ATTUD is an organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user.

Network of professionals with the clinical skills and background to provide evidence-based treatment for tobacco dependence.

Supportive infrastructure for all professionals interested in the treatment of tobacco dependence.
ATTUD is an organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user.

Network of professionals with the clinical skills and background to provide evidence-based treatment for tobacco dependence.

Supportive infrastructure for all professionals interested in the treatment of tobacco dependence.
ATTUD is an organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user.

Network of professionals with the clinical skills and background to provide evidence-based treatment for tobacco dependence.

Supportive infrastructure for all professionals interested in the treatment of tobacco dependence.

attud.org
The critical importance of including treatment comprehensively into tobacco control, community health initiatives, and the entire healthcare delivery system

Recognizing evidence-based treatments

The different ways treatment can and should be effectively delivered

How best to partner with the healthcare systems

Resources
435,000 Deaths

3 Fully Loaded 747s Crashing and Burning with No Survivors Every Day for One Year
Smoking-Attributable Mortality, 1997-2001

Number of average annual deaths

<table>
<thead>
<tr>
<th>Category</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>437,902</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>158,529</td>
</tr>
<tr>
<td>Cardiovascular diseases</td>
<td>131,502</td>
</tr>
<tr>
<td>Respiratory disease</td>
<td>101,454</td>
</tr>
<tr>
<td>Perinatal conditions</td>
<td>910</td>
</tr>
<tr>
<td>Environmental Tobacco Smoke</td>
<td>718</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>818</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>38,112</td>
</tr>
<tr>
<td>Total</td>
<td>35,952</td>
</tr>
</tbody>
</table>

CDC, 2005
We've come a long way, baby!

Know your Doctor
Copyright, 1947, By R.J. Reynolds Tobacco Company

He's one of the busiest men...
Treatment for Tobacco Dependence

Gold Standard in Preventative Services
Impact, effectiveness, cost-effectiveness

- Rapid improvements in functioning
- Money saved
- Quality of life
- Freedom from addiction
The Cycle of Nicotine Addiction

- The half-life of nicotine is only 2 hours. This along with its rapid clearance from the CNS results in withdrawal symptoms occurring quickly. Withdrawal symptoms, combined with cravings for tobacco, result in relapses that reinforce the reward and satisfaction from nicotine- starting the addiction cycle over again.

<table>
<thead>
<tr>
<th>Nicotine Withdrawal Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td>Restlessness</td>
</tr>
<tr>
<td>Depressed mood</td>
</tr>
<tr>
<td>Anxiety</td>
</tr>
<tr>
<td>Insomnia</td>
</tr>
<tr>
<td>Increased appetite</td>
</tr>
<tr>
<td>Decreased heart rate</td>
</tr>
</tbody>
</table>

- Nicotine used for pleasure, enhanced performance, mood regulation

- +

- Nicotine used to self-medicate withdrawal symptoms and used for pleasure, enhanced performance, mood regulation

- Tolerance and physical dependence (cravings)

- Abstinence produces withdrawal symptoms

70% of adult smokers would like to quit...

40-50% of smokers will try to quit each year...

Current National Quit Rate 2-4%
Current Smoking among Adults
United States, 2000

The map shows the percentage of adults currently smoking in each state. The states are color-coded as follows:

- Blue: < 20.0%
- Green: 20.1 - 25.0%
- Pink: > 25.1%

States with the highest percentage of current smokers are primarily located in the southeastern and southern regions of the United States.
Current Smoking among Adults
United States, 2006
Trends in cigarette smoking: 1990-2006
A flattening of the decline in prevalence

1965-2006 National Health Interview Surveys (NCHS, CDC).
Hardening of the Target

- Those who can quit more easily do so in response to environmental and/or educational public health efforts

- Decrease in prevalence has slowed

- Smoking is now associated with
  - Fewer personal resources
    - Lower Income
    - Lower Education
    - Less Access
  - Depression, Anxiety Disorders
  - Severe Psychopathology
  - Substance Dependence
  - Childhood Disorders
Treatment is Serious Business

- Evidence-based treatments exist but are not widely disseminated

Good results requires *much more than*

- Providing education
- Willpower
- Waiting for smoker to be “ready”

Best results

- Combine multiple sessions of counseling and medication
- Collaboratively address relapse
- Promote recycling as needed
Treatment Intensity

Intensive treatment can be delivered in multiple formats
• Group sessions
• Telephone counseling
• Individual face-to-face

Components of intensive treatment include:
• Multiple contacts
• Behavioral counseling
• Decision support for medications, including extended use and combined medications
A Dose Response Relationship for Counseling: Efficacy Increases with Time

<table>
<thead>
<tr>
<th>Total amount of contact time</th>
<th>Odds ratio (95% CI)</th>
<th>Estimated abstinence rates (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No minutes</td>
<td>1.0</td>
<td>11.0</td>
</tr>
<tr>
<td>1-3 minutes</td>
<td>1.4 (1.1, 1.8)</td>
<td>14.4 (11.3, 17.5)</td>
</tr>
<tr>
<td>4-30 minutes</td>
<td>1.9 (1.5, 2.3)</td>
<td>18.8 (15.6, 22.0)</td>
</tr>
<tr>
<td>31-90 minutes</td>
<td>3.0 (2.3, 3.8)</td>
<td>26.5 (21.5, 31.4)</td>
</tr>
<tr>
<td>91-300 minutes</td>
<td>3.2 (2.3, 4.8)</td>
<td>28.4 (21.3, 35.5)</td>
</tr>
<tr>
<td>&gt; 300 minutes</td>
<td>2.8 (2.0, 3.9)</td>
<td>25.5 (19.2, 31.7)</td>
</tr>
</tbody>
</table>
## Efficacy Increases with Number of Sessions

