

# Integrating Best Practices for Reducing Tobacco Use and Exposure An Ethical Responsibility A Moral Imperative



**Best of the West 2006**

**Operation Tobacco-Free Nevada  
Tobacco-Free Babies Project®**

(Fund for a Healthy Nevada)

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March  
of Dimes®  
*Saving babies, together®*



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# Legal yet Lethal

- Tobacco is the only product which when used exactly as intended by the manufacturer, causes the death of the consumer.

-C. Everett Koop, MD  
Former Surgeon General (1981-1989)

- Cigarette smoking is still considered the chief preventable cause of premature disease and death in the United States.

-Joycelyn Elders, MD  
Former Surgeon General (1993-1994)



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# Objectives



Describe

- ❖ 3 barriers to implementing tobacco dependence interventions in a healthcare practice setting and 3 solutions
- ❖ 3 tobacco dependence / SHS avoidance interventions to use in a healthcare practice setting



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# Outline

Tobacco Basics

Toxicology of Tobacco Smoke

Integration into Clinical Practice



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# Tobacco Basics



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# Tobacco or Health World Overview

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# Worldwide Statistics

## Aggregate Cigarette Consumption 2000

- 5.5 trillion in 2000
- Equals 1000 per man, woman, and child

## Tobacco Death Toll 2000

- 4.2 million
  - 1/2 during middle age (35–69)
  - 1/2 in developing countries

## Tobacco Death Toll 2025 or 2030

- 10 million
  - 70% developing countries
  - 1/3 of all deaths

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# Tobacco or Health

## World Overview

### Countries with Legislation



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**Afghanistan**

**Argentina**

**Armenia**

**Australia**

New South Wales

Victoria

**Austria**

**Bahrain**

**Belgium**

**Bermuda**

**Bhutan**

**Bolivia**

**Botswana**

**Brazil**

**Bulgaria**

**Cambodia**

**Canada**

NW Territories

New Brunswick

Saskatchewan

Newfoundland

Labrador

Ontario

Quebec

Nova Scotia

**Cook Islands**

**Costa Rica**

**Cote d'Ivoire**

**Croatia**

**Cuba**

**Cyprus**

**Czech Republic**

**Denmark**

**Egypt**

**El Salvador**

**England**

**Finland**

**Fiji**

**France**

**Greece**

**Guernsey**

**Hong Kong**

**Hungary**

**Iceland**

**India**

**Ireland**

**Iran**

**Isle of Man**

**Israel**

**Italy**

# Tobacco or Health

## World Overview

### Countries with Legislation



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Japan	<b>New Zealand</b>	Solomon Islands
Jersey	North Korea	South Africa
Kenya	<b>Norway</b>	South Korea
Kyrgystan	Pakistan	<b>Spain</b>
Latvia	Papua, New Guinea	Sudan
Lithuania	Peru	<b>Sweden</b>
Luxembourg	Poland	Syria
Macedonia	Portugal	Tanzania
Malaysia	Romania	Thailand
Malta	Russian Federation	Tonga
Mauritius	San Marino	Turkey
Moldovia	<b>Scotland</b>	<b>Uganda</b>
Mongolia	Seychelles	United States
Montenegro	Singapore	Uruguay
Nepal	Slovakia	Uzbekistan
Netherlands	Slovenia	Vietnam
		<b>Wales</b>

# Tobacco or Health US Overview Legislation by State



Everything for People Concerned About Smoking & Nonsmokers' Rights  
**FIRST** on the Internet for Smoking News and Documents

