



Teen Tobacco Prevention & Cessation

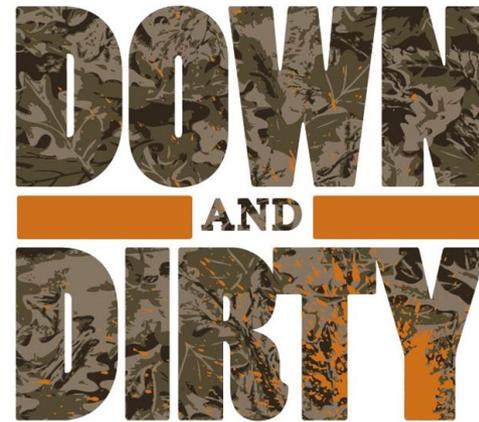
Objectives

- Understand tobacco prevention programming and the social influences for teen tobacco use
- Develop strategies to increase teachable moments in patient encounters
- Learn how to incorporate evidence based best practices for teen tobacco cessation into patient encounters

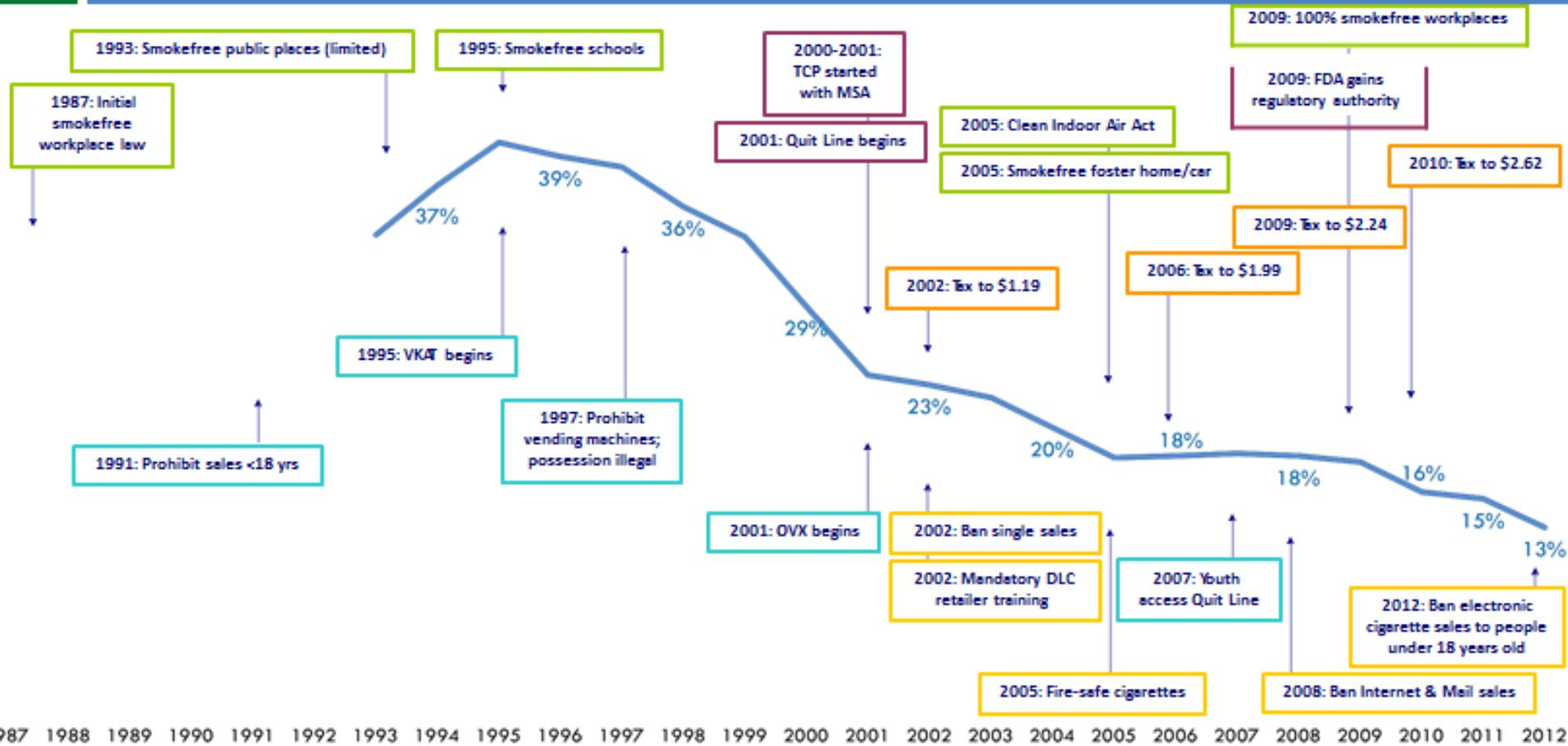
Tobacco Control & Prevention for Vermont Teens

