

Taking Advantage of a Golden Opportunity to Help Smokers Quit

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CDC's Primary Care Training Module on
Tobacco Control/Cessation

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**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Overview of Presentation

- ❑ **Overview of CDC's National Tobacco Education Campaign**
- ❑ **Brief recap on the health effects of smoking**
- ❑ **What health professionals can do**
 - Effective community interventions
 - Effective clinical interventions
 - Practical resources

A Golden Opportunity

A TIP FROM A
FORMER
SMOKER

**ALLOW EXTRA
TIME TO PUT ON
YOUR LEGS.**

Brandon, Age 31, Diagnosed at 18
North Dakota

Smoking causes immediate damage to your body. For Brandon, it caused Buerger's disease, which cut off blood flow and led to amputation. You can quit. For free help, call **1-800-QUIT-NOW**.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
www.smokefree.gov

<http://www.cdc.gov/tobacco/campaign/tips/>

National Tobacco Education Campaign: *Tips from Former Smokers*

- ❑ **First ever federally-funded national media campaign on tobacco in U.S. history**
 - Hard-hitting, graphic testimonials
 - Features real people with smoking-related conditions
 - 12 week campaign launched on March 19, 2012
- ❑ **Encourages smokers to try to quit**
 - Directs smokers to 1-800-QUIT-NOW or www.smokefree.gov
 - Some cessation programs are referring patients to view the ads as homework
 - Your patients may see these ads and ask you to help them quit

