposure. ⁷
- For every person that dies from tobacco use, another 20 will suffer a serious tobacco-related illness. ¹



Tobacco use in Alabama

- 22.5% of adults smoke. ⁴
- 22.1% of high school students smoke. ⁶
- 7,400 people die each year as a result of their own smoking. ⁴
- Approximately 850 deaths per year are due to secondhand smoke exposure. ⁴



Motivating smokers to quit: Ask, Advise, Refer, Prescribe



A.A.R.P.

- **ASK** Easy to implement
- **ADVISE** Personally structured
- **REFER** Have the right tools
- **PRESCRIBE** Know the latest

** Based on the U.S. Public Health Service Clinical Practice Guidelines for Treating Tobacco Use and Dependence, 2000.

ASK

- Every patient, at each visit.
- Ask every patient over the age of 10 if they currently use or have ever used tobacco products.
- Children under 10, ask if parents or caregivers use tobacco products.
- Document response in patient's medical record.



Possible responses

- Patient who responds “I have never used tobacco.”
- Your response, “That is great! Keep up the good work.”



Patient who responds, “I quit a few years ago.”

Your response: “Congratulations for quitting. I know it wasn’t easy, but it sure is the best thing you could have done for your health!”



Patient who responds, “My parents smoke.”

Your response to parents, “Your child is here because of a problem directly related to your smoking. Would you like some information on quitting?”



ADVISE

Clear

“I think that it is important for you to quit using tobacco now, and I will be happy to help you.”

Strong

“In my opinion, quitting is the most important thing you can do for your health.”

Personalized

“Your family history for cancer puts you at a higher risk than others, and smoking increases that risk even more.”

Determining motivation level

Ask patient to rate their readiness to quit smoking on a scale of 1-10, with one being the lowest and 10 the highest.

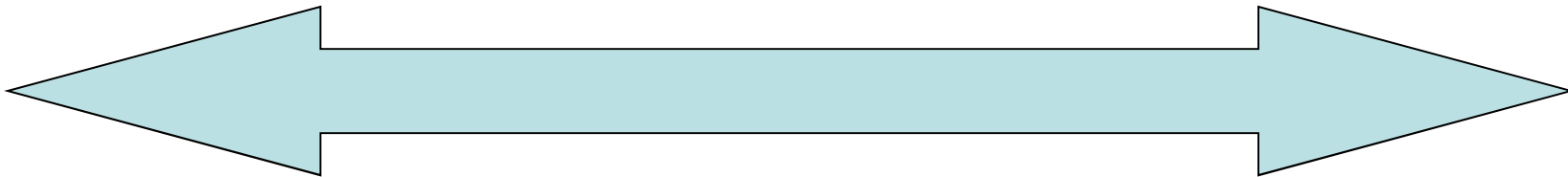


Motivation

0-3 Low
Not Ready

4-7 Moderate
May Be

8-10 High
READY!



Low: not ready to quit



Offer information they can take with them, possibly a simple brochure on secondhand smoke or basic dangers of tobacco use. Offer Quitline information.

Moderate: may be ready to consider quitting

Encourage them to call the Quitline, ask about specific concerns, and provide literature.



High: READY

Congratulate patient, discuss medication options and complete Quitline referral form.



The Quitline will save you time by helping your patient address:

- Setting a quit date.
- Managing stress.
- Managing weight gain.
- Possible challenges.
- Benefits of possibly quitting with a family member or friend.





**70% of adult smokers
would like to quit...**

However...

At any specific time...

20% are ready to try

Starting points for discussion

- Quitting tobacco is difficult.
- History of failed attempts.
 - Embarrassed
 - Resigned
 - Low motivation
- Looking for a “quick fix.”
- May not be aware of treatment options.
- May not be aware of or acknowledging personal health risks.



REFER



Alabama Tobacco Quitline

1-800-QUIT-NOW

(1-800-784-8669)

- Free telephone counseling provided by licensed professional counselors.
 - Up to five calls to patient (more if relapse occurs) and
 - 4- week supply of free patches for eligible participants
- Languages
 - English
 - Spanish
 - Other (translator services connected)

Alabama Tobacco Quitline

1-800-QUIT-NOW

(1-800-784-8669)

- Educational materials – Quit Kits or appropriate materials are mailed to every caller.
- Referral to local cessation services when requested.

Alabama Tobacco Quitline

1-800-QUIT-NOW

(1-800-784-8669)

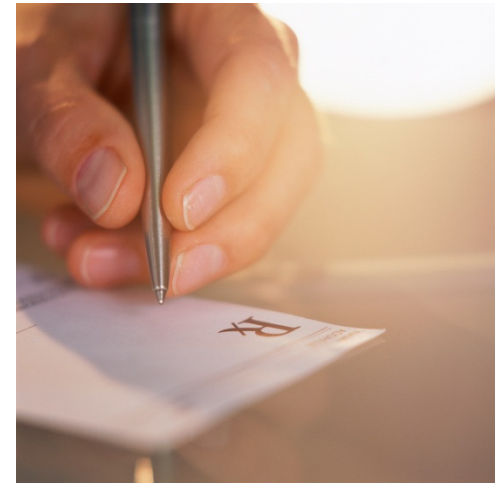
- The Quitline offers expanded services for pregnant women.
- Pregnant clients receive, on average, 8-10 counseling sessions.
- The extra counseling sessions are coordinated around the client's delivery date to ensure that she receives adequate support to remain smoke-free after the baby is born.

