Key Resources and Strategies for Tobacco Use Prevention and Reduction

Carol Gelfer and Nancy Goff
CCO Tobacco Prevalence Learning Collaborative
October 23, 2018

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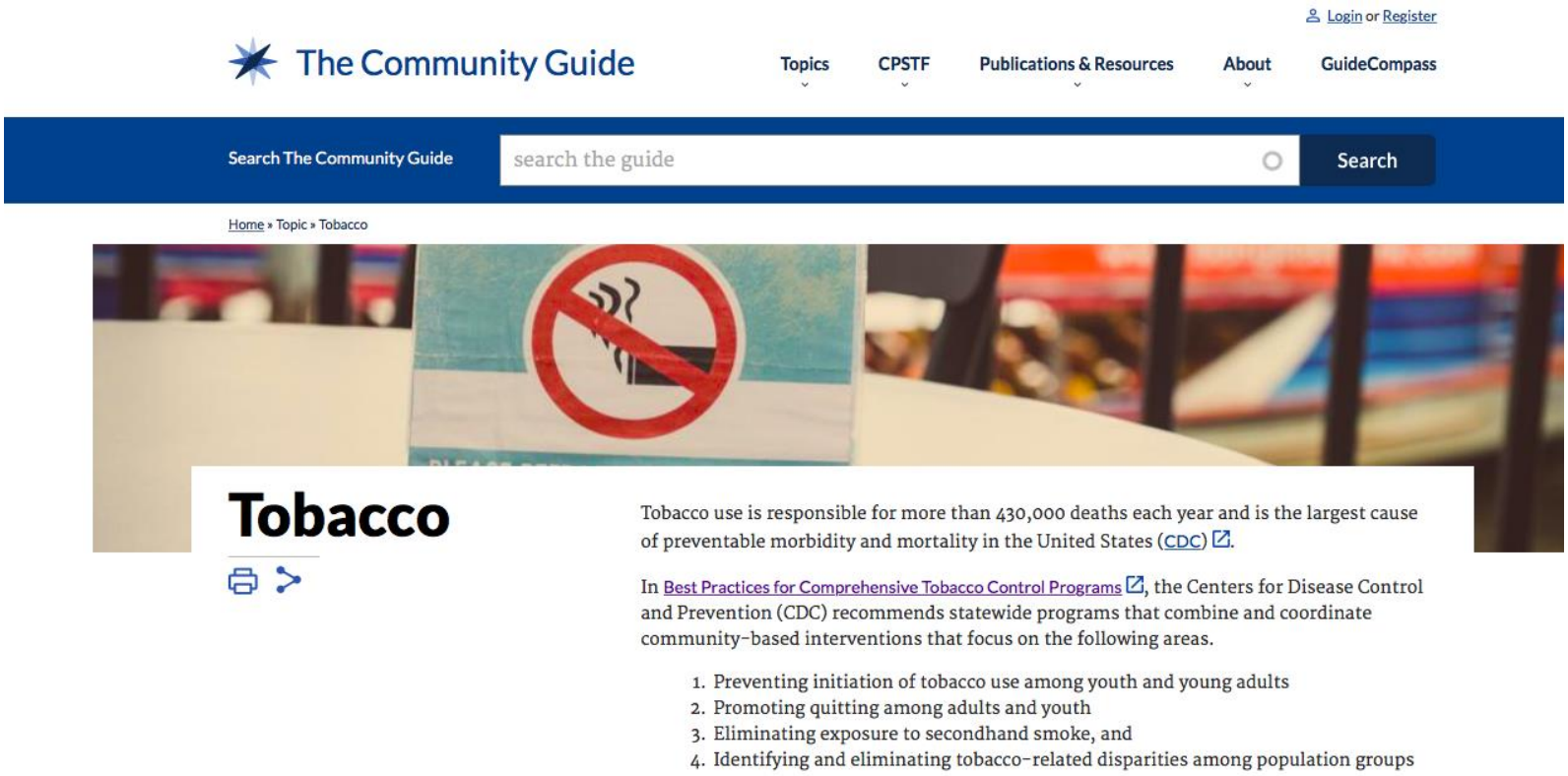
Key national resource (community): The Community Guide