Real Former Smokers Tell Their Stories



Suzy suffered a stroke

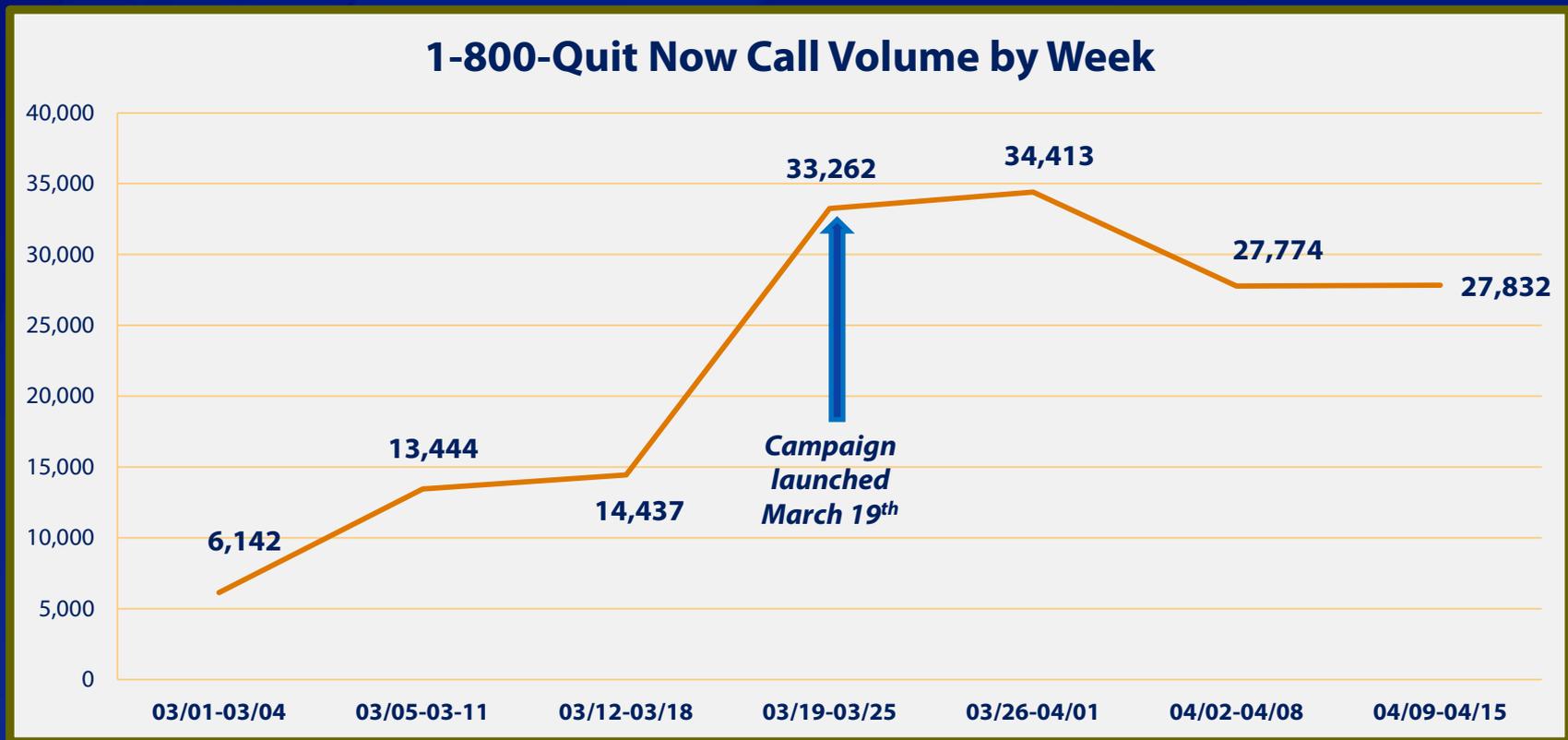


Terrie is one of three people featured who have had laryngectomies due to cancer

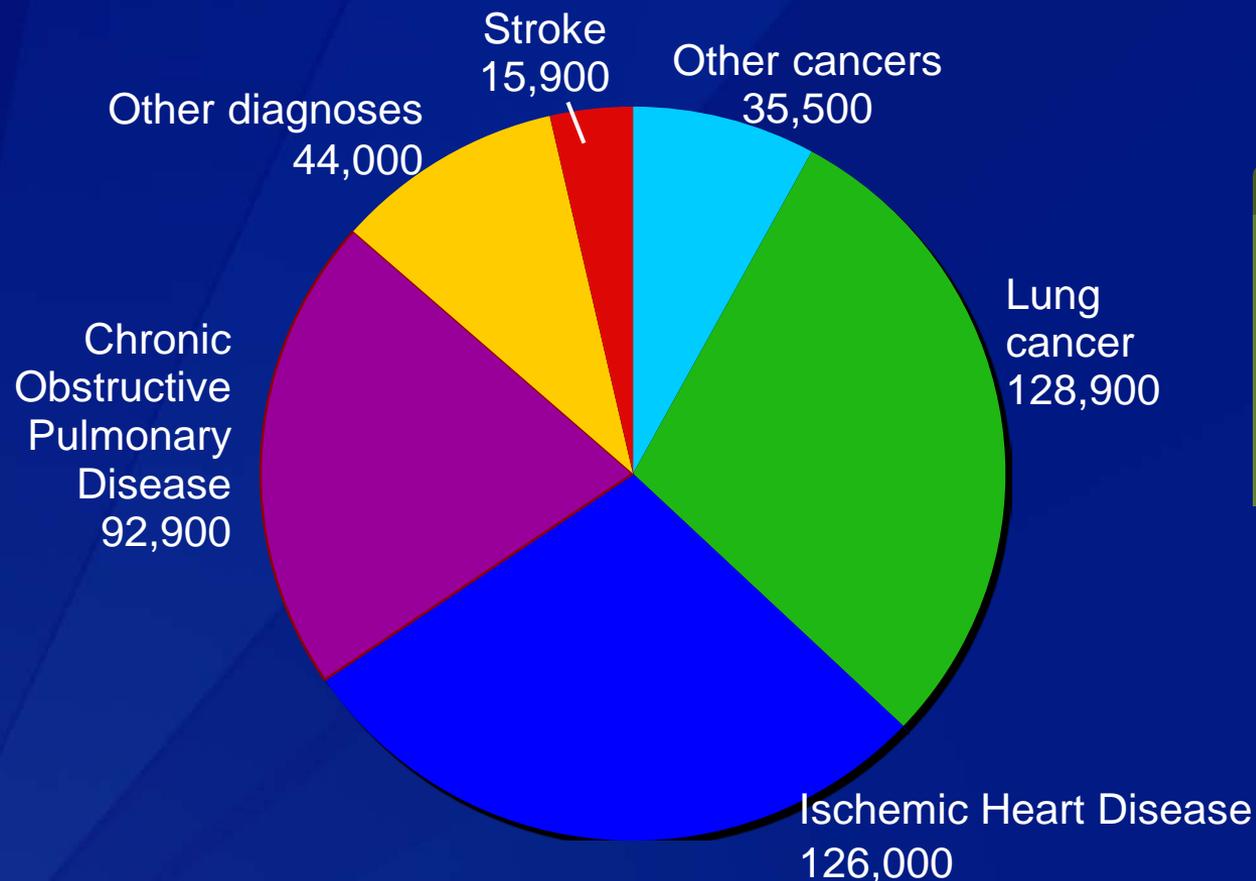


Roosevelt had a heart attack and six bypass surgeries

Campaign's Impact on Quitline Calls



About 443,000 U.S. Deaths per Year Attributable to Cigarette Smoking



EVERY YEAR:

- \$96 billion in medical costs
- \$97 billion in lost productivity

Average annual number of deaths, 2000-2004.

Source: CDC. Smoking-attributable mortality, years of potential life lost, and productivity losses – United States, 2000-2004. *MMWR* 2008;57(45):1226-1228.