<table>
<thead>
<tr>
<th>Total amount of sessions</th>
<th>Odds ratio (95% CI)</th>
<th>Estimated abstinence rates (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 sessions</td>
<td>1.0</td>
<td>12.4</td>
</tr>
<tr>
<td>2-3 sessions</td>
<td>1.4 (1.1, 1.7)</td>
<td>16.4 (13.7, 19.0)</td>
</tr>
<tr>
<td>4-8 sessions</td>
<td>1.9 (1.8, 2.2)</td>
<td>20.9 (18.1, 23.8)</td>
</tr>
<tr>
<td>&gt; 8 sessions</td>
<td>2.3 (2.1, 3.0)</td>
<td>24.7 (21.0, 29.4)</td>
</tr>
</tbody>
</table>
Advantages of Behavioral Counseling

An analysis by Hughes demonstrated that the most effective treatment for smoking cessation includes both pharmacologic and behavioral therapy.

- Behavior therapy is not essential to medication success, but it does increase quit rates

Smoking Cessation Success Rates Based on an Analysis Comparing the Effect of Various Levels of Behavioral Therapy and Pharmacotherapy

<table>
<thead>
<tr>
<th>Medication Status</th>
<th>Behavioral Therapy Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Therapy</td>
</tr>
<tr>
<td>Medication</td>
<td>10%</td>
</tr>
<tr>
<td>No Medication or Placebo</td>
<td>5%</td>
</tr>
</tbody>
</table>

Adapted from Hughes

Note: Only NRT and bupropion SR were examined in this publication.

* Brief therapy is defined as 2-3 minutes of intervention, whereas intense therapy would last greater than 10 minutes

Cost Effectiveness

- Cheaper is not always less expensive – sometimes it is just cheap!

- Intensive is defined by treatment components rather than treatment modality

- More intensive treatment is cost effective

  - **Oregon QL RCT: n=4,500** (Hollis et al, 2007)
Pharmacotherapy
Give Patient a Menu of Covered Options

Over-the-Counter Medications

Prescription Medications
Trends in the Use of Treatment Medications

- Higher Doses
- Longer Clinical Treatment
- Combination Treatment
A Menu of Services is Needed

Offer a range of intensities that maximize reach and effectiveness

- Self-Help
- Brief Treatment from Health Care Providers
- Telephone Treatment
- Group and Individual Treatment
Partnering with the Healthcare System

Telephone-based Treatment

Fax Back Tracking Referral And Follow-up

Employee and Community Healthcare

Face-to-face Treatment

Private Healthcare Providers
Cigarette-Caused Deaths
Policy Choices for the Next 50 Years

Cumulative Deaths (in millions)

Present Trend
Reduce Initiation
Reduce Use and Initiation
Relapse after effective treatment for asthma, diabetes, or hypertension seen as evidence for treatment effectiveness.

Relapse after treatment for tobacco dependence is seen as evidence of treatment failure!

We must change the way we look at this disease.
Conclusions

- Treat tobacco dependence as a chronic illness
- Educate patients about true nature of tobacco dependence and refer to appropriate treatment
- Establish systems changes to support chronic disease management
  - Consistent screening
  - Medication management
  - Treatment integrated into health-care system
  - Ongoing monitoring and recycling into more intensive treatment as needed
  - Appropriate coverage
  - Eliminate out-of-pocket expenses
Summary

- Current treatments for tobacco dependence are needed
- Current treatments for tobacco dependence are effective
- A range of treatment options are needed
- All evidence-based treatments are under-utilized
- Broad-scale dissemination is feasible
- Effective training programs are available
- Widespread public acceptance will require strong, regular public health messages encouraging tobacco users to seek professional support when needed
Action Steps

Current treatments for tobacco dependence are needed

- Review your treatment options
- Do you offer a range of treatment options? Are you offering an intensive option? Phone? Face to face?
- Are FDA approved meds covered?
- Are you providing treatment regardless of readiness to quit?

All evidence-based treatments are under-utilized

- What % tobacco users are enrolling in services?
- Are you offering low cost/no cost pharmacotherapy?
- How is treatment adherence?
- Are insurers fully covering treatment?
Action Steps (cont.)

Broad-scale dissemination is feasible

- How effective is the reach of your treatment offerings?
- Is tx integrated into MH/SA settings?

Effective training programs are available

- Are your providers trained to ATTUD Core Competencies? (we can help! www.attud.org)

Widespread public acceptance will require strong, regular public health messages encouraging tobacco users to seek professional support when needed

- Are you spending enough on paid promotion?
- Have you analyzed what works in driving tobacco users to your services?
ATTUD is an organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user.

**ATTUD members can assist you in determining if**

- Treatment is evidence-based
- Providers are competent
- Training programs are effective
- Providers are certified