State Smokefree Air Laws At-A-Glance

State	Standalone Bars	Restaurants	Private Workplaces Other Than Bars or Restaurants	Government Buildings	Preempts Local Ordinances
Alabama			▲	▲	
Alaska		▲	▲	▲	
Arizona				▲	
Arkansas				▲	
California	●	●	●	●	
Colorado				▲	
Connecticut	●	●	●	●	✗
Delaware	●	●	●	●	
DC		▲	▲	▲	
Florida		●	●	●	✗
Georgia		▲	▲	●	
Hawaii		▲		▲	
Idaho		●	●	●	
Illinois		▲	▲	▲	
Indiana				▲	
Iowa		▲	▲	▲	✗
Kansas		▲		▲	
Kentucky				▲	
Louisiana					✗
Maine	●	●	●	▲	
Maryland**		●	●	●	
Massachusetts	●	●	●	●	
Michigan		▲		▲	
Minnesota		▲	▲	●	
Mississippi				▲	✗
Missouri		▲	▲	▲	
Montana		▲	●	●	✗

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# Tobacco or Health US Overview Legislation by State

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Nebraska		▲	▲	▲	
Nevada		▲		▲	✗
N. Hampshire		▲	▲	▲	✗
New Jersey			▲	▲	✗
New Mexico				▲	
New York	●	●	●	●	
N. Carolina				▲	✗
N. Dakota		▲		▲	
Ohio				▲	
Oklahoma		▲	▲	●	✗
Oregon		▲	▲	▲	✗
Pennsylvania		▲	▲	▲	✗
Rhode Island	●	●	●	●	
S. Carolina				▲	✗
S. Dakota **		●	●	●	✗
Tennessee					✗
Texas					
Utah		●	▲	●	
Vermont		●	●	●	
Virginia		▲		▲	✗
Washington***	●	●	●	●	
W. Virginia					
Wisconsin		▲	▲	▲	
Wyoming				▲	
<b>TOTAL</b>	<b>8 ●</b> <b>0 ▲</b> <b>43 Ø</b>	<b>14 ●</b> <b>20 ▲</b> <b>17 Ø</b>	<b>14 ●</b> <b>16 ▲</b> <b>21 Ø</b>	<b>17 ●</b> <b>30 ▲</b> <b>4 Ø</b>	<b>17 ✗</b> <b>33 Ø</b>
<p>● Smoking is Prohibited ▲ Smoking is Restricted ✗ Preempts            Local Ordinances            Ø No Restriction or Law</p>					

\*\* Smoking is allowed in bar areas of restaurants.  
 \*\*\*Effective 12/08/05

Presented as a public service by Action on Smoking and Health (ASH),  
 2013 H Street, N.W., Wash., DC 20006, USA, (202) 659-4310.  
 ASH is a 36-year-old national legal-action antismoking and nonsmokers' rights organization which is entirely supported by tax-deductible contributions.  
 Please credit ASH and include ASH's web address: <http://ash.org>

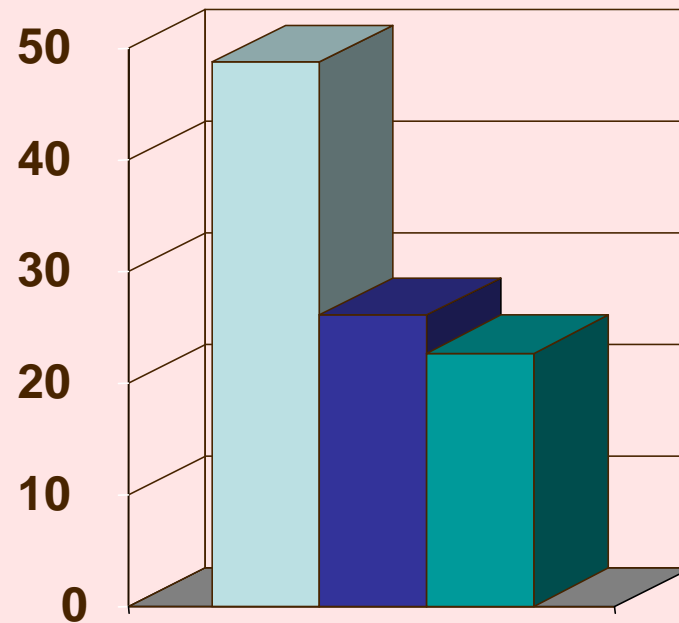


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# Tobacco Use in the US

Millions



TOTAL

Men

Women

CDC 2002

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# Tobacco-Related Mortality

- Tobacco still #1 cause of preventable deaths attributable to external factors
- ~ 430,000 US deaths/yr
- 20% of total deaths (1/5 deaths)
- > 25% of deaths age group 35 - 64
- Annual death toll > combined total of
  - deaths from accidents, homicides, suicides
  - AIDS
  - alcohol abuse and illegal drug use