U.S. Smoking-Attributable Morbidity

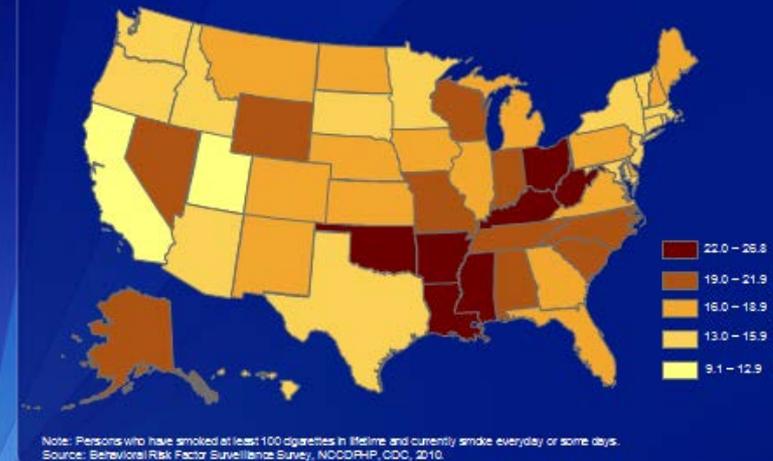
- ❑ For every person who dies of a smoking-attributable disease, 20 suffer from a serious smoking-related illness
- ❑ At least 8.6 million Americans live with one or more serious smoking-related illnesses



Who Smokes?

- ❑ **19% of all adults (age \geq 18)**
- ❑ **21.5% of men vs. 17.3% of women**
- ❑ **28.9% of those below vs. 18.3% of those at/above poverty level**
- ❑ **45.2% of those with GED vs. 9.9% of those with a undergraduate degree**
- ❑ **Smoking rates also vary by racial/ethnic group and state/region**

State-specific Adult Smoking Rates — 2010



CDC. Vital Signs: Current cigarette smoking among adults aged \geq 18 Years --- United States, 2005—2010. MMWR 2011;60(35):1207-1212.

The Good News

- ❑ **Seven in ten smokers want to quit**
- ❑ **More than half try to quit each year**
- ❑ **Even a 3 minute physician intervention can help a patient quit**
- ❑ **Treatment can double to triple quit rates**
- ❑ **Simple office systems and state quitlines can lighten your load**

Fiore MC, Jaen CR, Baker TB, et al. *Treating tobacco use and dependence: 2008 update*. Clinical Practice Guideline. Rockville, Maryland: U.S. Department of Health and Human Services, Public Health Service, 2008.

CDC. Quitting smoking among adults – United States, 2001 -2010. *MMWR* 2011;60:1513-1519.

What Can YOU Do?



Changing the Cost-Benefit Calculus

- Tobacco is easily accessible
- Smoking is allowed everywhere
- Unfettered advertising
- Cessation assistance difficult to access
- Cigarettes are designed to addict

Individual

**Tobacco
Addiction**

Society

Changing the Cost-Benefit Calculus

Individual



**Tobacco
Addiction**

Society

- Tobacco more expensive & less accessible
- Smoke-free policies
- Counter-marketing & promotion restrictions
- Easy access to help
- Cigarettes made less addictive

Two Converging Tracks

❑ Community intervention

- Reducing initiation of tobacco use
- Increasing quit attempts

❑ Clinical intervention

- Improving quality, access, and outcomes
- Increasing quit attempts and odds of quit success