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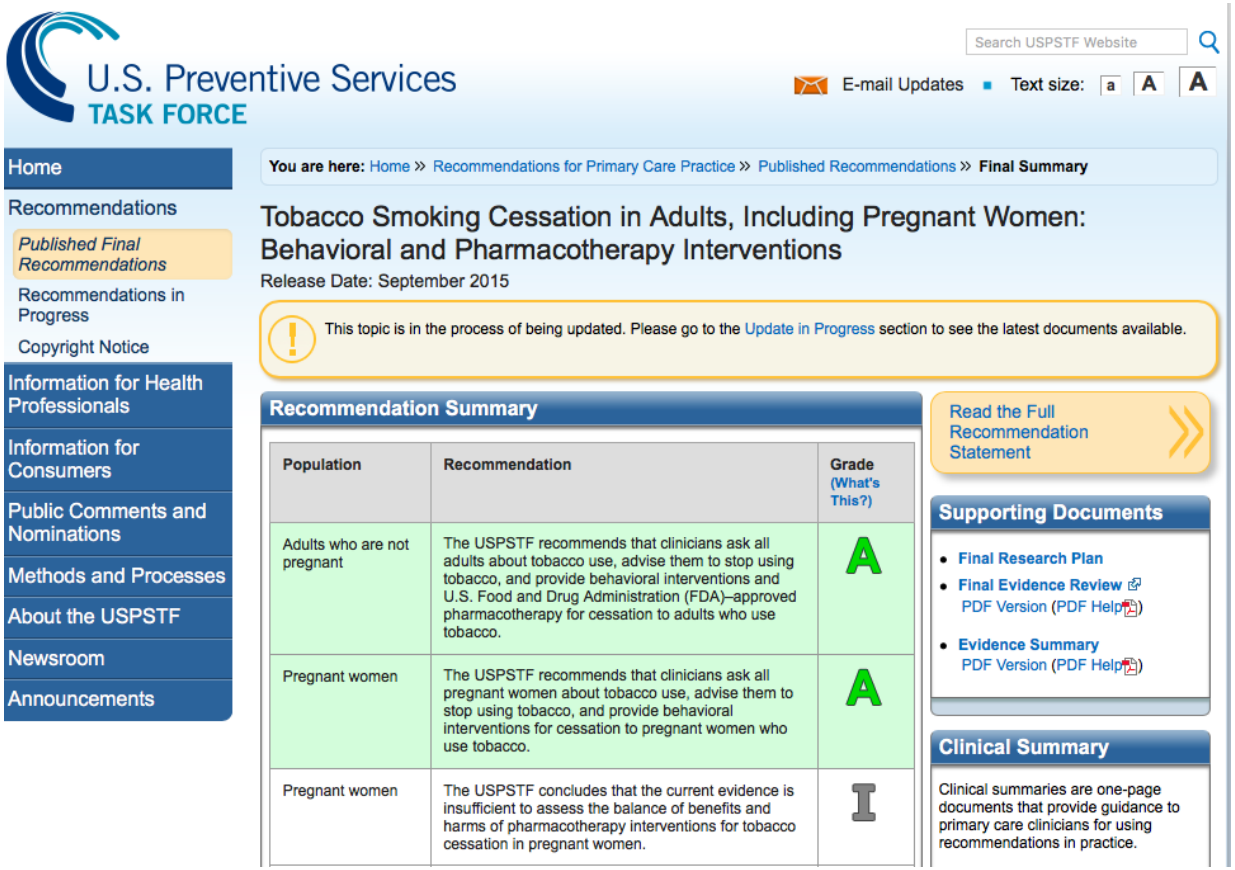
Key national resource (clinical): USPSTF



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Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions

Release Date: September 2015

This topic is in the process of being updated. Please go to the Update in Progress section to see the latest documents available.

Recommendation Summary

Population	Recommendation	Grade (What's This?)
Adults who are not pregnant	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.	A
Pregnant women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	A
Pregnant women	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women.	I

Read the Full Recommendation Statement

Supporting Documents

- Final Research Plan
- Final Evidence Review PDF Version (PDF Help)
- Evidence Summary PDF Version (PDF Help)

Clinical Summary

Clinical summaries are one-page documents that provide guidance to primary care clinicians for using recommendations in practice.

Key national resource (clinical): Treating Tobacco Use and Dependence

Clinical Practice Guideline

Treating Tobacco Use and Dependence: 2008 Update

Guideline Panel

Michael C. Fiore, MD, MPH
(Panel Chair)
Carlos Roberto Jaén, MD, PhD, FAAFP
(Panel Vice Chair)
Timothy B. Baker, PhD
Richard B. Heyman, MD
Howard K. Koh, MD, MPH, FACP
Thomas E. Kottke, MD, MSPH
Harry A. Lando, PhD
Robert E. Mecklenburg, DDS, MPH

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Key Oregon resource (clinical): HERC Prioritized List

GUIDELINE NOTE 4, TOBACCO DEPENDENCE, INCLUDING DURING PREGNANCY

Lines 1,5

Pharmacotherapy (including varenicline, buproprion and all five FDA-approved forms of nicotine-replacement therapy) and behavioral counseling are included on this line, alone or in combination, for at least two quit attempts per year. At least two quit attem must be provided without prior authorization, and each attempt can include bo pharmacotherapy and behavioral counseling. Combination drug therapy (i.e. tv NRT or NRT plus buproprion) is also included with each quit attempt without pri authorization. However, nicotine inhalers and sprays may be subject to prior au