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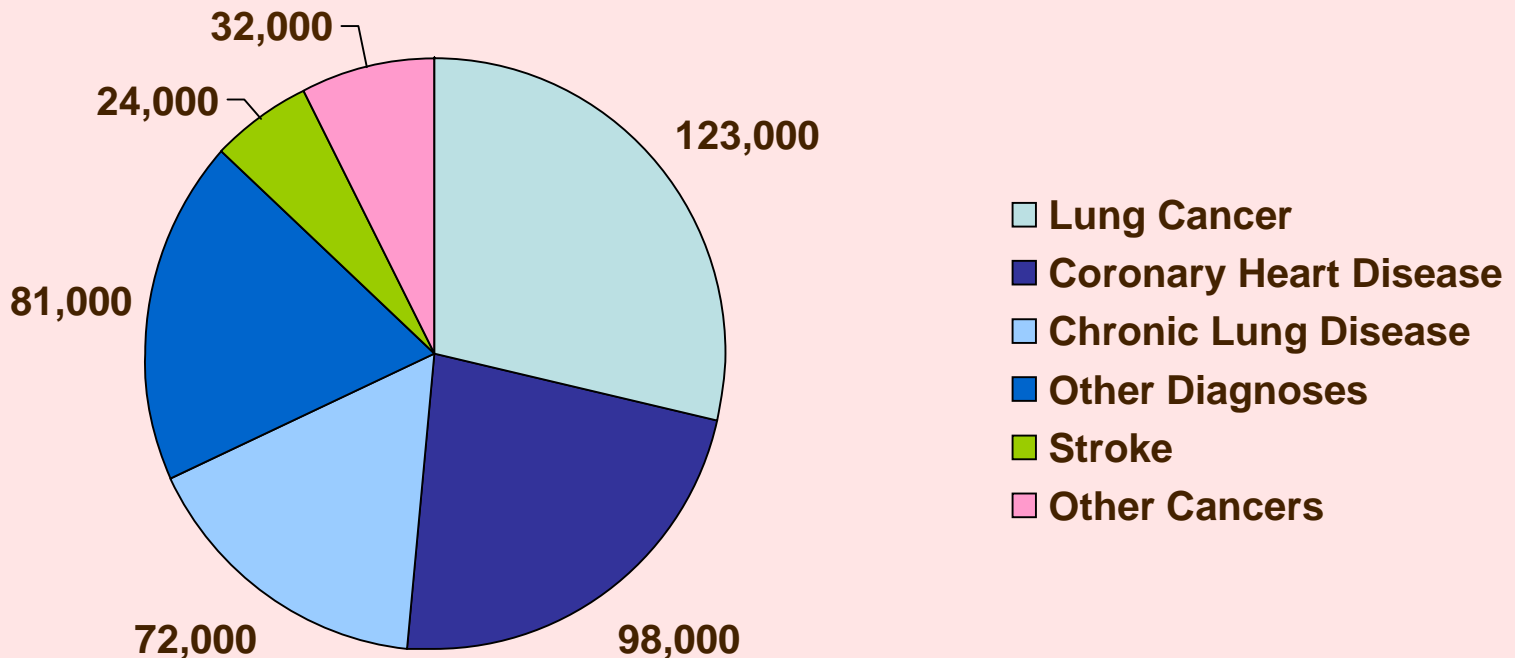


# 430,000 US Deaths Attributable Each Year to Cigarette Smoking

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# Tobacco Use and Pregnancy

Smoking is the most important modifiable cause of poor pregnancy outcomes among women in the United States

10% decrease in fetal and infant deaths if all women quit smoking during pregnancy

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# Infant Morbidity and Mortality

