

Operation Tobacco-Free Nevada

Integrating Best Practices for Reducing Tobacco Use and Exposure An Ethical Responsibility A Moral Imperative Best of the West 2007



Operation Tobacco-Free Nevada
Tobacco-Free Babies Project®
(Fund for a Healthy Nevada)
Sher Todd, PhD, MSN, CNS, RN, Program Manager
Marta Azzam, BSN, Program Specialist

Operation Tobacco-Free Nevada





Operation Tobacco-Free Nevada

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.
 - Jocelyn Elders, MD
Former Surgeon General (1993-1994)

Operation Tobacco-Free Nevada

Objectives

Participants will be able to:

- Discuss the relationship between ethics and law
- Analyze the relationship between medical ethics and interventions for tobacco dependence and second- and thirdhand smoke exposure
- Develop ethical arguments to address perceived barriers to the implementation of interventions for tobacco use/exposure in a clinical practice
- Identify practical approaches to the integration of interventions for tobacco use/exposure in a clinical practice

Operation Tobacco-Free Nevada

Outline

- Tobacco Basics
- Ethics
- Integration into Clinical Practice

Operation Tobacco-Free Nevada

- Basics
- Ethics
- Integration

Tobacco Basics

Operation Tobacco-Free Nevada

Tobacco or Health World Overview

Basics
Ethics
Integration

Operation Tobacco-Free Nevada

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

Basics
Ethics
Integration

Operation Tobacco-Free Nevada

Tobacco or Health World Overview Countries with Legislation

Afghanistan	Canada	El Salvador
Argentina	NW Territories	England
Armenia	New Brunswick	Finland
Australia	Saskatchewan	Fiji
New South Wales	Newfoundland	France
Victoria	Labrador	Greece
Austria	Ontario	Guernsey
Bahrain	Quebec	Hong Kong
Belgium	Nova Scotia	Hungary
Bermuda	Cook Islands	Iceland
Bhutan	Costa Rica	India
Bolivia	Cote d'Ivoire	Ireland
Botswana	Croatia	Iran
Brazil	Cuba	Isle of Man
Bulgaria	Cyprus	Israel
Cambodia	Czech Republic	Italy
	Denmark	
	Egypt	

Basics
Ethics
Integration

Operation Tobacco-Free Nevada

Tobacco or Health World Overview Countries with Legislation

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

Basics
Ethics
Integration

Operation Tobacco-Free Nevada

Tobacco or Health US Overview Legislation by State

Presented as a public service by Action on Smoking and Health (ASH)
201 H Street, N.W., Washington, 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.
<http://ash.org>

Basics
Ethics
Integration

Operation Tobacco-Free Nevada

Tobacco or Health US Overview Legislation by State

Everything for People Concerned About Smoking & "Nonsmokers' Rights" (ASH) on the Internet for Smoking News and Documents

State Nonsmoke-Free Air Laws At-A-Glance

State	Statewide Bars	Restaurants	Private Workplaces Other Than Bars or Restaurants	Government Buildings	Private Local Ordinances
Alabama					
Alaska					
Arizona					
Arkansas					
California					
Colorado					
Connecticut					SM
Delaware					
D.C.					
Florida					SM
Georgia					
Hawaii					
Idaho					
Illinois					
Indiana					
Iowa					SM
Kansas					
Kentucky					SM
Kansas					
Louisiana					
Maine					
Maryland**					
Massachusetts					
Michigan					
Minnesota					SM
Mississippi					
Missouri					SM
Montana					

Basics
Ethics
Integration

Operation Tobacco-Free Nevada


Basics

Ethics

Integration

Ethics and Law

- Ethics
 - Branch of philosophy
 - Morals, moral principles, moral judgment
 - Uses reason and logic to analyze problems and find solutions
 - Prevention
- Laws
 - Rules or actions prescribed by an authority
 - Binding legal force
 - Crisis intervention



Operation Tobacco-Free Nevada


Basics

Ethics

Integration

Relationship of Law to Ethics

- Illegal acts almost always unethical
- Unethical acts may not be illegal
- Requirements of law tend to be viewed as negative
- Standards of morality seen as positive



Operation Tobacco-Free Nevada

Basics

Ethics

Integration

Legal Issues in Tobacco Control




Operation Tobacco-Free Nevada


Basics

Ethics

Integration



- Patient counseling benefits both the patient and the provider
- Liability risks involved in failing to provide patient assessment and counseling in a complete manner
- Arizona court cases set precedent



Operation Tobacco-Free Nevada


Basics

Ethics

Integration

Medical Ethics

- Concerns questions specifically related to the practice of medicine
- Based on principles regulating the behavior of healthcare professionals
- Mandates that the welfare of the patient be the chief concern



