

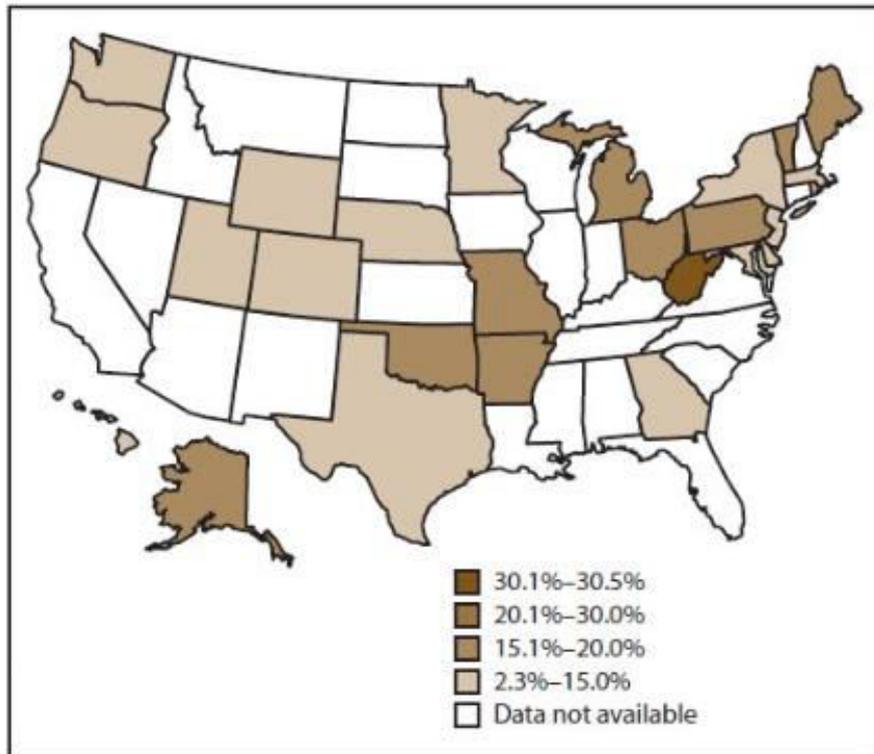
Clean Air for a Healthy Family



Helping your Clients Quit
Tobacco

Smoking and Pregnancy

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.

Centers for Disease Control and Prevention. The Health Consequences of Smoking: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services; 2004.

Kovac, J. R., Khanna, A., & Lipshultz, L. I. (2015). The Effects of Cigarette Smoking on Male Fertility. *Postgraduate Medicine*, 127(3), 338–341. <http://doi.org/10.1080/00325481.2015.1015928>

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.

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

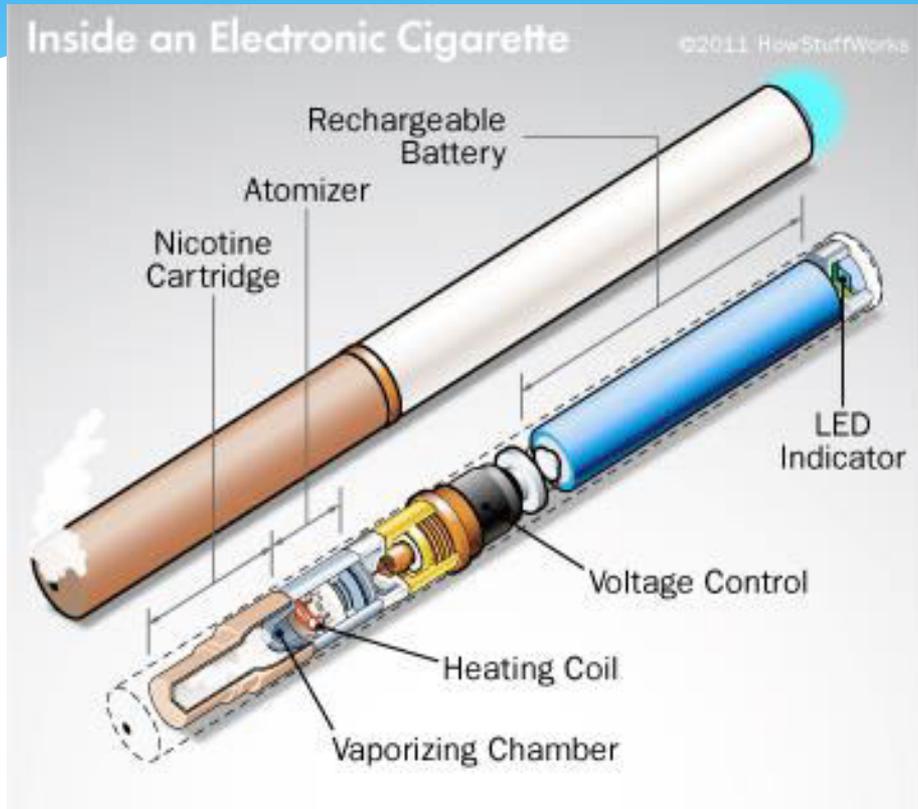
Prenatal Maternal Smoking Can be Attributed to:

- * 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

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?”



Born gentle

PROUD mothers, please forgive us if we too feel something of the pride of a new parent. For new Philip Morris, today's Philip Morris, is delighting smokers everywhere. Enjoy the gentle pleasure, the *fresh unfiltered* flavor, of this new cigarette, born gentle, then refined to special gentleness in the making. Ask for new Philip Morris in the smart new package.

Philip Morris
Cigarettes

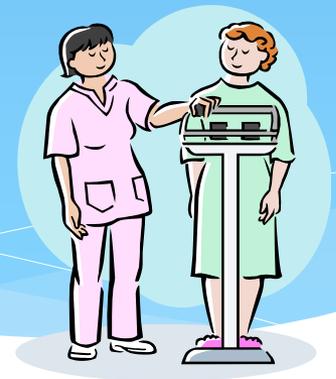
King Size
16 mg
tar per
cigarette
Soft-open
Pack

New Philip Morris...gentle for modern taste

©2010 Philip Morris Inc.

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



Positives/Negatives

- * 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

Smokers in the Household

- * 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



Tobacco Quitlines

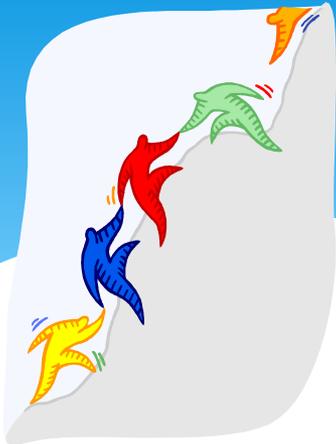
- * Work in conjunction with physician intervention.
- * Can provide the treatment intensity that often cannot be provided in a clinical setting due to time constraints.
- * Provide feedback to physicians and health plans on patient progress.
- * Increase access to treatment and reduce barriers.
- * 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.



Prenatal Protocol-Contingency Management



- * 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



PATIENT FAX REFERRAL FORM

Fax to: 1-800-261-6259

Today's Date _____

Use this form to refer patients who are ready to quit tobacco in the next 30 days to the Michigan Tobacco Quitline.

PROVIDER(S): Complete this section

Provider name _____ Contact Name _____
 Clinic/Hosp/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.

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.
 Initial _____

Best times 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) _____ (First) _____

Address _____ City _____ State _____

Zip Code _____ E-mail _____

Phone #1 () - _____ Phone #2 () - _____

Language English Spanish Other _____

Patient Signature _____ Date _____

PLEASE FAX TO: 1-800-261-6259

Or mail to: Michigan Tobacco Quitline, c/o National Jewish Health®, 1400 Jackson St., S117A, Denver, CO 80206

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<https://michigan.quitlogix.org/>

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Order materials at Quit-kit@Michigan.gov

Or visit the Quitline at:

<https://michigan.quitlogix.org/>