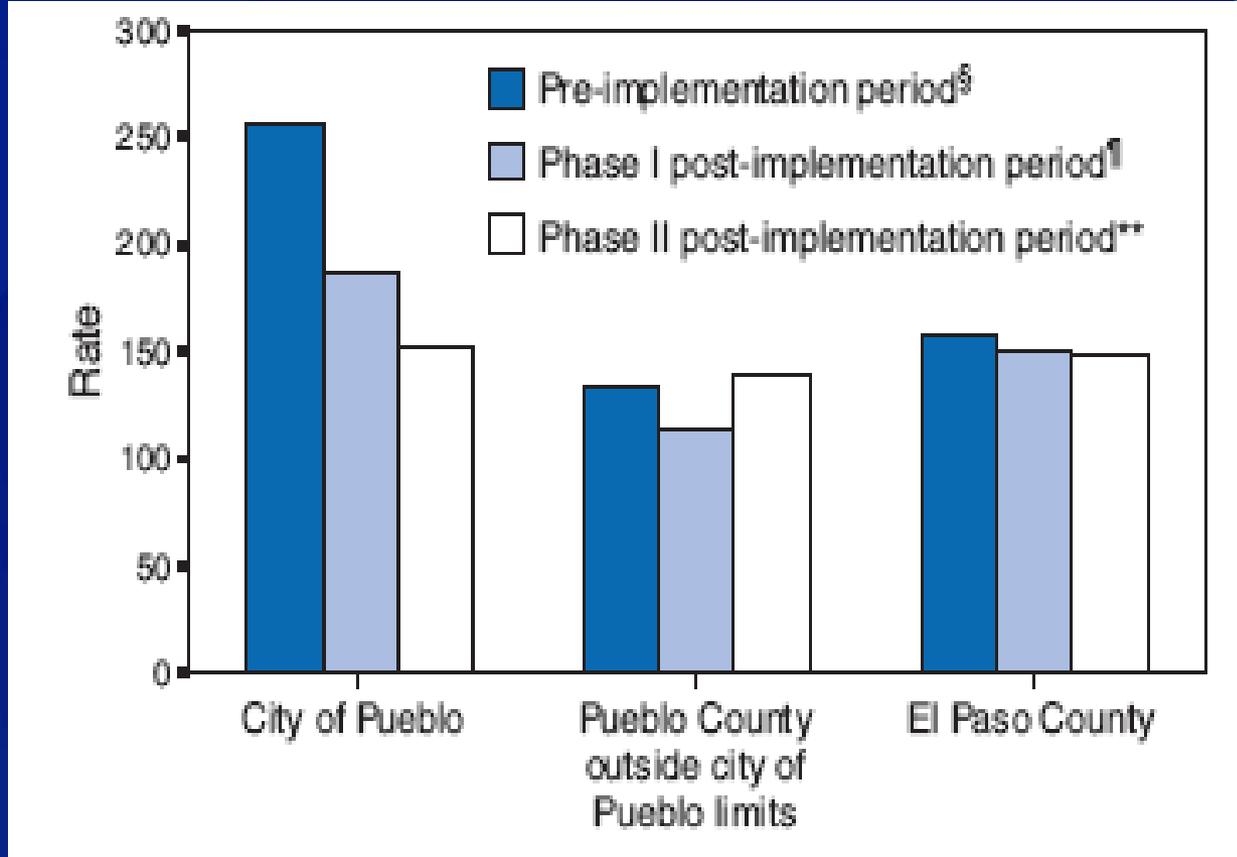
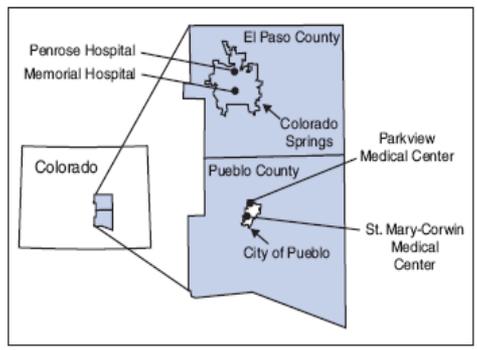
Evidence-Based Interventions

- ❑ Sustained funding of comprehensive state tobacco control programs
- ❑ Excise tax increases
- ❑ Smoke-free policies
- ❑ Aggressive media campaigns
- ❑ Cessation assistance



Pueblo Study: Local Providers Document Drop in AMIs following Smoke-free Law

FIGURE 1. Pueblo smoke-free area, comparison areas, and hospitals treating acute myocardial infarction patients — Pueblo Heart Study, January 2002–June 2006

