

Population-level Strategies to Prevent and Reduce Tobacco Use – Success and Challenge

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Learning objectives

Participants will understand:

1. Review best practices for broad-based prevention and promotion of tobacco use cessation.
2. Discuss current and historical view of cigarette use in NYS focusing on the promise of generational change.
3. Describe use of other tobacco products by youth
4. Explain the need for aggressive tobacco dependence treatment within the healthcare setting.

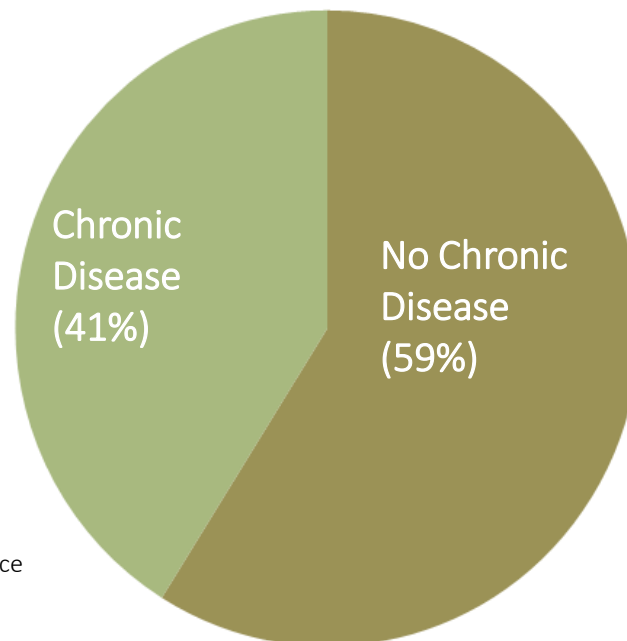
Disclosure statement: I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, and/or other corporations whose products or services are related to pertinent therapeutic areas.

Chronic Disease in New York State

More than 40% of New Yorkers suffer from a chronic disease such as arthritis, asthma, stroke, heart disease, diabetes, or cancer.



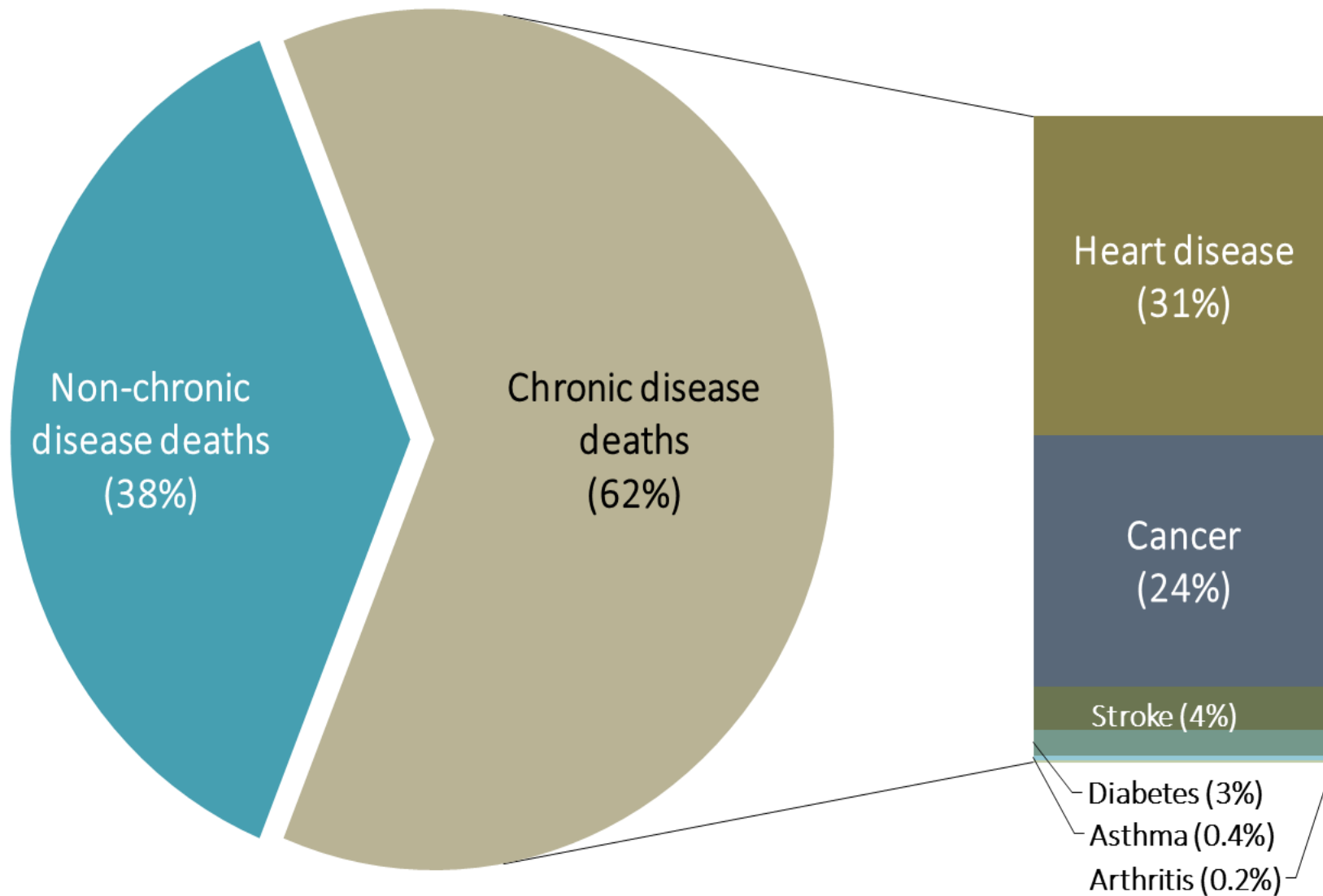
These diseases are largely preventable.