A minimum of four counseling sessions of at least 10 minutes each (group or indi telephonic or in person) are included for each quit attempt. More intensive inte and group therapy are likely to be the most effective behavioral interventions. D pregnancy, additional intensive behavioral counseling is strongly encouraged. Al cessation interventions during pregnancy are not subject to quantity or duratior

Inclusion on this line follows the minimum standard criteria as defined in the Ore Health Division "Standard Tobacco Cessation Coverage" (based on the Patient P and Affordable Care Act), available here: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/TOBACCOPREVENTI nts/tob_cessation_coverage_standards.pdf. The USPSTF has also made "A" recommendations for screening, counseling, and treatment of pregnant and no adults, included in Guideline Note 106.

The development of this guideline note was informed by a HERC coverage guida https://www.oregon.gov/oha/HPA/CSI-HERC/Pages/Evidence-based-Reports.as

OREGON HEALTH AUTHORITY, PUBLIC HEALTH AND HEALTH SYSTEMS DIVISIONS

TOBACCO CESSATION COVERAGE STANDARDS

TREATMENT FOR TOBACCO USE AND DEPENDENCE

In Oregon, the Health Evidence Review Commission (HERC) requires coverage for the minimum benefits and standards listed below on the Prioritized List Line 5: Tobacco Dependence for the Medicaid (Oregon Health Plan) population. Coverage standards are based on best practices identified in the:

- U.S. Preventive Services Task Force (USPSTF), *Recommendations for Tobacco Cessation*
- U.S. Public Health Service, *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*

The USPSTF "Grade A" Recommendations for tobacco cessation indicate strong evidence for the health benefits of clinicians asking adults about

COVERING REPEATED QUIT ATTEMPTS WITH NO LIFETIME LIMITS

Key Oregon resource (community): HERC Multisector

HEALTH EVIDENCE REVIEW COMMISSION (HERC)

COVERAGE GUIDANCE AND MULTISECTOR INTERVENTION REPORT:

TOBACCO CESSATION DURING PREGNANCY

Approved 8/11/2016

HERC Coverage Guidance

For women who use tobacco during pregnancy, the following interventions to aid in tobacco cessation are recommended for coverage:

- Behavioral interventions (*strong recommendation*)
- Financial incentives (incentives contingent upon laboratory tests confirming tobacco abstinence are the most effective) (*weak recommendation*)
- Prenatal ultrasound with feedback around smoking impacts on the fetus (*weak recommendation*)

The following interventions are not recommended for coverage:

- Electronic nicotine delivery systems (*strong recommendation*)
- Counseling-based interventions to reduce secondhand smoke exposure (*weak recommendation*)

Federal law requires coverage of tobacco cessation services, including FDA-approved pharmacotherapy, for pregnant women. There is insufficient evidence of effectiveness of pharmacotherapy on critical pregnancy-related outcomes. Coverage should be based on evidence for the use of pharmacological smoking cessation therapies in adults and adolescents with attention to their safety profiles in pregnant women.

Note: Definitions for strength of recommendation are provided in Appendix A *GRADE Informed Framework Element Description*.

Multisector Interventions

To reduce the use of tobacco during pregnancy and improve associated outcomes, the evidence supports the following interventions:

- Financial incentives (incentives contingent upon laboratory tests confirming tobacco abstinence are the most effective) (*weak recommendation*)
- Smoke-free legislation
- Tobacco excise taxes

No or insufficient evidence is available for the following:

- Internet or text messaging based interventions
- Mass media campaigns specific to pregnant women

CPSTF FINDINGS ON TOBACCO USE

The Community Preventive Services Task Force (CPSTF) has released the following findings on what works in public health to prevent tobacco use. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify strategies and interventions you could use for your community.

Legend for CPSTF Findings: ● Recommended ◆ Insufficient Evidence ▲ Recommended Against (See reverse for detailed descriptions.)