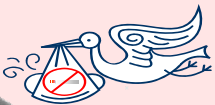
- Low birthweight
- Small for gestational age
- Intrauterine growth restriction
- Respiratory distress
- Slow rate of growth
- Microcephaly and reduction in mental aptitude
- Stillbirth
- Sudden Infant Death Syndrome
- Increased risk of fetal brain damage
- Risk of DNA damage



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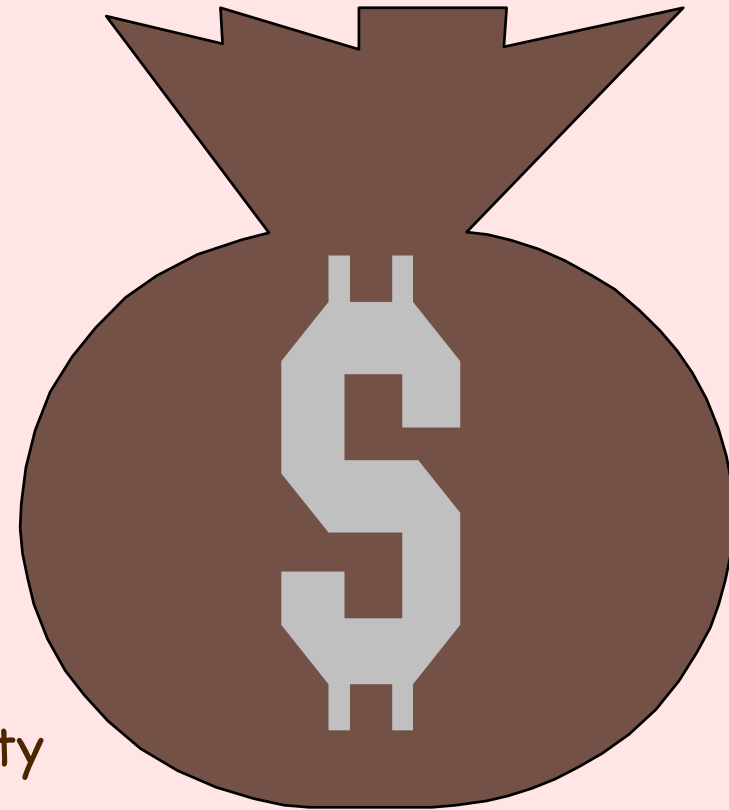
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# National Economic Impact

- For smokers
  - > \$200 billion/yr to society
  - ~ \$150 billion/yr direct medical & economic
  - ~ \$80 billion/yr in productivity losses
  - ~ 13.2 - 14.5 years of potential life lost/smoker
- For SHS exposed
  - ~ \$8.6 billion/yr to employers for passive smokers
  - > \$10 billion/yr for morbidity and mortality related to SHS

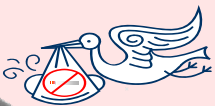


Society of Actuaries 2005

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# Toxicology of Tobacco Smoke

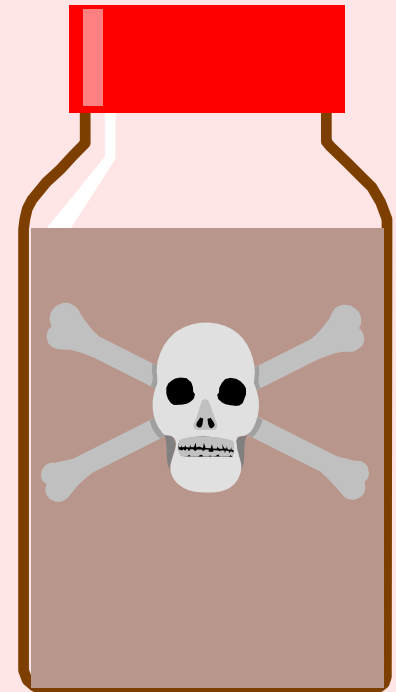




# Composition of Cigarette Smoke

Complex mixture of chemicals > 4,000 different constituents, *e.g.*,

- carbon monoxide
- nicotine
- cyanide
- ammonia
- PAHs (benzo [a] pyrine)
- tar
- formaldehyde
- arsenic



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# How much nicotine does it take to poison a two-year old?

