

EMPOWER



You can help.
Ask. Advise. Refer.

Arizona Smokers' Helpline
ASHLine.org

May 3, 2014





Tobacco: Standard 9

- Facilities make ASHLine education materials available to families and employees at all times.
- ASHLine Pilot – Become a referring location!



Tobacco: Standard 10

- Smoke Free Campus - Facilities and homes should be totally (24-hour) smoke-free campuses as outlined by facility/home's smoke-free campus written policy.
- Facilities will provide staff and families with written guidelines pertaining to the facility's smoke-free rules to ensure compliance.



Tobacco Policies: Standard 9 & 10

- Why is this Standard important?
 - WHAM! 1.2 million (19%) Arizonans use tobacco
 - WHAM! Second and Thirdhand smoke are just as deadly as directly consuming tobacco





Tobacco Policies: Standard 9 & 10

- Standard 9
 - Policy Option #1
 - Policy Option #2
- Standard 10
 - Policy Option #1
 - Policy Option #2

ASHLine Pilot

- **Purpose:**

- High Impact; High ROI

- Train staff on how to engage parents and talk to them about the harmful effects of tobacco





Learning Objectives

- Identify the 2 key US Public Health Service recommendations for treating tobacco dependence
- Become familiar with the **ASK, ADVISE, REFER** model
- Become familiar with the 2 primary client services offered by ASHLine
 - ✓ Behavioral support
 - ✓ Medication assistance



Health Effects of Smoking

Smoking during pregnancy exposes the fetus to nicotine and carbon monoxide, which can:

- Alter fetal heart rate
- Decrease fetal breathing
- Effect the structure and function of the umbilical cord, thereby reducing placental blood flow to the fetus



Health Effects of Smoking

Babies born to women who smoke during pregnancy are at increased risk for:

- Low birth weight
- Small for gestational age
- Birth defects
- Sudden Infant Death Syndrome (SIDS)



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Health Effects of Smoking

- The best thing pregnant women, parents and caretakers can do to improve their health and protect the health of their children is to quit using tobacco
- **There is no safe level of exposure to tobacco or tobacco byproducts**



Secondhand Smoke

- **Secondhand smoke** is the smoke that comes from the burning end of tobacco products *and* exhaled smoke from tobacco users
- According to the CDC, **there is no risk-free level of exposure to secondhand smoke**



Effects of Secondhand Smoke

Infants and children who live with parents who smoke are at increased risk for:

- Bronchitis, pneumonia, asthma and other respiratory symptoms
- Slowed lung growth
- Ear infections
- Increased sickness and doctors visits



Thirdhand Smoke

- **Thirdhand smoke** is the toxic residue of invisible gases and chemicals that remain after secondhand smoke has gone away
- Thirdhand smoke is present on smokers' hair, clothes and skin
- It can stick to surfaces in the homes of tobacco users including furniture, walls, curtains, bedding and flooring



Health Effects of Thirdhand Smoke

- Children and infants who live with parents who smoke routinely crawl, touch, and put their mouths on toys, pacifiers and other surfaces contaminated with thirdhand smoke
- Exposure to thirdhand smoke is especially dangerous to children and infants because their brains and organ systems are still developing and are more susceptible to low levels of toxins



Tobacco Use and Financial Health

- Tobacco use is expensive!
- Families can spend hundreds to thousands of dollars a year on tobacco products *and* doctors visits needed to address tobacco-related health problems
- Many tobacco users have to use sick days or take unpaid time off from work to care for themselves or sick children due to tobacco-related illness



Most Tobacco Users *Want* to Quit

- Approximately 70% of tobacco users are thinking about quitting at any given time
- Between 40-50% of tobacco users will make a quit attempt this year
- **Less than 3% of tobacco users will be able to quit successfully without assistance**



Quitting Requires Persistence

- Most tobacco users will require multiple quit attempts before they achieve success
- Studies suggest it can take anywhere between 2-14 quit attempts before a tobacco user achieves long-term, complete abstinence
- Slips and relapse are **normal**



WHAM! You CAN Help

You DO have a positive effect when you provide brief tobacco cessation interventions!



Quitting Tobacco: What Works

Research shows that two treatment modalities are effective:

- 1) Coaching, counseling, groups
- 2) Quit tobacco medications

**Highest success rates are seen when multiple treatment modalities are used*

Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2008.



ASHLine's Recommended Model

An intervention should take less than 10 minutes of a clinician's time!

Follow 3 simple steps:

Ask, Advise, Refer

ASHLine will take care of the rest!



Ask

- Ask about tobacco use at every visit
- Keep it simple. Use the following questions...
 - Do you use tobacco?
 - Have you ever used tobacco?
 - Does anyone in your house use tobacco?