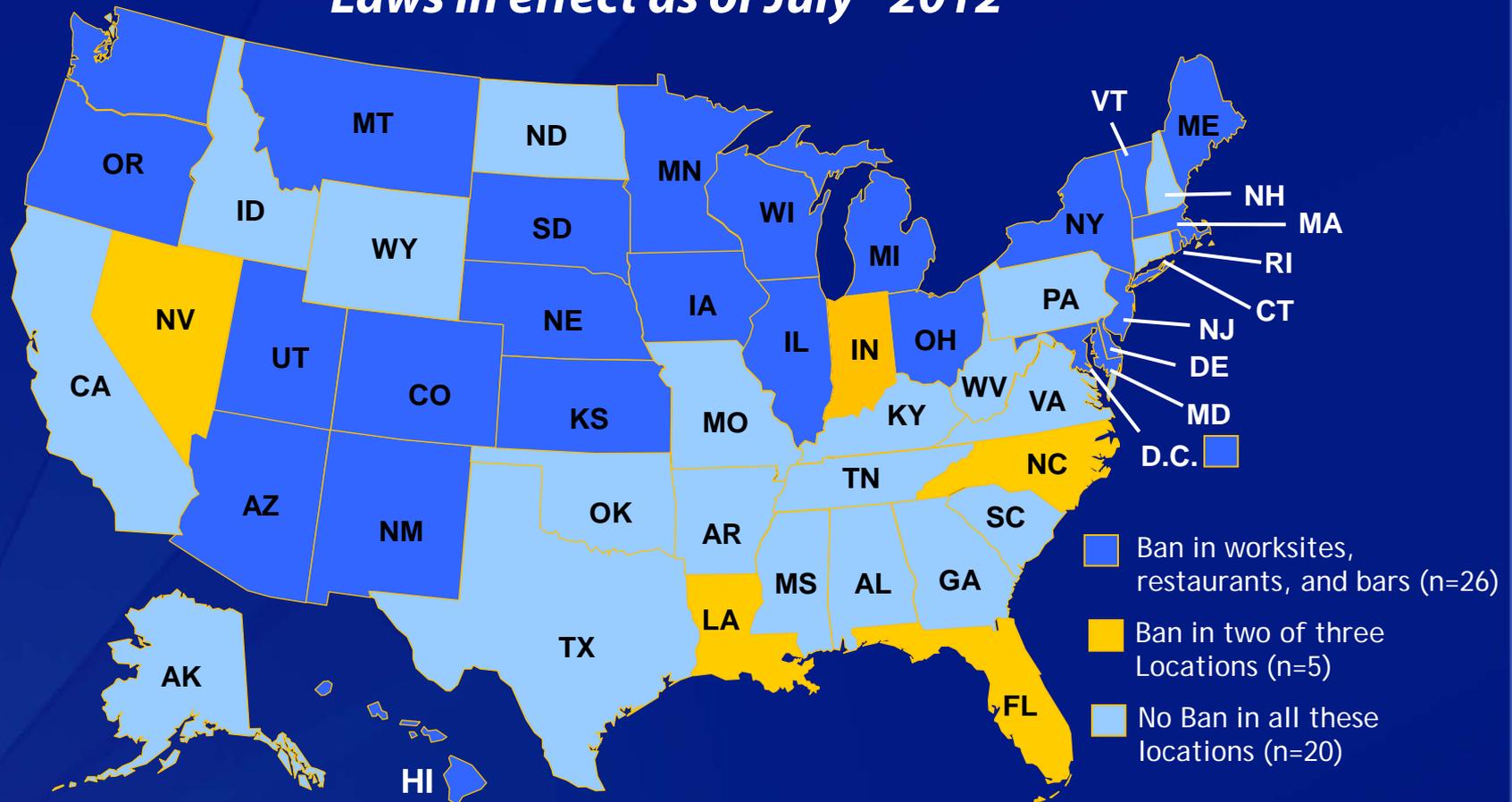


Baseline—Jan 2002 to June 2003
Phase I – July 2003 to Dec 2004
Phase II –Jan 2005 to June 2006

Source: CDC. Reduced hospitalizations for acute myocardial infarction after implementation of a smoke-free ordinance—City of Pueblo, Colorado, 2002-2006. *MMWR* 2009;57:1373-7.