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# Integration into Clinical Practice



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# Barriers to Integration

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# Barriers to Integration

- Lack of time
  - impedes practice flow
- Lack of knowledge and skill to provide interventions
- Patients not perceived as making changes
- Lack of motivation
- Lack of reimbursement
- Not considered my responsibility
- No resources



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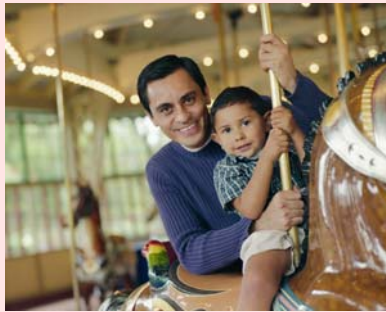
# Importance of Integrating Tobacco Use/Exposure Assessment and Intervention as a "Vital Sign"

Smoking kills people we love

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Improve the health of all individuals, families,  
pregnant women, fetuses, infants, and children





# Importance of Integration of Point-of Care Tobacco Dependence/Exposure Assessment and Interventions

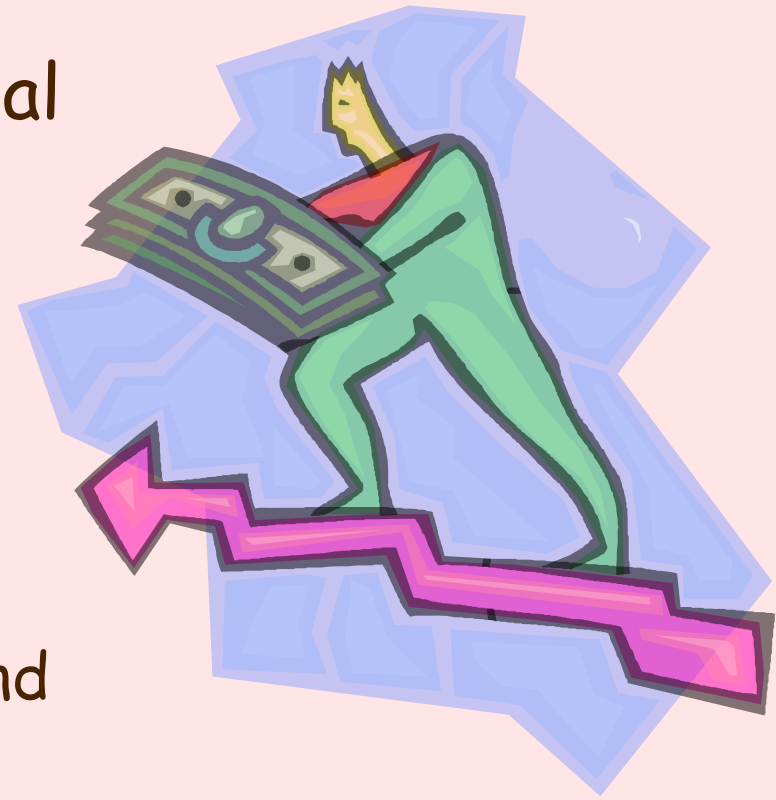
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Alleviating the financial burden on the healthcare system