Advise



- In a clear, strong, personalized manner, urge all tobacco users to quit
 - Talk about how quitting will help patients with *their specific* health concerns
- Motivational interviewing skills can be useful in helping tobacco users see the advantages of quitting

Refer

- Assist individuals interested in quit tobacco information by referring to Arizona Smokers' Helpline
 - A proactive referral ensures ASHLine will call your client within 24 hours
- ASHLine will provide ongoing, intensive clinical intervention for you!





What is ASHLine?

Free help to quit tobacco

Coaching over the phone

Self-paced quit program online

Medication assistance

Partner to healthcare systems and professionals

Referral program

Technical assistance and training resources



Quit Tobacco Medications

There are currently 7 **FDA approved** quit tobacco medications on the market:

Prescription Only

- Nicotine inhaler
- Nicotine nasal spray
- Varenicline (Chantix[®])
- Bupropion SR (Zyban[®])

Over-the-Counter

- Nicotine gum
- Nicotine patch
- Nicotine lozenge



Medication Assistance

Medication assistance is available to enrolled ASHLine clients

- Excludes: Title XIX (19) AHCCCS, IHS, VA and state employees with Benefit Options
- Enrolled clients are eligible to receive 2 free weeks of nicotine patch, gum, or lozenge mailed directly to residence



Title XIX (19) AHCCCS Medication Benefit

- Covers 12 weeks of any FDA-approved quit tobacco medication **on prescription from a PCP**
- Benefit is available up to twice a year
 - Once every 6 months



ASHLine Referral Program

3 Ways to Refer:

- ✓ QuitFax referral form
- ✓ WebQuit online referral
- ✓ Electronic Health Records (Not applicable to Child Care Centers)



QuitFax Referral Form

ASHLine QuitFax

FAX TO: Arizona Smokers' Helpline
1-866-897-1263

TODAY'S DATE: / /

Type of Setting:

- | | |
|---|---|
| <input type="checkbox"/> Physician Office | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Dental Office | <input type="checkbox"/> TEPP Local Project |
| <input type="checkbox"/> Health Clinic | <input type="checkbox"/> HealthLinks |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Worksite |
| <input type="checkbox"/> Other: _____ | |

FAX BACK #: () -

Referred by: _____

Location/Site: _____

Address: _____

City: _____ Zip: _____

Phone: () -

Client Consent and Personal Information Section:

- I understand that the ASHLine (Arizona Smokers' Helpline) will be contacting me with quit tobacco information, community referrals and/or counseling. My participation is voluntary. I understand that any information I provide will be kept confidential. I give the ASHLine and the referring agency or physician permission to discuss my use of service.

Client Name (please print)

()
Phone: home work cell other

Client or Guardian Signature

Date of Birth: ___/___/___

County of Residence: _____

Verbal consent received

Person obtaining verbal consent (sign and print)

Spanish Speaker English Speaker

Best time to call:

8am to 12pm

12pm to 5pm

5pm to 8:30pm

Specific: _____

Comments

WebQuit Online Referral



Arizona Smokers' Helpline | WebQuit Add a Referral - Windows Internet Explorer

https://www.ashline.org/webquit/app/addref.asp

ASHline You can quit. We can help. 1-800-55-66-222

Add a Referral

[Back](#) Please fill out as soon as possible.
Fields in red are required!
Note: The Location, Agent and Client has to be selected out of the list to complete the Referral!

Referral Date: 11/13/2010

Location: [Create new Location](#)

Agent: [Create new Agent](#)

Client info:

Client: [Create new Client](#)

County: Please select...

Language: English

Phone:

Phone Type: Home

Fax Referral to:

Best time to call: Morning Afternoon Evening or Other:

Notes:

Consent: Referred person understands that the ASHLine (Arizona Smokers' Helpline) will be contacting him/her with quit tobacco information, community referrals and/or counseling, that participation is voluntary, and any information provided will be kept confidential. The referred person gives the ASHLine and the referring agency or physician permission to discuss his/her use of ASHLine services.

Please select...

Form: Send Form to Location

Done

Internet | Protected Mode: On

3:01 PM 11/13/2010



ASHLine Referral Reports

- Confirmation (within 24 hours)
- Status report (within 10 days)
 - First call within 24 hours
 - Up to 5 attempts to contact over 10 days
 - Notification of referral outcome (i.e., enrolled, only requested information, unable to reach, etc.)
- Monthly newsletter

Can be received by fax, email, or both!

Questions?





Review

- Identify the 2 key US Public Health Service recommendations for treating tobacco dependence
- Become familiar with the **ASK, ADVISE, REFER** model
- Become familiar with the 2 primary client services offered by ASHLine
 - ✓ Behavioral support
 - ✓ Medication assistance



ASHLine Mission



“Improve the health of Arizonans by providing client-centered tobacco cessation services through technology based interventions.”



Resources

The information in this presentation is drawn from two primary resources:

Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2008.

Smoking and Tobacco Use. Centers for Disease Control and Prevention (CDC) Website. January 2012.
www.cdc.gov/tobacco