Clean Air for a Healthy Family

Helping your Clients Quit Tobacco
In Michigan in 2013, 19.7% of Women Smoked While Pregnant

Source: Pregnancy Risk Assessment Monitoring System (PRAMS)
Why is quitting tobacco before or during pregnancy important?

- Cigarette smoking before conception can cause reduced fertility and conception delay in women.
- Male cigarette smokers had lower semen volumes, sperm counts, and percentage of motile sperm compared to non-smokers.
- Smoking during pregnancy remains one of the most common preventable causes of infant morbidity and mortality.


What Does Smoking Cost Us?

- One study estimates that cost savings of between $1,142 and $1,358 per pregnancy can be achieved for each pregnant smoker who quits.

(Miller, D P, et al, Nicotine and Tobacco Research 3(1) 25-35, February 2001)
What’s in Cigarette Smoke?

- The gas phase
  - carbon dioxide, carbon monoxide, nicotine, acetaldehyde, formaldehyde, acrolein, benzene, toluene, pyridine, ammonia, nitrosamines, and hydrogen cyanide

- The particulate phase,
  - tar, including alkaloids, larger polycyclic aromatic hydrocarbons (PAHs), tobacco-specific nitrosamines, polonium-210, nickel, cadmium, arsenic, and lead.

- Some compounds, such as cresols and PAHs, are partitioned between vapor and particulate phases.
Adverse Outcomes

- Stillbirths
- Spontaneous Abortions
- Decreased Fetal Growth
- Premature Births
- Low Birth-Weight
- Placental Abruption
- Sudden Infant Death Syndrome
Prenatal Maternal Smoking Can be Attributed to:

* An estimated 5–8% of preterm deliveries
* 13–19% of term deliveries of infants with low birth weight
* 23–34% cases of sudden infant death syndrome (SIDS),
* And 5–7% of preterm-related infant deaths
Why is staying quit after delivery important?

- Infants and children exposed to secondhand smoke have increased risk of:
  - Respiratory infections- 150,000-300,000 in babies yearly
  - Higher rate of throat infections
  - Higher rate of ear infections
  - More frequent and severe asthma attacks
  - Sudden Infant Death Syndrome
  - Interference in regulation of infants’ breathing

*CDC Fact Sheet Secondhand Smoke Effects, January 11, 2017*
What is an Electronic Cigarette?

- Allows user to inhale aerosol containing nicotine and/or other substances.
- Disposable or rechargeable and/or refillable.
- Contain a cartridge filled with liquid nicotine, flavorings and glycerin or propylene glycol.
- When coil heats, it converts the contents of the cartridge into aerosol.
Electronic Cigarettes: Unregulated and NOT Approved for Treatment

- Are **NOT** FDA approved for treating tobacco dependence
- Are unregulated- FDA is not regulating the manufacture of e-cigarette components or contents at this time
- No dosage recommendations and varying levels of nicotine
- May contain detectable levels of carcinogens and toxic chemicals
- Cause poisonings- the American Association of Poison Control Centers report rising incidents of exposure to e-cigarette devices or nicotine refill fluid
What Can my Clinic Do?
Screening

- Implement an office-wide system that ensures that for every patient at every clinic visit, tobacco-use status is asked about and documented.

“When was the last time you used tobacco including a vape pen or tank?”
Leadership

Clinical sites should communicate to all staff the importance of intervening with users of commercial tobacco and should designate a staff person (e.g., nurse, medical assistant, or other clinician) to coordinate tobacco dependence treatments. Non-physician personnel may serve as effective providers of tobacco dependence interventions.
The 5 “A” Intervention

- **ASK** about Tobacco Use (Tobacco as a vital sign)
- **ADVISE** to stop
- **ASSESS** willingness to make an attempt
- **ASSIST** in the stop attempt
- **ARRANGE** for a follow-up visit

“Not since the polio vaccine has this nation had a better opportunity to make a significant impact in public health.”

-- David Satcher, MD, MPH US Surgeon General
Providing practical counseling

- Review past quit experience- “When was the last time you quit tobacco?”
  - Success
  - Triggers for relapse
- Anticipate triggers, challenges
- Alcohol – can lead to relapse
- Other smokers – limit exposure
List your favorite things about smoking

What are your least favorite things about smoking?
Positives/Negatives

* List your favorite things about smoking
  * Reduce stress
  * Social aspect
  * Taste or smell
  * Ritual of lighting, removing from pack

* What are your least favorite things about smoking?
  * Cost
  * Having to go outside to smoke when it is very cold or hot
  * Finding time to go out to smoke
  * Making sure I have enough cigarettes for the day
  * Smell
  * Clean up: ashes, ashtray, yellow teeth and fingers
Pregnant women who smoke or who are exposed to secondhand smoke are between 1.5 and 3.5 times more likely to have a low-birthweight baby.