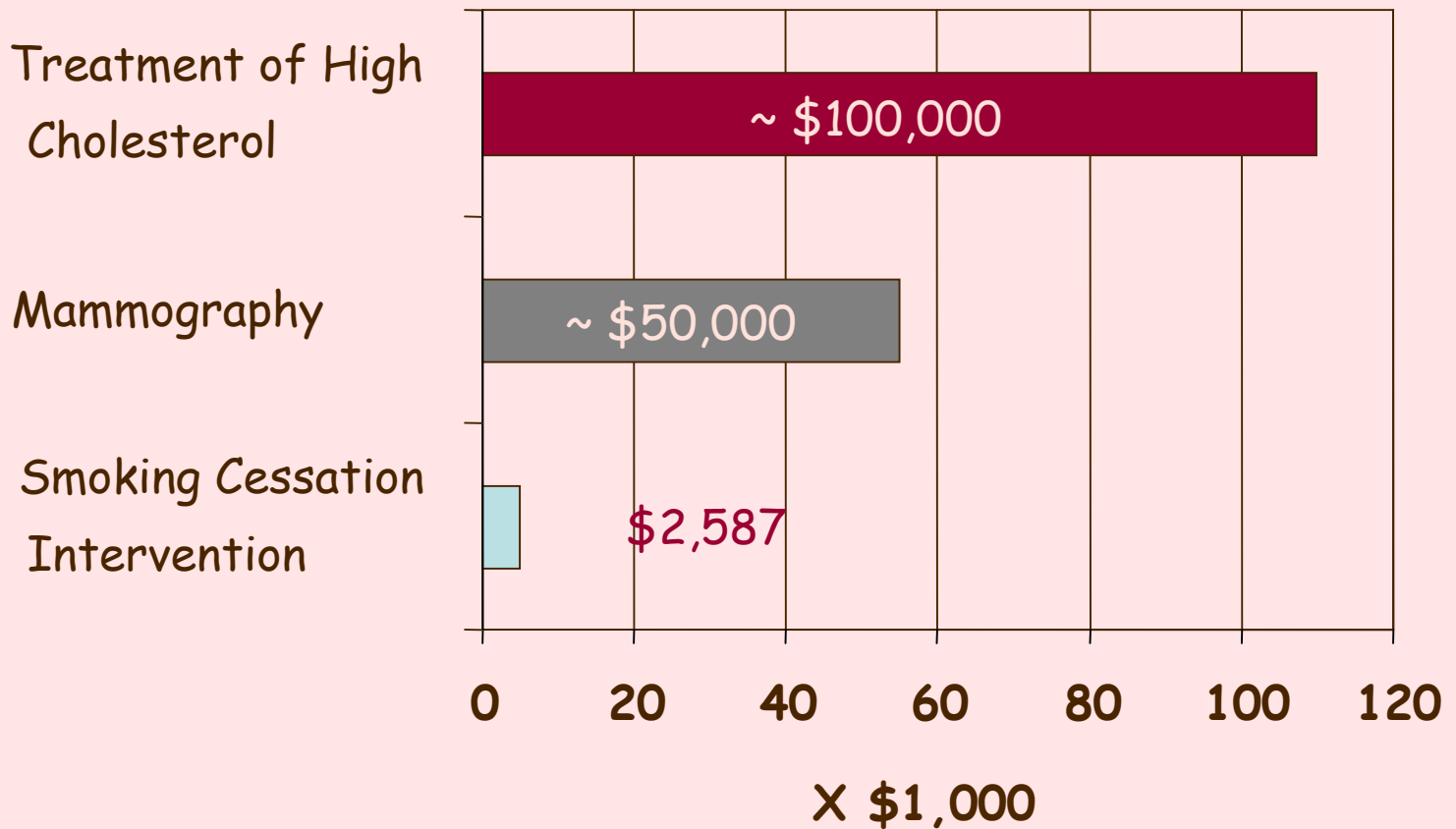
- In 2001, NV Medicaid primary payer for 7,886 discharges due to complications of pregnancy, childbirth, and puerperium
- Total charges >\$19 million





# Cost-effectiveness of Smoking Cessation Intervention

Cost per Life-Year Saved



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# Smoking Cessation Rates Among Pregnant Women