State Smoke-Free Indoor Laws for Private Worksites, Restaurants, and Bars

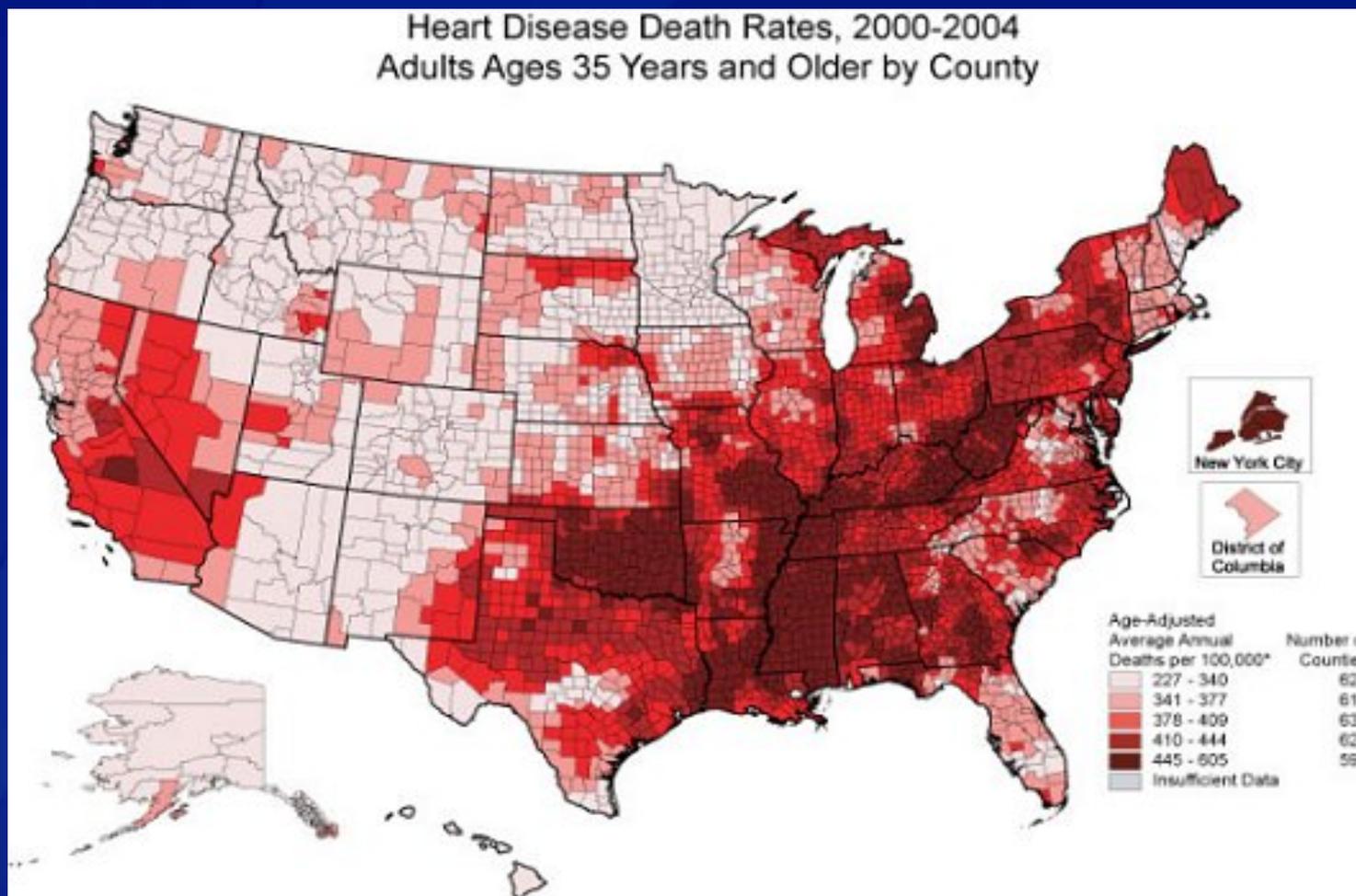
Laws in effect as of July 2012*



N=51

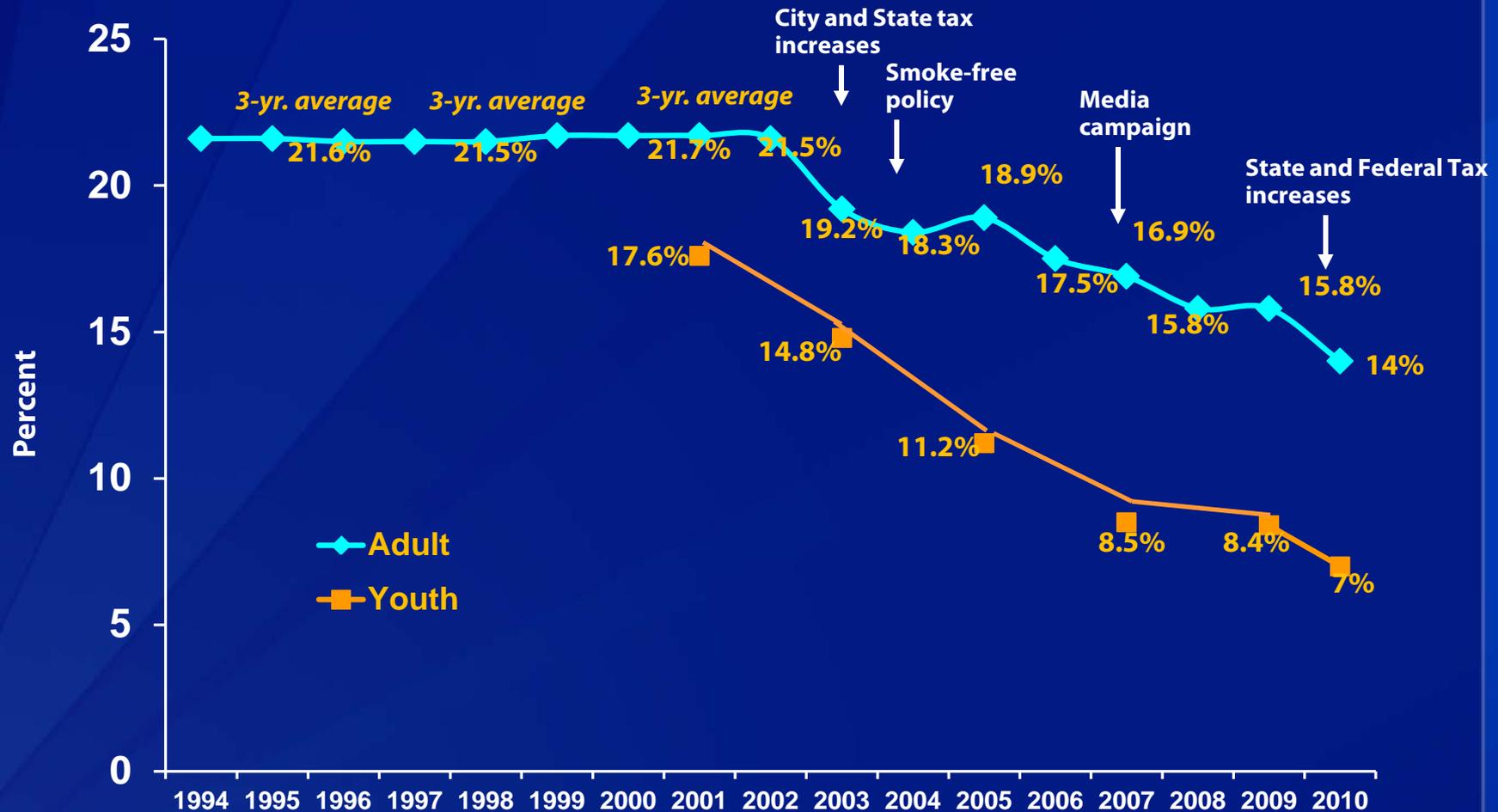
Source: Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. Available at: <http://www.cdc.gov/tobacco/statesystem>.