Assisting household members to quit or to smoke outside is important for both mom and baby.
Individuals who may need more intensive therapy (more aggressive pharmacological therapy)

- Smoke more than a pack per day
- Smoke within 30 minutes of awakening
- Several withdrawal symptoms
- Early relapse
- History of psychiatric disorders
- Current or recovering dependence on alcohol or other drugs
- Presence of other smokers in the household
The Michigan Tobacco Quitline
Work in conjunction with physician intervention.
- Can provide the treatment intensity that often cannot be provided in a clinical setting due to time constraints.
- Provide feedback to physicians and health plans on patient progress.
- Increase access to treatment and reduce barriers.
- Can provide assistance in multiple languages.
- Can provide assistance before and after normal business hours.
The Michigan Tobacco Quitline

* 1-800-QUIT-NOW (784-8669)
* Calls answered 24 hours-7 days a week
* Answering machine if busy (call backs in 24 hours or less)
* Provides:
  * Referrals to local programs
  * One time counseling
  * Intensive counseling proactive sessions
  * Unlimited reactive calls for one year
  * Free NRT to the uninsured
  * Self-help materials
  * Text-messaging
  * Online coaching
Quitline Counselors

* Trained in motivational interviewing techniques.
* Counselors have a minimum of a bachelors degree.
* Counselors receive clinical supervision from a licensed psychologist.
* A Medical Director is on staff and provides oversight.
* Trained in the difference between commercial and traditional/ceremonial tobacco use.
Began February 1, 2012
In fiscal year 2016, 140 women registered
There are specially trained counselors who have been dedicated to working with prenatal callers
Prenatal enrollees will receive 9 counseling calls—5 prior to delivery and 4 post-partum
Prenatal enrollees receive incentives for participation
Prenatal Incentives

* Studies have shown that incentives are effective in the prenatal population.
* Prenatal Calls - For each counseling call an enrollee completes with her coach, she will receive a $5 Visa gift card. (5 in total)
* Postpartum Calls - For each counseling call completed after delivery, the enrollee will receive a $10 gift Visa gift card. (4 in total)
## Michigan Quit Line

**Fax Referral Form for Health Care Providers**

**https://michigan.quitlogix.org/**

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**PATIENT FAX REFERRAL FORM**

**Today's Date**

Use this form to refer patients who are ready to quit tobacco in the next 10 days to the Michigan Tobacco Quitline.

### PROVIDER(S): Complete this section

- **Provider Name:**
- **Contact Name:**
- **Clin/Pays/Dept:**
- **E-mail:**
- **Address:**
- **Phone:**
- **City/State/Zip:**
- **Fax:**

- Does patient have any of the following conditions? [ ] pregnant [ ] uncontrolled high blood pressure [ ] heart disease
- If yes, please sign to authorize the Michigan Tobacco Quitline to send the patient free, over-the-counter nicotine replacement therapy if available. If provider does not sign and the patient has any of the above listed conditions, the Michigan Tobacco Quitline cannot dispense medication.

**Provider Signature**

Please check: [ ] Patient agreed with clinician to be referred to the Michigan Tobacco Quitline.

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### PATIENT: Complete this section

- **Yes, I am ready to quit and ask that a quitline coach call me. I understand that the Michigan Tobacco Quitline will inform my provider about my participation.**

- **Best time to call:** Morning [ ] Afternoon [ ] Evening [ ] Weekend [ ]
- **May we leave a message?** [ ] Yes [ ] No
- **Are you hearing impaired and need assistance?** [ ] Yes [ ] No
- **Date of Birth?** / /  **Gender M [ ] F [ ]**
- **Patient Name (Last):**
- **Address:**
- **Zip Code:**
- **Phone #1:**
- **Phone #2:**
- **Language:** [ ] English [ ] Spanish [ ] Other

**Patient Signature:**

**Date:**

**PLEASE FAX TO:** 1-800-261-6259

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**Confidentiality Notice:** This form contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the materials. Do not review, disclose, copy or distribute.

**https://michigan.quitlogix.org/**
Karen S. Brown
Public Health Consultant
Michigan Department of Community Health
517-335-8803
Brownk34@michigan.gov
Order materials at Quit-kit@Michigan.gov
Or visit the Quitline at:
https://michigan.quitlogix.org/