Rate of Cessation

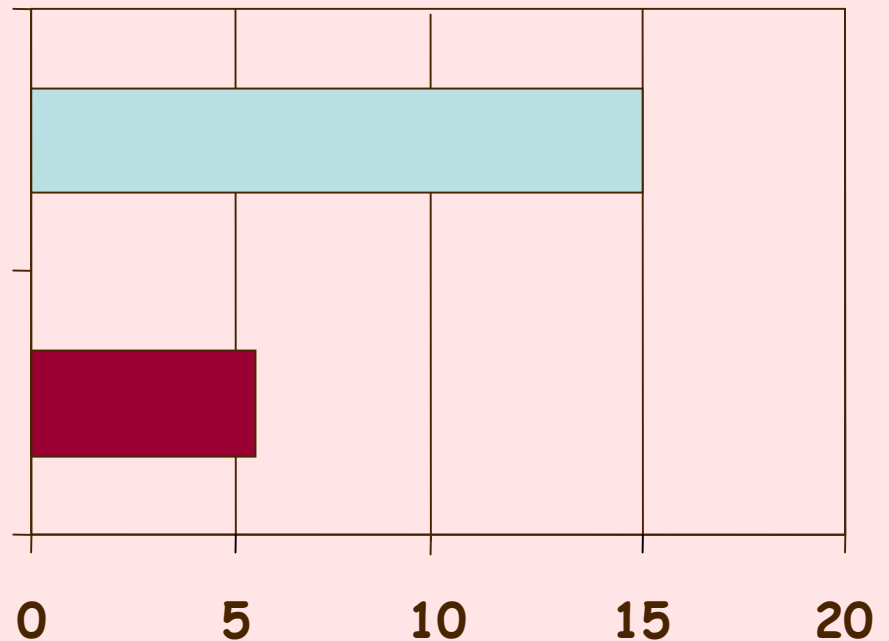
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With "Best Practices"  
Intervention

With Usual Care



Percent





# How does integration work?

- Creates a healthcare system change
- Addresses problems at the practice level
- Overarching goals for integration
  - Change clinical practice such that
    - assessment of tobacco use and/or exposure as a vital sign occurs at every initial visit
    - at every subsequent visit when indicated
  - Routinely provide assistance to the patient based on this assessment
  - Assessment and provision of assistance
    - becomes the standard of care
    - viewed by staff as a part of "best practices"

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# What is required?

- To be effectively addressed among patients
  - Requires a total commitment from every staff member
  - Includes all members of the patient care team
    - Professionals and non-professionals

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# The "5 A"s

1. Ask about tobacco use  
(one minute)



2. Advise to quit  
(one minute)



3. Assess willingness to make a quit attempt  
(one minute)



4. Assist in quit attempt  
(3+ minutes)

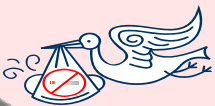


5. Arrange followup  
(1+ minute)

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# Stages of Change

- Precontemplation
  - Not considering quitting
- Contemplation
  - Considering quitting
- Preparation
  - Ready to set a quit date w/i 30 days
- Action
  - Abstinent up to 6 months post quit date
- Maintenance
  - Abstinent > 6 months

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Tobacco Free Babies Project®

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First MI

Current Smoker

Number Current Cigarettes / Cigars \_\_\_\_\_ per \_\_\_\_\_ Day or Week  
Prior Number Cigarettes / Cigars \_\_\_\_\_ per \_\_\_\_\_ Day or Week

Age first smoked \_\_\_\_\_

Former Smoker

Number Cigarettes / Cigars per day \_\_\_\_\_

Age first smoked \_\_\_\_\_

Age quit smoking \_\_\_\_\_

ETS Exposed

Number of smokers in home \_\_\_\_\_

Do you allow smoking in your home? \_\_\_\_\_

Do you allow smoking in your car? \_\_\_\_\_

Coworkers smoke around patient \_\_\_\_\_

Customers smoke around patient \_\_\_\_\_

**Stages of Change**

- > Pre - Precontemplation
- > C - Contemplation
- > P - Preparation
- > A - Action
- > M - Maintenance

**The 5 "A"s**

- > 1 - Ask
- > 2 - Advise
- > 3 - Assess
- > 4 - Assist
- > 5 - Arrange

Date	NicAlert Result	Counseled by:	Stage of Change	Intervention (5 "A"s)	NVTUH Referral	Patient Education Materials Provided





# What to Ask Tobacco Use History

- How many cigarettes do you smoke each day?
- If smoking, at what age did you begin?
- If not smoking, have you ever smoked?
- If yes, how many cigarettes did you smoke per day?
- At what age did you begin to smoke?
- At what age did you quit smoking?