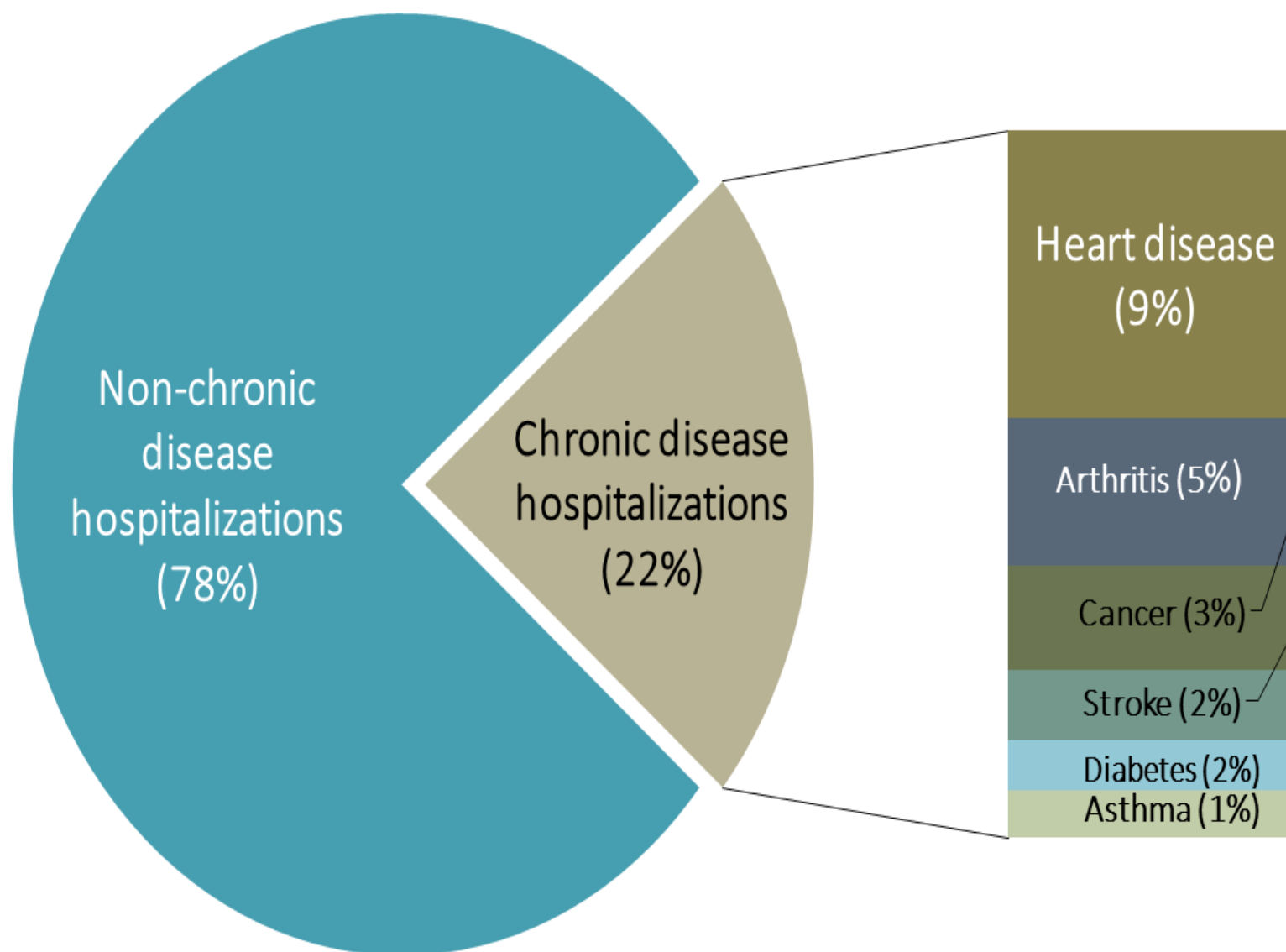
Chronic diseases are responsible for approximately 60% of deaths and 22% of hospitalizations in NYS.