Heart Disease Death Rates, United States, 2000-2004



Source: CDC Division of Heart Disease and Stroke Prevention

Impact of a Comprehensive Approach: Youth and Adult Smoking Rates in NYC



Source: BRFSS 1993 – 2001; NYC Community Health Survey 2002 – 2010; and NYC YRBS 2001 - 2010

The Really Good News

50-year Prospective Study of 34K MDs

<u>Age at Quit</u>	<u>Life Gain</u>
60	3 yrs
50	6 yrs
40	9 yrs
30	10 yrs

The earlier a patient quits,
the better, but quitting at
any age is beneficial.



Sir Richard Doll 1912 – 2005

Health Benefits of Quitting

CARDIOVASCULAR

- ❑ 1 year after quitting, heart attack risk drops sharply
- ❑ 2-5 years after quitting, stroke risk reduces to level of nonsmoker

CANCER

- ❑ 5 years after quitting, risks of several cancers fall by 50%
- ❑ 15 years after quitting, risk of dying from lung cancer falls by 50%

Health Benefits of Quitting

- ❑ **Quitting during pregnancy can prevent**
 - 5-8% of preterm deliveries
 - 13-19% of term low birth weight deliveries



Quitting Challenges



- ❑ **Over half of smokers try to quit each year**
- ❑ **6% of all smokers successfully quit each year**
- ❑ **About 1/2 of all smokers who see a health professional receive advice**
- ❑ **2/3 quit "cold turkey" (i.e., no counseling or meds)**

Disparities

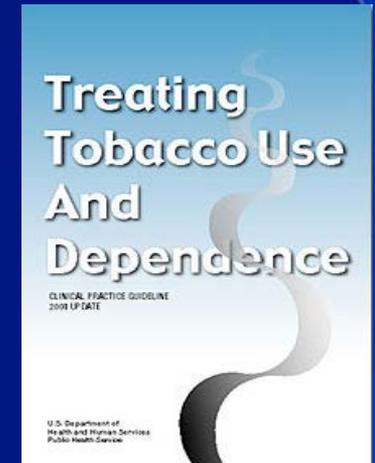
- African Americans most interested but least successful
 - only partially attributable to treatment use
- Success increased with education
- Success lower for uninsured

CDC. Quitting smoking among adults – United States, 2001 -2010. MMWR 2011;60:1513-1519.

Effective Clinical Interventions

□ PHS Clinical Practice Guideline

- Individual, group, and telephone counseling
- 7 effective medications are available
 - 5 nicotine replacement therapies, bupropion, varenicline
- Clinicians and health care delivery systems should consistently:
 - Identify/document tobacco use
 - Treat every tobacco user
 - Follow 5 A's (Ask, Advise, Assess, Assist, Arrange)



Fiore MC, Jaen CR, Baker TB, et al. Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline. Rockville, Maryland: U.S. Department of Health and Human Services, Public Health Service, 2008.

Effective Clinical Interventions

- ❑ **Even brief advice is effective**
- ❑ **More intense interventions are even more effective**
- ❑ **Counseling and medications are:**
 - effective when used alone
 - even more effective when used together
- ❑ **Resources exist to make your job easier**

Fiore MC, Jaen CR, Baker TB, et al. Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline. Rockville, Maryland: U.S. Department of Health and Human Services, Public Health Service, 2008.

The 5 A's

- ❑ **Ask about tobacco use**
- ❑ **Advise to quit**
- ❑ **Assess willingness to make a quit attempt**
- ❑ **Assist in a quit attempt**
- ❑ **Arrange follow-up**

Alternate Model: AAR

ASK

about tobacco USE

ADVISE

tobacco users to QUIT

REFER

TAKE CONTROL
1-800-QUIT-NOW

Call. It's FREE. It works.