Intervention	CPSTF Finding
Reducing Tobacco Use Initiation	
Increasing the unit price of tobacco products	●
Mass media campaigns when combined with other interventions	●
Smoke-free policies	●
Increasing Tobacco Use Cessation	
Increasing the unit price of tobacco products	●
Mass media campaigns when combined with other interventions	●
Mass-reach health communication interventions	●
Mobile phone-based interventions	●
Multicomponent interventions that include client telephone support	●
Smoke-free policies	●
Provider reminders when used alone	●
Provider reminders with provider education	●
Reducing client out-of-pocket costs for cessation therapies	●
Internet-based interventions	◆
Mass media – cessation contests	◆
Mass media – cessation series	◆
Provider assessment and feedback	◆
Provider education when used alone	◆

Intervention	CPSTF Finding
Reducing Exposure to Environmental Tobacco Smoke	
Smoke-free policies	●
Community education to reduce exposure in the home	◆
Restricting Minors' Access to Tobacco Products	
Community mobilization with additional interventions	●
Sales laws directed at retailers when used alone	◆
Active enforcement of sales laws directed at retailers when used alone	◆
Community education about youth's access to tobacco products when used alone	◆
Retailer education with reinforcement and information on health consequences when used alone	◆
Retailer education without reinforcement when used alone	◆
Laws directed at minors' purchase, possession, or use of tobacco products when used alone	◆
Decreasing Tobacco Use Among Workers	
Smoke-free policies	●
Incentives and competitions to increase smoking cessation combined with additional interventions	●
Incentives and competitions to increase smoking cessation when used alone	◆

For more information on findings related to reducing tobacco use, visit The Community Guide website's Tobacco page at www.thecommunityguide.org/topic/tobacco. Click on each topic area to find results from the systematic reviews, included studies, evidence gaps, and journal publications.

The Centers for Disease Control and Prevention provides administrative, scientific, and technical support for the Community Preventive Services Task Force.

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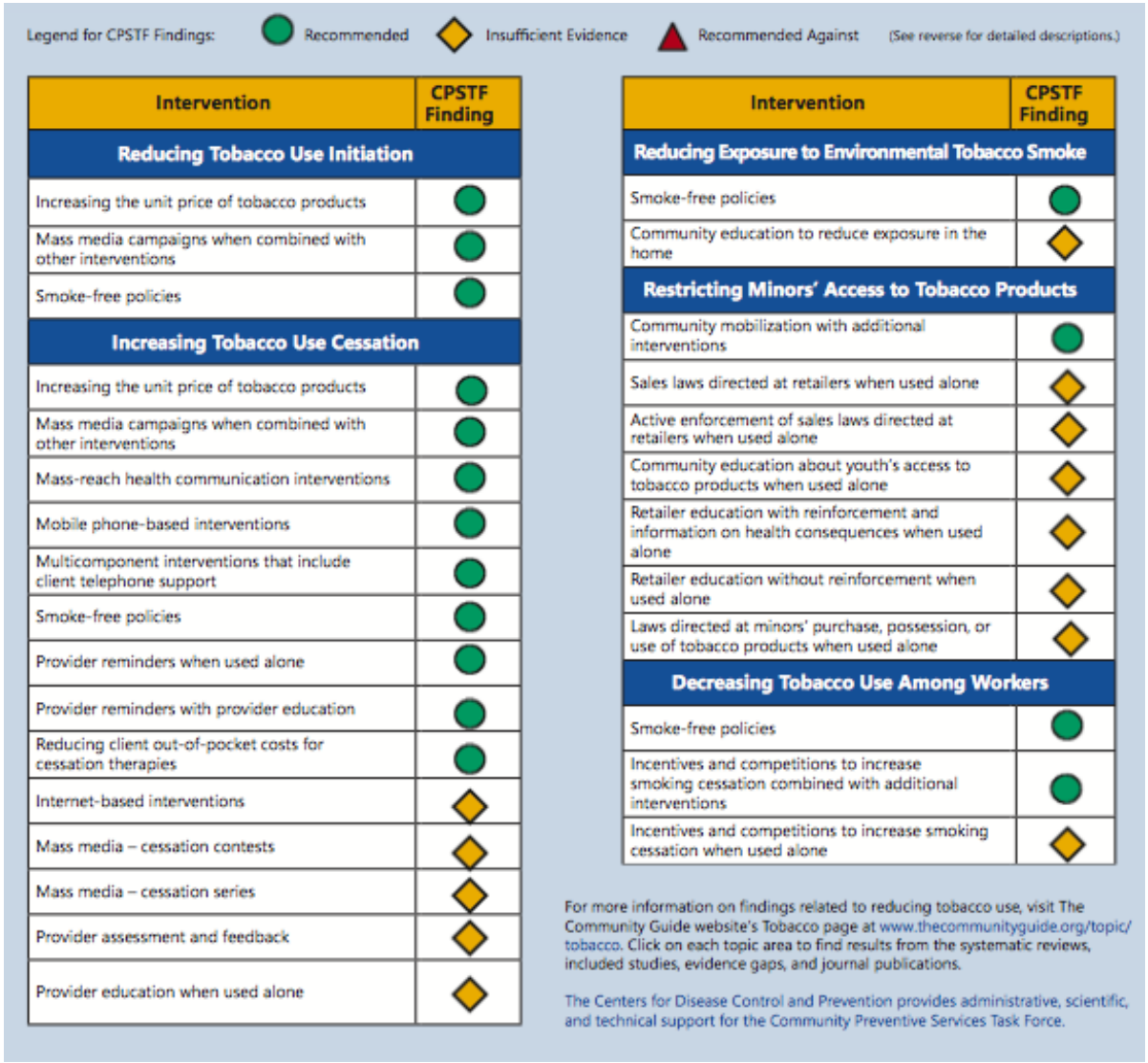
What works for reducing prevalence