Causes of Death in NYS, 2010



Hospitalizations in NYS, 2011



Source: Statewide Planning and Research Cooperative System (SPARCS), 2011

Rates of chronic disease and mortality are disproportionately high among vulnerable populations.

CDC
estimates:

- 80% of heart disease and stroke
- 80% of type 2 diabetes
- 40% of cancer cases

Could be
prevented
if
Americans:

- Stop smoking
- Eat healthy
- Get moving



Tobacco Use Prevention and Control

Tobacco Control Program established in 1999 following MSA.

Comprehensive Tobacco Control based on CDC Best Practices.

Comprised of:

- Community Action
- Health Systems Interventions
- Telephone Quitline
- Health Communications – Paid and earned media
- Evaluation

Program Focus

Strong Population-level Policy and Systems Change Approach

- Clean Indoor Air Act
- Maintain High Cost of Tobacco Products
- Medicaid Coverage for Tobacco Dependence Treatment

Well-funded TCP

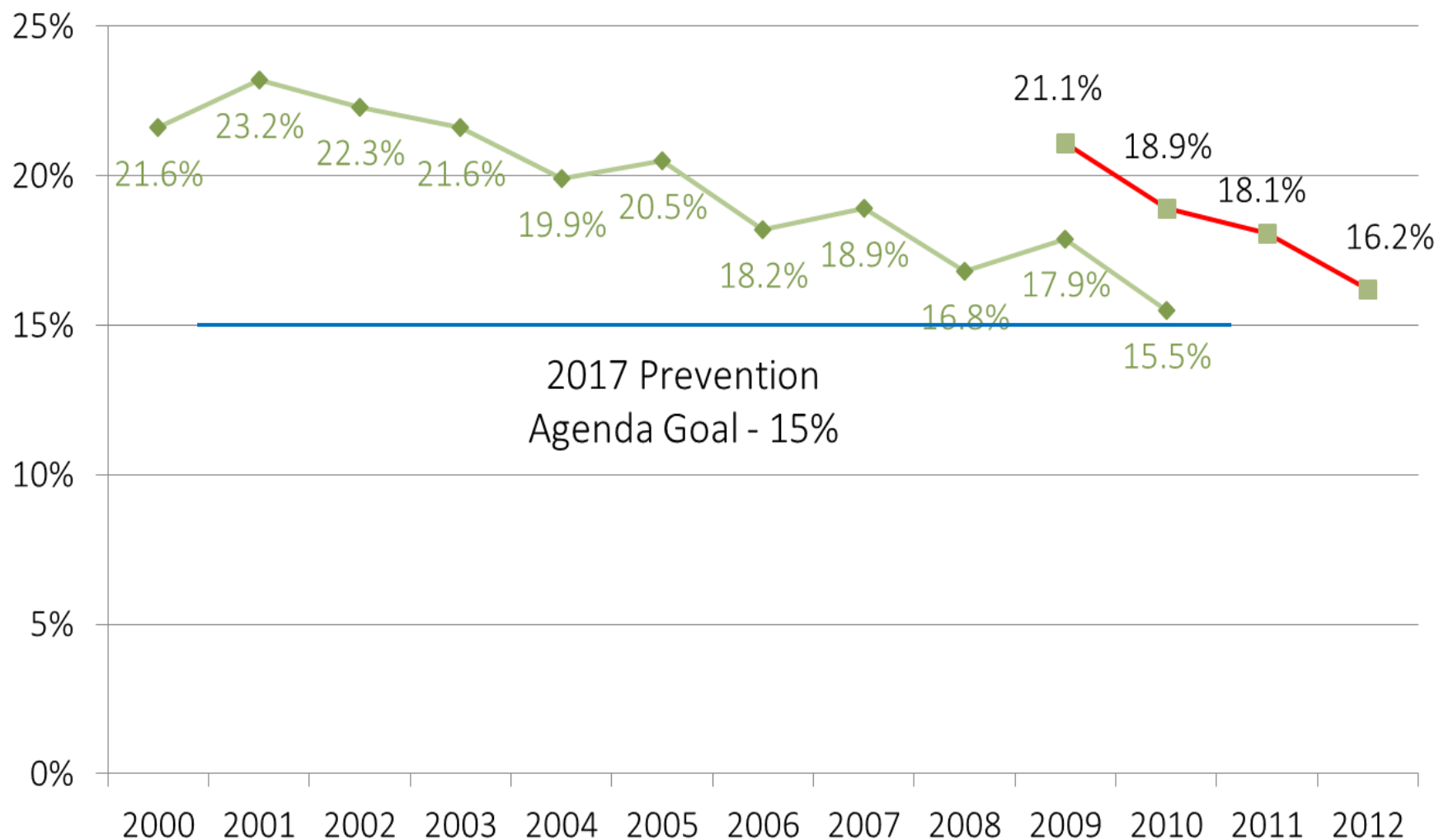
- Strong Media Presence
- Strong Community Presence
- Strong Evaluation/Feedback System