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# What to Ask Tobacco Exposure History

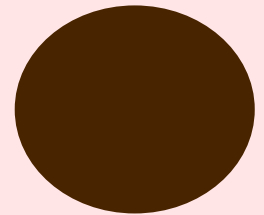
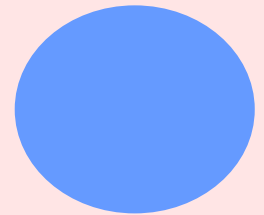
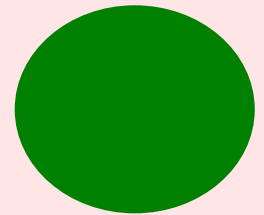
- Does anyone who lives with you smoke?
- If yes, how many smokers live in your home?
- Does anyone visit your home who smokes?
- Do you allow smoking in your home?
- Do you allow smoking in your car?
- Do your co-workers smoke around you?
- Do customers smoke around you at work?





# Chart Identification Stickers

- Nonsmoker not exposed
- Nonsmoker SHS exposed
- Former smoker
- Current smoker



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FOR \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Rx**

**For the English Speaking Smoker**

To protect your baby's health, your health, and the health of your loved ones,  
I recommend you quit smoking. Our clinic staff is available to help you.

There is also a Nevada Tobacco Users' Helpline™ to assist you.

Monday - Friday, 10 am - 9 pm and Saturday, 1 - 5 pm

Toll Free (888) 866-6642

REFILL \_\_\_\_\_ TIMES \_\_\_\_\_ M.D.

DEA No. \_\_\_\_\_

900/331.701 (Rev. 09/02)

FOR \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Rx**

**For the English Speaking ETS Exposed Non Smoker**

To protect your baby's health and your health,  
I recommend that you are not around others who smoke.

Our clinic staff is available to help you.

There is also Nevada Tobacco Users' Helpline™ to assist.

Monday - Friday, 10 am - 9 pm and Saturday, 1 - 5 pm

Toll Free (888) 866-6642

REFILL \_\_\_\_\_ TIMES \_\_\_\_\_ M.D.

DEA No. \_\_\_\_\_

900/331.701 (Rev. 09/02)



# Issues to Consider

- Tobacco exposure assessment
  - usually limited to the first patient encounter
  - single question as to the patient's smoking status
- The single question assessment often underestimates exposure in patients who
  - currently smoke, formerly smoked, have relapsed, or who are exposed to SHS
- Some nonsmoking individuals are significantly exposed to SHS in their home and/or work environments
- Inability to accurately estimate/deception
- Many women initially quit smoking
  - when they learn they are pregnant
  - 65 - 70% relapse before the pregnancy reaches term or shortly after



# Missed Opportunity

Less than half of all patients report having been asked by their healthcare provider about their use of tobacco.

Virtually no patients are asked about SHS exposure.

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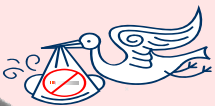




# Interventions for Active Smokers

- Techniques
  - The 5 "A"s
    - Referral to helpline or community resources
  - Address relapse
    - 5-7 attempts
  - Document plan to protect family/baby from SHS
  - Prescribe appropriate medication
  - Stages of Change

A successful intervention is defined as moving the patient from one stage to the next.



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© Randy Glasbergen.



**“I’m prescribing a patch to help you quit smoking. Wear it over your mouth.”**





# Interventions for SHS Exposed

- Techniques
  - The 5 "A"s
  - Document plan to protect family/baby from SHS
  - Stages of Change

A successful intervention is defined as moving the patient and/or their family from one stage to the next.

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# Legal Issues in Tobacco Control



Anne Fulton-Cavett  
Cavett and Fulton, P.C.



# Objectives

- ❖ Explain how patient counseling benefits both the patient and the provider
- ❖ List at least 3 liability risks involved in failing to provide patient assessment and counseling in a complete manner

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# Questions