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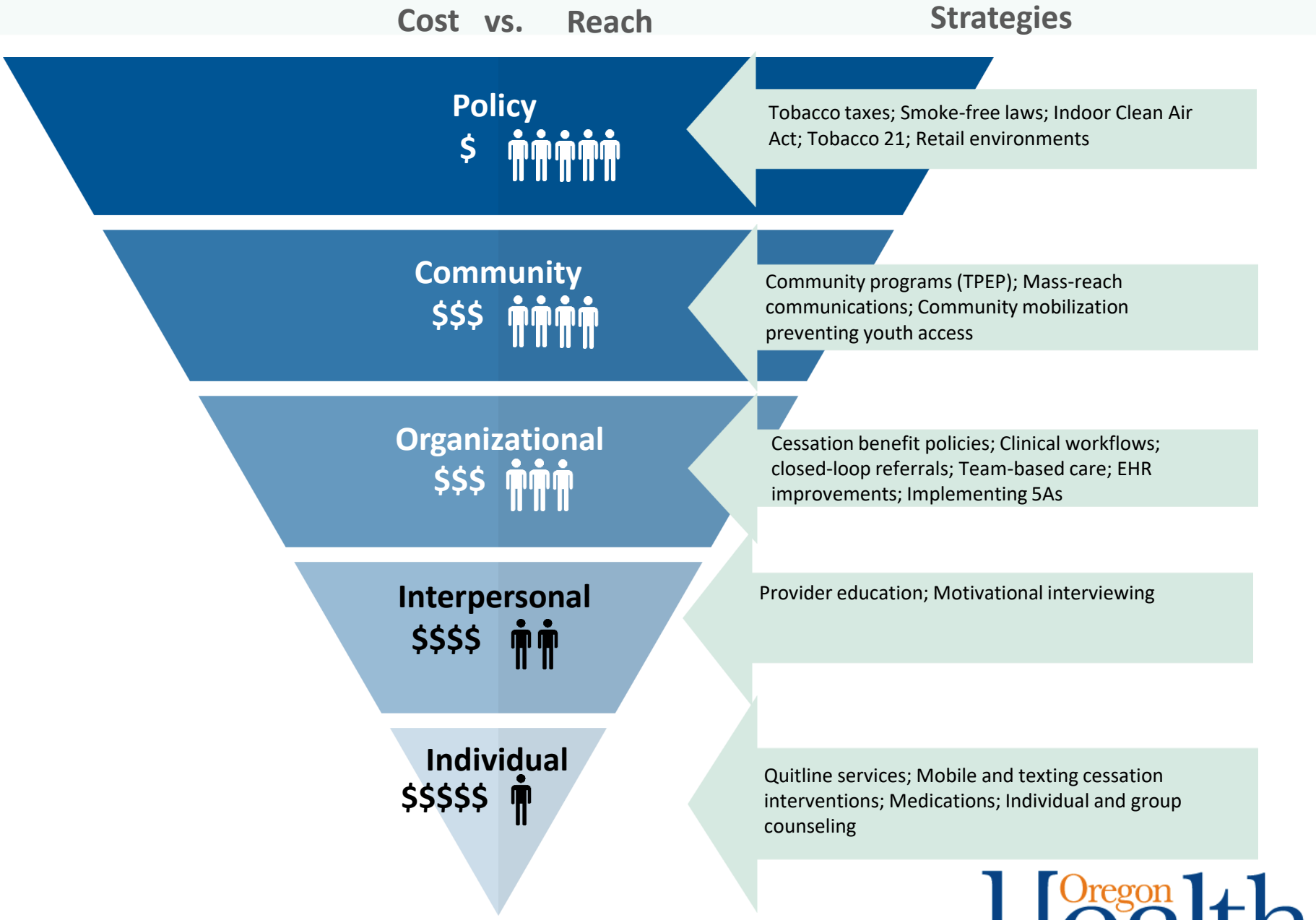

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Comprehensive tobacco control programs: Key takeaways

Equity: Comprehensive programs are effective across diverse racial, ethnic, educational, and SES groups.