Key Trends in Tobacco control

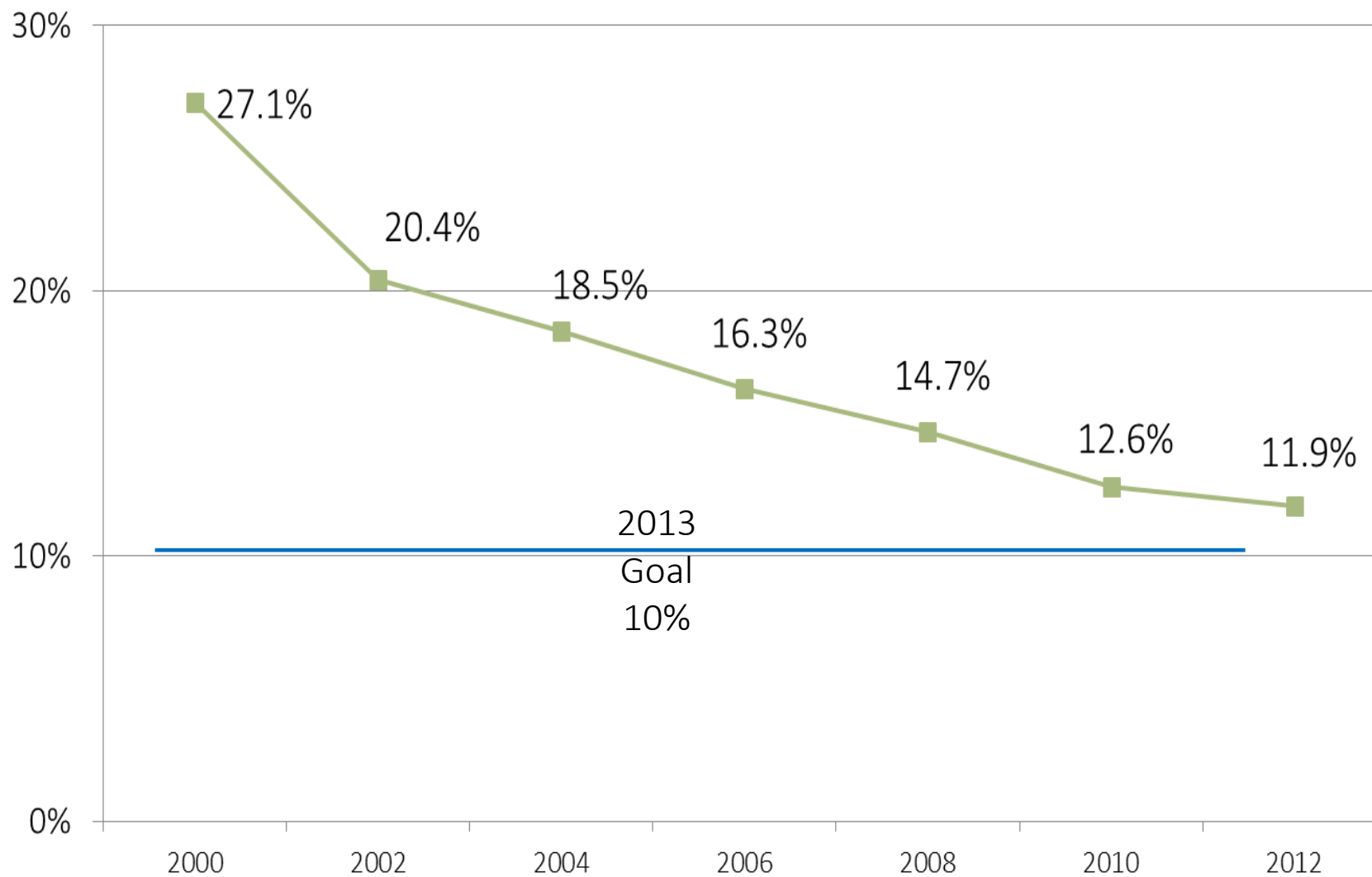
What Has Been Accomplished?