Changing Social Norms

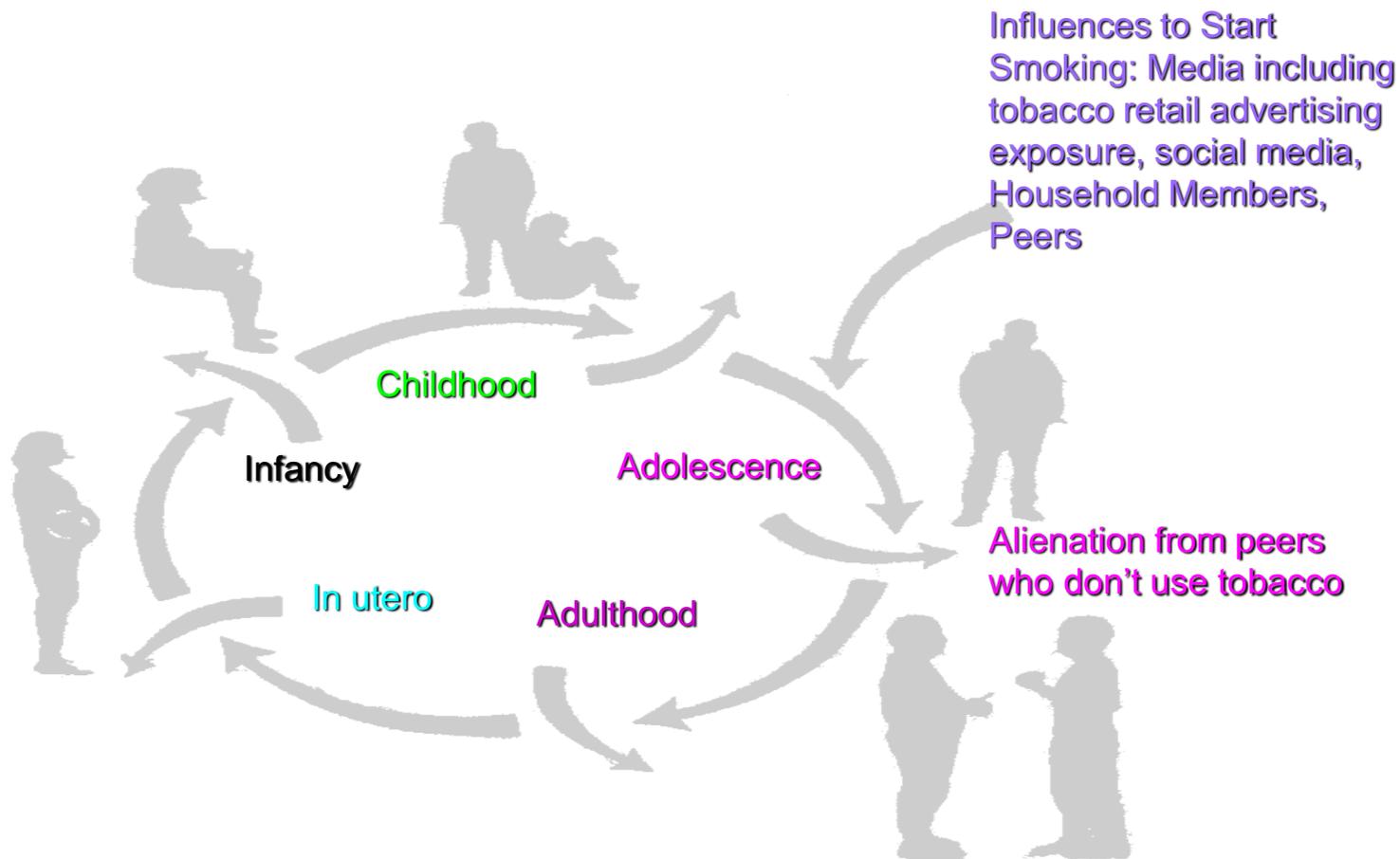
- Prevention through statewide and local policy
- Programming support in communities & schools – OVX & VKAT
- Health Curriculum support through Agency of Education
- Youth media campaigns



Youth Cigarette Use Prevalence 1993 - 2012

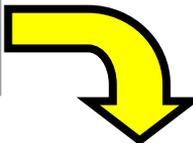


The Social Cycle of Tobacco Use

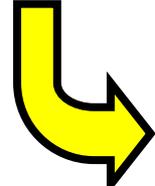


Tobacco Use Progresses Faster than Anyone Expected

Experimentation



Nicotine dependence, as indicated by craving, starts **BEFORE** daily or regular use!