Referral protocol for patients with potential contraindications

- The patient is required to have a medical clearance form completed and signed by his or her physician prior to receiving the 4-week supply of free patches.
- If the patient is not eligible or does not desire the patch, he or she is still eligible for free counseling through the Quitline.

Referral protocol for minors

- Minors are eligible to call the Quitline for free counseling and a free quit kit.
- Anyone under the age of 18 will need a doctor's prescription to receive the free 4-week supply of Nicotine Replacement Therapy.



Referral protocol for pregnant patients

- All pregnant patients must have a prescription from a physician to receive the 4 weeks of free N.R.T.



How will I know if my patient succeeds in quitting?

Referrals to the Quitline with the fax/referral form allow progress information on the patient to be sent to the referring healthcare provider.



Patient Fax Referral/Consent Form



- Patient Information – patient gives consent to provide information to the healthcare provider.
- Provider may document specific concerns or instructions that will be used in the process of cessation by the Quitline.

Patient Referral/Consent Form

- Healthcare Provider Information – allows the Quitline to ensure the proper provider is documented as able to receive information.
- Provides compliance for Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) standards on referral for smokers.

Patient Referral/Consent Form

- Form allows documentation of patient refusal for services.
- Should be kept in patient's chart for future reference on responses to referral.
- Easy to use, easy to train office staff to complete and fax.
- Form is reproducible.

What happens when the Quitline receives the form?

- Quitline staff will call patient.
- Staff will complete the intake and set a date for the first counseling session.
- If no answer on first attempt to contact, a message will be left. At least three contact attempts will be made.



Monitoring patient's progress

- Once patient is participating in the cessation program, quarterly reports will be generated to the referring provider.
- If no contact is ever made, the provider will be notified.

PRESCRIBE



PRESCRIBE

Rationale for Use:

- More effective than placebo alone, and substantially enhances behavioral treatment.
- Decreases withdrawal and craving.
- Facilitates learning new skills.



PRESCRIBE

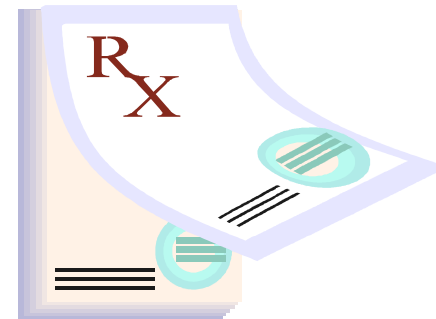
Nicotine Replacement Therapies (NRTs):

- Patch **
- Gum
- Inhaler
- Lozenge
- Nasal spray

Other Medication Options:

- Bupropriion SR
- Chantix –Varenicline
- Nicotine Vaccine

** The patch is the only N.R.T. provided by the Quitline.



Nicotine replacement therapy

- Primarily reduces withdrawal symptoms.
- May provide some positive effects, i.e. reduce negative mood, return concentration to normal, suppression of weight gain.
- May replace oral and handling aspects of the habit (gum, inhaler, lozenge).

Treatment considerations

- N.R.T is not appropriate for anyone smoking less than 10 cigarettes per day.
- Is not a “Quick Fix” method, does not ensure success.
- Most successful when combined with cognitive/behavioral counseling for behavior change.
- May have to try several times before quitting for good.

N.R.T. contraindications/warnings

- Heart attack (6 weeks)
- Pregnancy
- Uncontrolled high blood pressure
- Recent cancer issues
- Untreated skin disorders
- Dentures (patient may need to avoid gum)



References

1. Centers for Disease Control and Prevention, *Targeting Tobacco Use, 2007*
2. Morbidity and Mortality Weekly Reports (MMWRs) Cigarette Smoking Among Adults — United States, 2006, November 9, 2007 / Vol. 56 / No. 44.
3. Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Reports (MMWRs) Cigarette Smoking Among High School Students – United States, 1991-2005*, July 7, 2006 / 55(26); 724-726.
4. Campaign for tobacco free kids, Fact Sheet: Toll of Tobacco in Alabama, www.tobaccofreekids.org.
Accessed on January 21, 2009
5. U.S. Public Health Service, *Clinical Practice Guidelines for Treating Tobacco Use and Dependence, 2000*
6. Alabama Dept. of Public Health website, www.adph.org, Accessed on January 21, 2009.
7. Campaign for tobacco free kids, Fact Sheet: Toll of Tobacco in the United States, www.tobaccofreekids.org.
8. Accessed on January 21, 2009.