



Kansas Tobacco Cessation Resources April 29, 2021



Tobacco Products









Prevalence of Current Smoking among Kansas Adults Age 18 Years and Older, Kansas 2011-2018



- **17.3% of Kansas adults currently smoke** conventional cigarettes, higher than the national estimate of 16.1%
- In Kansas, current smoking of conventional cigarettes declined significantly from 2011 to 2014
- But smoking **remains the leading cause** of preventable death

2011-2018 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment

2018 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

U.S. Department of Health and Human Services. *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2014.



Prevalence of Current Use, KS Adults



2018 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment



COVID-19 Impact

Studies have found that current smokers have an increased risk of presenting to hospital with severe COVID-19, and are approximately twice as likely to experience severe or critical COVID-19 as former or neversmokers.



U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.



How do e-cigarettes work?



Image: https://b-sapp.org/e-cigarettes/



What is in e-cigarette aerosol?



Image: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm



There is insufficient evidence from randomized controlled trials about the effectiveness of e-cigarettes as cessation aids compared with no treatment or to FDAapproved cessation aids.



National Academies of Sciences, Engineering, and Medicine. 2018. *Public health consequences of e-cigarettes*. Washington, DC: The National Academies Press. doi: <u>https://doi.org/10.17226/24952</u>. Image: <u>https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/Electronic-Cigarettes-Infographic-508.pdf</u>



E-cigarette use poses avoidable health risks to young people.

- E-cigarettes may contain nicotine which can cause **addiction**
- Nicotine is **harmful** to the developing adolescent brain
- E-cigarette aerosol can contain **metals**, **volatile compounds and ultrafine particles** known to cause respiratory distress and disease



U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.



- E-cigarette shaped like a USB flash drive
- Used savvy marketing techniques to appeal to youth
- Used flavors to appeal to youth
- JUUL pods <u>ALWAYS</u> contain nicotine
 - Now offered in 5% and 3% strength





Nicotine in JUUL





Ask about tobacco and nicotine use in the context of routine screening, using language that your clients will understand.

Sample screening questions include:

"Do you use any tobacco products, like cigarettes, chewing tobacco, or hookah? Have you used them in the last year?"

"Do you use any vaping products, like e-cigarettes or JUUL? Have you used them in the last year?"

American Academy of Pediatrics. Supporting Youth who are Addicted to Nicotine: Advice for Pediatricians. Retrieved from: <u>https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Richmond-Center/Pages/Fact-Sheets.aspx</u>



Advise About Tobacco Products

- The use of tobacco products, including e-cigarettes, is unsafe
- Nicotine in any form is harmful to the developing brain
- Nicotine is a highly addictive drug
- Cigarettes, smokeless tobacco and e-cigarettes all contain harmful ingredients
- There are unknown long-term health effects of e-cigarettes



US Department of Health and Human Services. E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General. 2016.



The 2A and R Brief Tobacco Intervention

• <u>Ask</u>

 Ask every patient if they use tobacco at every visit. If they don't use tobacco or have already quit, provide approval and encouragement.

Advise

 Advise every tobacco user to quit. Personalize advice to their particular health issues or goals. Offer encouragement and materials if the patient is not ready to quit.

• <u>Refer</u>

 Refer tobacco using patients who are ready to quit to a quit resource where they can receive help, like KanQuit Ask patients if they have ever used or currently use any type of tobacco product, rather than if they smoke.

Keep the door open to future conversations about quitting

Communicate that you will follow up with them about their tobacco use at the next appointment.

Fiore, M. C. (2008). Treating tobacco use and dependence: 2008 update. Rockville, MD, U.S. Dept. of Health and Human Services, Public Health Service. Available from: https://www.ncbi.nlm.nih.gov/books/NBK63952/



Quitting Tobacco

 In Kansas, more than 5 out of 10 (54.9%) adults who currently smoke made a quit attempt in the past year.¹

 Most smokers will cycle through several periods of remission and relapse.²

¹2018 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, KDHE. ²Caponnetto P, Keller E, Bruno CM, Polosa R. Handling relapse in smoking cessation: strategies and recommendations. Intern Emerg Med. 2013;8:7-12



Successful Quit Attempts

"Most smokers attempting to quit today still make unaided quit attempts.....however...smokers are significantly more likely to quit successfully if they use an evidence-based counseling or medication treatment than if they try to quit without such aids."

Fiore, M. C. (2008). Treating tobacco use and dependence: 2008 update. Rockville, MD, U.S. Dept. of Health and Human Services, Public Health Service. Available from: https://www.ncbi.nlm.nih.gov/books/NBK63952/



- The Kansas Tobacco Quitline provides evidence-based coaching (via phone or web) for <u>free to all Kansas tobacco users</u> who want to quit.
- Enrollment options
 - Phone: toll-free 1-800-QUIT-NOW (784-8669)
 - Web-based services @ KSquit.org
 - Fax and Web referrals



- Intake & Coaching offered 24 hours a day/7 days a week
- English, Spanish, Arabic and other languages
- Experienced health coaches provide one-on-one support to form a quit plan



Promote Medicaid Cessation Benefits

- Medicaid recipients in Kansas are now eligible for up to 4 rounds of any FDA-approved cessation medication per year with no lifetime caps
- Ongoing Cessation counseling services with no annual or lifetime caps
- KDHE has financial arrangement with Health Care Finance to reimburse Quitline counseling costs and 2 weeks of NRT to Medicaid Quitline enrollees