Regular Use

Interventions may be delivered at any stage



July 2013

Dear Medical Provider,

The Vermont Department of Health (VDH) has been working collaboratively with the Department of Vermont Health Access (DVHA) to improve smoking cessation education and outreach to Vermont Medicaid beneficiaries. Tobacco use remains the leading cause of preventable death in Vermont. Despite reductions in tobacco use over the past decade, more than 1 out of 4 low income Vermonters still smoke.

In as few as 30 seconds, you can have an impact and help your patients quit.

To assist you, enclosed are scripting cards for tobacco-cessation counseling, known as the 5 A's. When lack of time prevents doing comprehensive counseling, ask patients about their tobacco use, advise them to quit, and provide a referral to the Vermont Quitline at 1-800-QUIT NOW or their local Quit Partner (see enclosed brochure).

When advising patients, remember that tobacco is recognized as a relapsing, addictive disorder that requires long-term management. The treatment modalities with the highest efficacy are: (1) behavioral support and counseling, and (2) pharmacotherapy. While each is effective alone, they are more effective together.

In Vermont provider referrals linking tobacco users to cessation resources, such as the Vermont Quit Network, are the most effective way to connect smokers to counseling and over-the-counter nicotine replacement.

Additional resources are available from the VDH and DVHA:

- VDH offers free materials, including two weeks of NRT, brochures and other educational tools as well as tailored programs (Quit Partners, Quitline, Quit Online) to facilitate tobacco cessation. To place an order, please contact the VDH Cessation Specialist at 802-863-7359.
- DVHA's drug benefit programs including Medicaid, Dr. Dynasur, VMAP, and VScript offer comprehensive tobacco cessation pharmacotherapy benefits, and cover most smoking cessation products at a low or no co-pay for the beneficiary. Details about preferred products, coverage limitations, and prior authorization requirements are attached and also can be found on DVHA's website under "Smoking Cessation": <http://dvha.vermont.gov/for-providers/12013-02-vt-clinical-criteria-february-19-2013-final.pdf>

Thank you for your efforts to improve the health and well-being of Vermonters.

Sincerely,

Harry Chen, MD

Harry Chen, MD, Commissioner
Vermont Department of Health

Mark Larson

Mark Larson, Commissioner
Department of Vermont Health Access

Strategies to Help a Smoker Who Is Struggling to Quit

Nancy A. Rigotti, MD

PATIENT PRESENTATION

A 30-year-old man (hypothetical scenario) with hypertension and a history of depression treated with fluoxetine smokes 13 to 20 cigarettes daily. When asked about his interest in quitting smoking, he says, "I know that I should, but I've tried everything, nothing works." He used a nicotine patch for 5 days but discontinued because he still wanted a cigarette. While taking bupropion for a month, he relapsed on 5 cigarettes.

Tobacco use is the leading preventable cause of death worldwide. Stopping tobacco use benefits virtually every smoker. Most of the 19% of US residents who smoke want to quit and have tried to do so. Most individual quit attempts fail, but two-thirds of smokers use no treatment when trying to quit. Treating tobacco dependence is one of the most cost-effective actions in health care. With a brief intervention, physicians can prompt smokers to attempt to quit and connect them to evidence-based treatment that includes pharmacotherapy and behavioral support (ie, counseling). Physicians can link smokers to effective counseling support offered by a free national network of telephone quit lines. Smokers who use nicotine replacement therapy (NRT), bupropion, or varenicline when trying to quit double their odds of success. The most effective way to use NRT is to combine the long-

Ordering Guidelines for Nicotine Replacement Therapy via The Vermont Quit Network

	VT QUITLINE	VT QUIT PARTNERS	QUIT ONLINE
How to access this site	1-800-QUIT-NOW 9:00 AM-7:00 PM or fax referral form*	Fax referral form** or http://quitnetwork.org original brochures	Register and visit at: http://quitnetwork.org
Program description	Clear the phone confusion! Working with a trained health coach.	Community or hospital-based cessation treatment facilitated by trained tobacco treatment specialists.	Online cessation information and quit program tracking tools.
Program costs	5 calls per enrollment and free text message and daily e-mail support.	4-6 workshops per enrollment in community or hospital-based cessation programs. One-on-one counseling may be provided in certain communities.	Unlimited access to online cessation information and tracking tools.
Amount of NRT available	6 weeks per 365 days (\$100 per year)	10 weeks per 365 days (\$100 per quit attempt, 2 quit attempts per year)	4 weeks per 365 days (\$100 per year)