1-800-784-8669
www.smokefree.gov

Examples of Advice

"I want to be sure you understand that your child's frequent ear infections are related to your smoking"

"I strongly encourage you to quit. It is the most important thing you can do to improve your health"

But My Patients Don't Want to Quit!

- ❑ Use motivational interviewing
- ❑ Helps patients identify personalized reasons to quit
- ❑ Increases motivation to quit



But my Patients Tried to Quit and Failed!

- ❑ Tobacco dependence is a chronic disease**
- ❑ Most smokers try to quit multiple times before succeeding**
- ❑ Treatment success & compliance are similar to other chronic diseases**
- ❑ Encourage patients to keep trying**
- ❑ Patients can learn from previous attempts**

Fiore MC, Jaen CR, Baker TB, et al. Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline. Rockville, Maryland: U.S. Department of Health and Human Services, Public Health Service, 2008.

Comparative Treatment Efficacy

Chronic condition	Measurable outcome	Successful treatment rate
Hypertension	Systolic and diastolic blood pressure	27% (Chobanian, 2003)
Diabetes	Hemoglobin A1C	40% (Hayward, 1997)
Tobacco use	Abstinence	25-30% (Fiore, 2000)

Insurance Coverage of Cessation

- ❑ **State and many private insurance companies cover counseling and some medications**
- ❑ **Medicaid & Medicare are expanding coverage**
 - Federal mandate that all Medicaid recipients who are pregnant have cessation coverage
- ❑ **Federal employees have full coverage**
- ❑ **Private insurance coverage varies**
 - Gradually increasing over time
- ❑ **You can help make patients aware of their cessation coverage**

Source: CDC. State Medicaid Coverage for Tobacco-Dependence Treatments --- United States, 2009
MMWR October 22, 2010 / 59(41);1340-1343

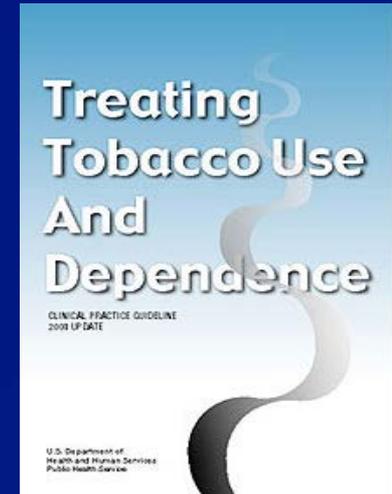
State Quitlines

- ❑ **Available in all 50 states & DC**
- ❑ **Can be accessed through 1-800-QUIT-NOW**
- ❑ **Provide counseling and support to quit**
 - Provide information about medications
 - Many quitlines offer free NRT
- ❑ **Convenient and free**
- ❑ **Capacity and services vary across states**



Evidence Base for Quitlines

- ❑ **Broad reach**
- ❑ **Effective with diverse groups**
- ❑ **Increase quit rates**



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California Quit Line Study:

Randomized Controlled Trial of 3,030 Motivated Smokers



Zhu SH, Stretch V, Balabanis M, et al. Telephone counseling for smoking cessation: effects of single-session and multiple-session interventions. *Journal of Consulting and Clinical Psychology* 1996;64(1):202-211.

Health Care Systems Recommendations

- ❑ **Implement a tobacco user identification system in every clinic**
- ❑ **Provide adequate training, resources, and feedback to ensure that providers consistently deliver treatments**
- ❑ **Dedicate staff to provide treatments and assess treatment delivery in performance evaluations**
- ❑ **Promote hospital policies that support and provide cessation services**

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Taking the Next Step

- ❑ **You are a respected voice**
- ❑ **In addition to helping patients quit, you can:**
 - Educate the public
 - Join your local tobacco control coalition
 - Become a media spokesperson
 - Become a tobacco control champion

Summary

- ❑ **Effective interventions exist**
 - Community
 - Clinical
- ❑ **Tobacco use is a preventable epidemic!**
- ❑ **Most smokers want to quit**
- ❑ **One of the highest-impact things you can do**
- ❑ **Ask, Advise, Assess, Assist, Arrange**

OR

Ask, Advise, Refer (1-800-QUITNOW)

Key Resources

- www.cdc.gov/tobacco/
- www.surgeongeneral.gov/tobacco

For providers

- www.ahrq.gov/clinic/tobacco/tobaqrg.htm
- www.aafp.org/
- Clinical Management of the Patient who uses Tobacco
<http://iml.dartmouth.edu/education/dsr/>

For patients

- www.smokefree.gov
- 1-800-QUIT NOW

Additional resources are listed in the provided zipfile