Mental Heath & Substance Abuse



- 7 phone coaching sessions
- 4 weeks of free NRT shipped to home
- A team of dedicated Coaches who have received additional extensive training on mental illness, substance abuse and tobacco cessation
- Eligible for those who report during intake: Schizophrenia, Bi-Polar, Depression, Anxiety, PTSD and Alcohol or Substance Abuse Disorder



Pregnancy and Postpartum Services



- Provide 5 coaching sessions during pregnancy and 4 sessions postpartum with the same Coach, also eligible for free text message support
- Receive personalized welcome package containing two publications
- Two weeks prior to the participant's due date, a Coach will either send a text message or call the participant to check-in and remind about restarting program



Referring Patients to the Quitline

- Health providers can refer their patients who use tobacco to the Quitline via fax referral
- Proactive call is made by the Quitline to patient within 24 hours 3 total calls made
- Feedback provided up to 5 times to communicate:
 - When the fax referral is received
 - When the patient enrolls
 - When the patient is shipped NRT (if eligible)
 - When patient completes program or disenrolls



KTQL Web Referral

- Some fields are required and must be completed before submission
- Clinic or provider information can be stored and saved using cookies or other tracking software so it does not have to be entered for each referral
- Patient status sent to HIPAA-covered entities by fax back
- No fee associated with this referral process

https://kansas.quitlogix.org/en-US/Just-Looking/Health-Professional/How-to-Refer-Patients/Provider-Web-Referral and the second second

Yes No Provider First Name Provider Last Name Centact Last Name Cintact Last Name Clinic/organization name Clinic address Clinic address 2	
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Contact First Name Contact Last Name Clinic/organization name Clinic address	
Contact Last Name Clinic/organization name Clinic address	
Contact Last Name Clinic/organization name Clinic address	
Clinic/organization name Clinic address	
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• Clinic address	
Clinic address 2	
Clinic address 2	
Clinic city	
Clinic state	
Select	
Clinic zip code	
Clinic fax number	
533-555-5555	
Authorization	
I am authorized to receive personal health information for the individual being referred. By submitting this form, I verify that the patient being referred has consented to participate in this tobacco cessation program.	



Kansas Tobacco Cessation Help Training

- Free online courses-offers CME, CNE and CPE credit <u>http://quitlogixeducation.org/kansas/</u>
- Structured into 7 learning modules: Medicaid & Quitline benefits, how to counsel patients, special programs, behavioral health, chronic diseases and vaping
- After completing each modules, complete the evaluation and collect the certificate
- Listen to a sample coaching interactions
- Information on how to access additional cessation trainings and resources to help your patients quit



Free Materials

Order free KanQuit! materials!

tinyurl.com/KDHE-tobacco-cessation



CREATE A PLAN TO QUIT.



FREE support, 7 days a week, 24 hours a day*



USTED TIENE SUS MOTIVOS

PARA DEJAR DE FUMAR.

LE AYUDAREMOS A

CREAR UN PLAN

PARA DEJAR DE

LÍNEA DE AYUDA PARA DEJAR DE FUMAR DE KANSAS 1-855-DEJELO-YA (1-855-335-3569) 7 días a la semana, 24 horas al día



Smoking is harmful to you





Online Training www.KSTobaccoIntervention.org Learn how to effectively talk with your patients about tobacco in less than 3 minutes.



expanded benefit for tobacco cessation is

MEDICATIONS: Comprehensive, barrier-free

Chantix, Bupropion, all nicotine

· Evidence-based combination

(e.g., concurrent patch/lozenge

No prior authorization or copays

Individual (Billing Codes 99406/99407)
 Group Counseling (Billing Code s9453)

COUNSELING: No annual or lifetime limit:

· Patients want to hear from you!

a healthier life

-877-542-9238

 Let them know about the expanded benefits today.

Prescribe medications and counseling

For more information, contact

1-877-644-4623

aetna

UnitedHealthcare sunflower

gether and double their chances for

verage of all FDA-approved medications:

replacements (patch, gum, lozenge inhaler, nasal spray)

now available. Benefits include:



Quitting smoking while you're preang

- Improves your baby's health throughout their childhood, especially the health of their lungs
- Makes it more likely that you will have a healthy pregnancy without complications.
 Makes it less likely that your baby will be born
- Makes it less likely that your baby will be born early (before 37 weeks) or born with a low birth weight.
- Makes it less likely that your baby will be born with certain birth defects.

Quitting smoking and staying quit is important to your baby's health. Children who grow up in smoke-free homes:

- Are at lower risk for sudden infant death syndrome (SIDS).
- Have lower risk of having bronchitis and pneumonia and have fewer ear infections.
- Are less likely to ever have asthma.
 Children with asthma who are not exposed to
- Children with asthma who are not exposed to secondhand smoke sleep better and miss fewer school days.
- Are less likely to become smokers as teenagers.







South Services (13-17 years of age)

- Dedicated toll-free number youth can call or text 1-855-891-9989
- Youth-oriented cessation website and online enrollment form <u>www.mylifemyquit.com</u>
- Tailored developmentally appropriate educational and self-help materials
- Work with Coach who has received additional training on developmentally appropriate methods for engaging youth and social influences of tobacco and electronic nicotine delivery systems







Contact Information

Matthew Schrock, KDHE

matthew.schrock@ks.gov

316-207-2244