* To obtain fax referral forms for the VT Quitline or the VT Quit Partners, please email tobacco@vdh.vt.gov or call (802) 863-7359.
** Request for those on Medicaid or VMAP who may also be eligible for NRT per year (see page 1).

www.vdh.vt.gov
could be a high priority health care system maker. Treatment an interdisciplinary of high-impact. Tobacco cessation should be embedded
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THE BRIEF TOBACCO INTERVENTION

The 2As & R

ASK about tobacco use:
"Do you currently smoke or use other forms of tobacco?"

ADVISE the patient to quit:
"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?"

REFER the patient to resources:
IF READY TO QUIT: Provide direct referrals to resources that will assist the patient in quitting. Provide direct referrals. Prescribe medications, if appropriate.
*This is a resource I recommend. It will provide you with support, help you create a plan to quit, and talk to you about smoking.
IF NOT READY TO QUIT: Strongly encourage you to quit, and talk to your doctor about when

THE BRIEF TOBACCO INTERVENTION

The 5As

ASK about tobacco use:
"Do you currently smoke or use other forms of tobacco?"

ADVISE the patient to quit:
"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?"

ASSESS readiness to quit:
"Are you interested in quitting tobacco?"

ASSIST the patient in quitting:
IF READY TO QUIT: Provide brief counseling and medication (if appropriate). Refer patients to other support resources that can complement your care (e.g., quitlines, Smokefree.gov, SmokefreeTXT, BeTobaccoFree.gov, group counseling).
For tips on how to offer brief counseling, see: www.ahrq.gov/pathtobacco.htm.
IF NOT READY TO QUIT: Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.
ARRANGE for follow-up:
Follow up regularly with patients who are trying to quit.



VERMONT QUIT PARTNERS
Relieve every day be tobacco-free

QUIT PARTNERS ARE HERE TO HELP!
Meet and have conversations with people who have quit smoking. People who are trying to quit smoking may find great help from an encouragement, support, and a plan, and having great help.

HOW TO FIND A QUIT PARTNER
1. Ask your doctor
2. Ask your pharmacist
3. Ask your local health department
4. Ask your local tobacco cessation specialist
5. Ask your local quitline
6. Ask your local quit partner

TIPS TO HELP YOU QUIT
Use the fear Di to help you handle cravings while you're trying to quit.
DELAY Wait out the craving. Most last three to five minutes.
DRINK WATER Drinking water throughout the day will help decrease the number of cravings you have.
DEEP BREATHING Focus on taking slow breaths during a craving to help focus on something else.
DO SOMETHING ELSE Use distractions using the power of a craving to keep your mind occupied.