Invest in prevention: Larger state investments in comprehensive tobacco control programs = larger declines in cigarettes sales, and greater declines in adults and youth smoking

- California, longest running state program, has achieved 12% statewide prevalence
- Since 1998, lung cancer incidence in California has been declining four times faster than in the rest of the United States

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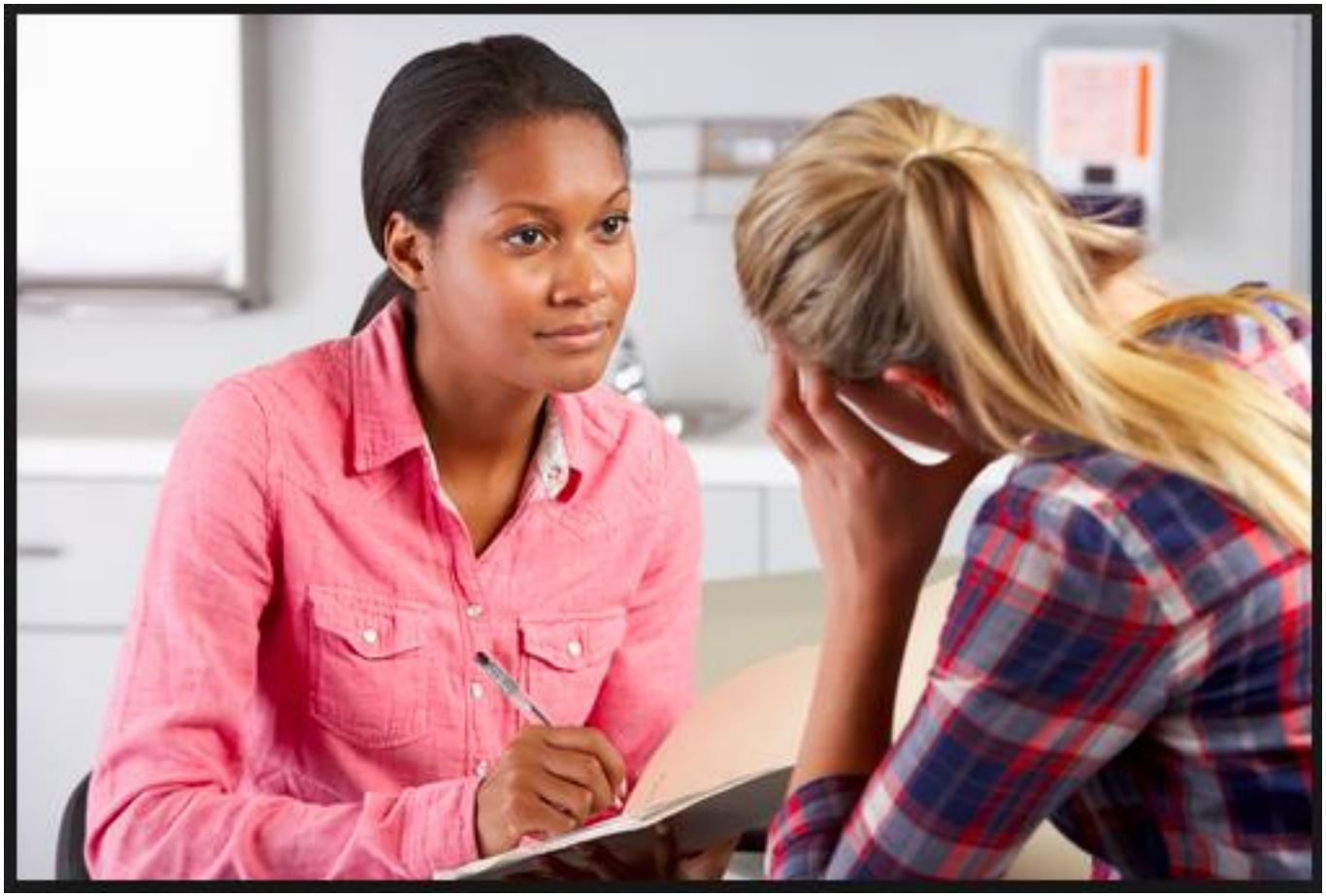

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Cessation interventions: Key takeaways

- Don’t give up: Tobacco is a chronic relapsing condition so people are starting and stopping over periods of time
- Team-based care works: Treatment delivered by a variety of clinicians (2 or more) doubles quit rates. Therefore, all clinicians should deliver interventions.
- Counseling + Medication together works best: Taking medication in combination with the quitline almost doubles quit rates.
- Counseling– more is better, and phone is effective: Counseling has a dose response relationship.
- Equity: Quitlines are accessible to all, convenient and free. To reach people disproportionately burdened, develop culturally competent materials and interventions.