Operation Tobacco-Free Nevada

Basics


Ethics

Integration

Medical Ethics

(Adopted by the AMA House of Delegates 2001)

- Principles of Medical Ethics
 - v. A physician shall:
 - Continue to study
 - Apply and advance scientific knowledge
 - Make relevant information available to patients, colleagues, and the public
 - Obtain consultation
 - Use the talents of other health professionals when indicated
 - Maintain a commitment to medical education
 - vii. A physician shall recognize a responsibility to participate in activities contributing to:
 - The improvement of the community
 - The betterment of public health



Operation Tobacco-Free Nevada

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

Basics

Ethics

Integration

Operation Tobacco-Free Nevada

"The test of the morality of a society is what it does for its children."
- Dietrich Bonhoeffer 1906 - 1945

Pediatric disease → → Geriatric consequences



Basics


Ethics

Integration




Operation Tobacco-Free Nevada



How much nicotine does it take to poison a two-year old?
How do children learn?
By what you say or what you do?



Basics

Ethics


Integration

Operation Tobacco-Free Nevada

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



Basics

Ethics

Integration

Operation Tobacco-Free Nevada



Perinatal Mortality

- 27% increase
 - Intrauterine/neonatal deaths
- Placenta previa/placental abruption
 - 24% - 48% increase in smokers
- Premature delivery (<37 wks)
 - Accounts for most of perinatal mortality
 - Closely related to previa/abruption
 - In smokers Odds Ratio (OR) = 1.2 (1.1-1.4)

Basics

Ethics


Integration

Operation Tobacco-Free Nevada

Childhood Morbidities



- Increased incidence
 - Upper respiratory infections
 - Lower respiratory infections
 - Croup, bronchitis, pneumonia
 - Diminished pulmonary function
 - Asthma
 - Middle ear infections
 - Meningococcal infections
 - Neurodevelopmental effects including learning disabilities
 - Adverse neurobehavioral effects including ADHD
 - Childhood cancers including leukemia
 - Cardiovascular effects (unfavorable cholesterol levels and initiation of atherosclerosis)
 - Slower growth



Basics

Ethics

Integration

Operation Tobacco-Free Nevada

Basics

Ethics

Integration

Integration into Clinical Practice

Operation Tobacco-Free Nevada

Basics

Ethics

Integration

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

Smoking kills people we love

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

Operation Tobacco-Free Nevada

Basics

Ethics

Integration

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

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

Operation Tobacco-Free Nevada

Basics

Ethics

Integration

Cost-effectiveness of Smoking Cessation Intervention

Cost per Life-Year Saved

Intervention	Cost per Life-Year Saved (X \$1,000)
Treatment of High Cholesterol	~\$100,000
Mammography	~\$50,000
Smoking Cessation Intervention	\$2,587

Operation Tobacco-Free Nevada

Basics

Ethics

Integration

Importance of Integration

Preventing malpractice liability

Operation Tobacco-Free Nevada

Basics

Ethics

Integration

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" for patient care

Operation Tobacco-Free Nevada

Why should we?

No one cares how much you know unless they know how much you care.

Basics

Ethics

Integration



Operation Tobacco-Free Nevada


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, have relapsed, or who are exposed to SHS
- Many 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

Basics

Ethics

Integration



Operation Tobacco-Free Nevada

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.

Basics

Ethics

Integration



Operation Tobacco-Free Nevada


What to Ask Tobacco Use History

- How many cigarettes do you smoke each day?
- If you smoke, at what age did you begin to smoke?
- Have you made any quit attempts?
- If yes, what is the longest time you have not smoked?
- If not smoking now, 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?

Basics

Ethics

Integration



Operation Tobacco-Free Nevada


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?
 - SHS/THS
- Do you allow smoking in your car?
 - SHS/THS
- Do your co-workers smoke around you?
- Do customers smoke around you at work?

Basics

Ethics

Integration



Operation Tobacco-Free Nevada

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 and THS
- Prescribe appropriate medication
- Stages of Change

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

Basics

Ethics

Integration



Operation Tobacco-Free Nevada

Basics


Ethics

Integration

Interventions for SHS Exposed

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

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




Operation Tobacco-Free Nevada

Basics

Ethics

Integration

Barriers to Implementation



Operation Tobacco-Free Nevada


Basics

Ethics

Integration

Barriers to Implementation

- 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




Operation Tobacco-Free Nevada

Basics

Ethics

Integration



Copyright 2004 by Randy Glasbergen.
www.glasbergen.com

"If smoking relaxes you, then don't quit.
Being dead is very relaxing."



Operation Tobacco-Free Nevada

Basics

Ethics

Integration

Questions