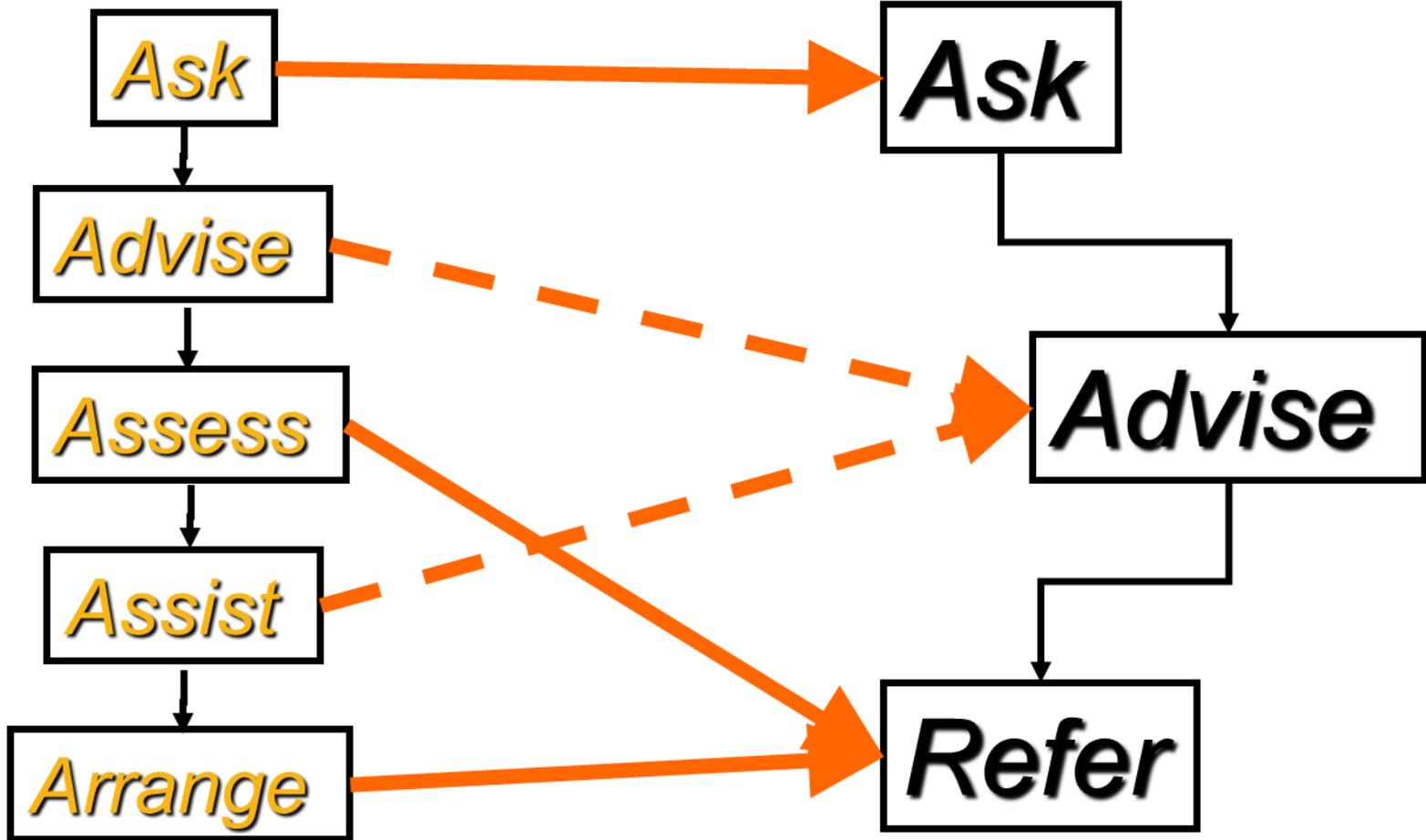
HELPING YOU QUIT
CONNECT WITH A VERMONT QUIT PARTNER IN YOUR COMMUNITY
Call: 1-800-QUIT-NOW
(1-800-734-8699)
Go Online: VtQuitNetwork.org

Find a quit partner near you.

YOU CAN ALSO:
Quit by Phone
Call 1-800-QUIT-NOW (734-8699)
Quit Online
Learn More at VtQuitNetwork.org

The 5 A's

2 A's and an R



Refer

- To Quitline: **1-800-QUITNOW**
- To Quit Online: go to www.802Quits.org
- Give every tobacco user something that contains information about quitting, the harms of tobacco use, etc.

Suggested Script

- “I recommend that you sign up to have the VT Quitline call you. It’s a free service – and the Quit Coach on the other end of the telephone can help you get ready to quit.”
- “One thing that helps a lot is to learn as much as you can about quitting – the more you know, the more successful you’ll be. The Quitline coaches and the 802Quits website can help.”

Counseling Their Parents

Advise parents to

- ❑ Express disapproval of tobacco use
- ❑ Discourage friends who are smokers
- ❑ Keep the home smoke free – even if parents smoke
- ❑ Make tobacco products inaccessible
- ❑ Limit access to R-rated movies!
- ❑ Address and treat tobacco use among parents and caregivers

3 Take-Aways

1. Implement a system to identify and refer patients to cessation resources.
2. 5 A's or 2 A's and an R at every visit.
3. Be an advocate for Tobacco Policy in your community.

Resources

- The American Academy of Pediatrics: <http://www.aap.org/en-us/Pages/Default.aspx>
- Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents: <http://www.uspreventiveservicestaskforce.org/uspstf12/tobacco/tbacsumm.htm>
- The CDC's Youth Tobacco Prevention Pages: <http://www.cdc.gov/tobacco/youth/index.htm>
- Vermont Department of Health Tobacco Control Pages: <http://healthvermont.gov/prevent/tobacco/index.aspx>
- Vermont's Tobacco Cessation Resource: <http://802quits.org/> (going live December 30, 2013)
- Vermont N-O-T on Tobacco: <http://www.lung.org/associations/charters/northeast/programs/NOT-VT.html>
- 2013 Youth Risk Behavior Survey: http://healthvermont.gov/research/yrbs/2013/documents/2013_yrbs_full_report.pdf
- Coalition for Tobacco Free VT: <http://www.tobaccofreevermont.org/>
- Campaign for Tobacco Free Kids: <http://www.tobaccofreekids.org/>