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Health systems change: Key takeaways

- Fully implement covered benefits without barriers, and let people know about them.
  - Increasing communications about the quitline can increase calls by up to 400%
- Fully implement 5As in clinical workflow: ask, advise assess, assist, arrange.
  - Closed-loop referrals
- Identify a clinical champion to shepherd the process

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Increasing the price of tobacco products: Key takeaways

Projected Public Health Benefits for Oregon from the Cigarette Tax Rate Increase	
Percent decrease in youth (under age 18) smoking:	20.6%
Youth under age 18 kept from becoming adult smokers:	24,200
Reduction in young adult (18-24 years old) smokers:	5,000
Current adult smokers who would quit:	32,700
Premature smoking-caused deaths prevented:	15,900
5-Year reduction in the number of smoking-affected pregnancies and births:	5,700
5-Year health care cost savings from fewer smoking-caused lung cancer cases:	$6.12 million
5-Year health care cost savings from fewer smoking-affected pregnancies and births:	$14.62 million
5-Year health care cost savings from fewer smoking-caused heart attacks & strokes:	$13.77 million
5-Year Medicaid program savings for the state:	$15.35 million
Long-term health care cost savings from adult & youth smoking declines:	$1.17 billion

12.19.17 ACS CAN / January 18, 2018

Equity: Tobacco taxes are an effective approach to reducing tobacco-related disparities by income, race and ethnicity

Source: American Cancer Society, Cancer Action Network, 2018

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TOBACCO FREE

NO SMOKING OR VAPING

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State and local tobacco laws in Oregon

- Indoor Clean Air Act-ICAA (2008)
  - Prohibits smoking in public places and workplaces, and within 10 feet of all entrances, exits, and windows
- Tobacco 21 (2018)
  - Raised the minimum age for a person to legally buy or obtain tobacco products, inhalant delivery systems, and tobacco product devices, from 18 to 21
- OHA agency policies (residential treatment, correctional facilities, state properties)
- Local policy efforts focused on expanding and maintaining the ICAA; retail restrictions; smoke-free places

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Smoke-free policies: Key takeaways

- Foundation for a comprehensive approach: Lack of smoke-free environments is a barrier to cessation
- Equity: Since smoke-free policies apply to everyone, they can reduce disparities in smoking and exposure to secondhand smoke
- Smoke-free policies can reduce overall secondhand smoke exposure by 50%; prevalence by 3%
- Smoke-free policies can reduce healthcare costs substantially
- Businesses won't suffer: Smoke-free policies do not have an adverse economic impact on businesses, including bars and restaurants

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"Mass-reach health communication interventions target large audiences through television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use."

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smokefreeTXT
en Español

Usa tu celular para dejar de fumar

Obtenga animo, consejos y ayuda para dejar y mantenerse sin fumar. Mande *LIBRE* al 47848 desde su celular.

Suscribirse

Pueden aplicarse cargos por mensajes y datos. Responde PARE para dejar de recibir mensajes, o AYUDA para recibir informacion. Enviamos un maximo de cinco mensajes por dia.

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Mass reach health communications: Key takeaways

- Emotional content works best: Television ads with high emotional content are more effective than other approaches

- Equity: Mass reach health communication interventions are effective across population groups with varied racial, ethnic, educational, and socioeconomic backgrounds.

- Emerging media platforms are showing success: CDC and FDA programs The Tips and The Real Cost show strong evaluation results and used digital platforms

- Don't reinvent the wheel: National clearinghouse of content available for use

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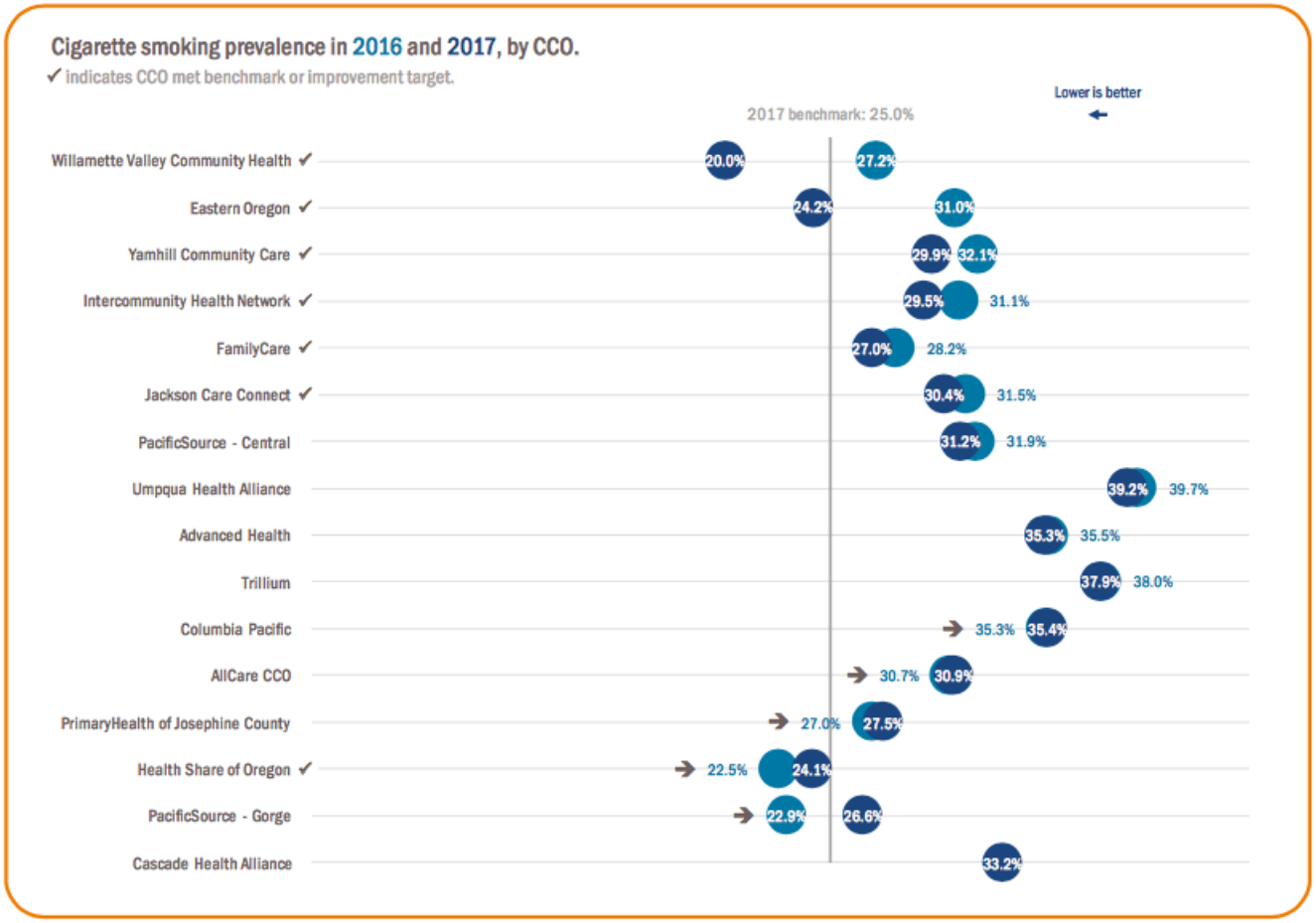
CCO Tobacco metric

CIGARETTE SMOKING PREVALENCE



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Smoke-free policies

"Smoke-free policies are public-sector regulations and private-sector rules that prohibit smoking in indoor spaces and designated public areas. State and local ordinances establish smoke-free standards for all, or for designated, indoor workplaces, indoor spaces, and outdoor public places."

-The CDC Community Guide to Preventive Services, https://www.thecommunityguide.org/content/task-force-findings-tobacco

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Cessation interventions

The *United States Preventive Services Task Force* recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.

--USPSTF, Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmocotherapy Interventions, Grade "A" , 2015

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Increasing the price of tobacco products

"Interventions to increase the unit price for tobacco products include public policies at the federal, state, or local level that increase the purchase price per unit of sale. The most common policy approach is legislation to increase the excise tax on tobacco products, though legislative actions and regulatory decisions may also be used to levy fees on tobacco products at the point of sale."

-The CDC Community Guide to Preventive Services, https://www.thecommunityguide.org/content/task-force-findings-tobacco

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Mass reach health communications

"Mass-reach health communication interventions target large audiences through television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use."

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CCO Easy Wins (community)

POLICY

Support price increases through tobacco taxes with CCO champions (physicians, government relations staff)

Contact your local TPEP coordinator about local TRL, smoke-free laws & support their efforts

Familiarize yourself and your staff with state and local data

MEDIA

Leverage upcoming statewide media campaigns to implement your own

Leverage OHA content for your own media buys

ID at least three new places to communicate about benefits to members

CCO Easy Wins (clinical)

CLINCAL SYSTEMS IMPROVEMENTS

Learn your benefit requirements (HERC)

Fully implement benefits, reduce barriers to access

Call your EHR provider about e-referral setup

Implement closed-loop referrals: ID your smokers, refer them to services, and follow up

BEHAVIORAL INTERVENTIONS

Contract with the statewide quitline & ensure fidelity of service

Provide OHA transformation center information on provider trainings to your providers

Train providers in Motivational Interviewing for multiple issues

ID a cessation champion in clinic, ideally someone in leadership