A LOT!

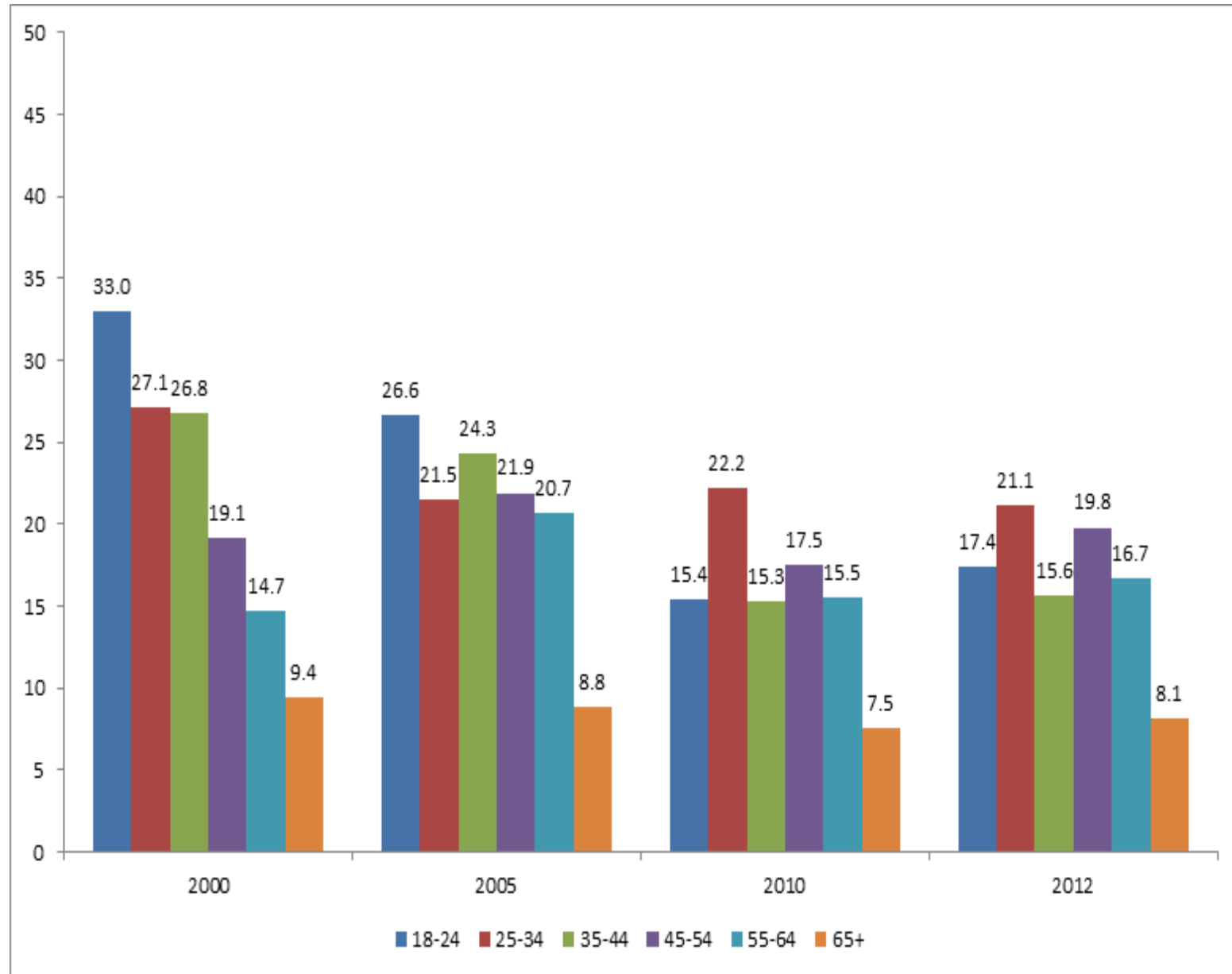
PERCENTAGE OF NEW YORK ADULTS WHO CURRENTLY SMOKE, BRFSS 2000-2012



PERCENTAGE OF NEW YORK HIGH SCHOOL STUDENTS WHO CURRENTLY SMOKE YTS 2000-2012



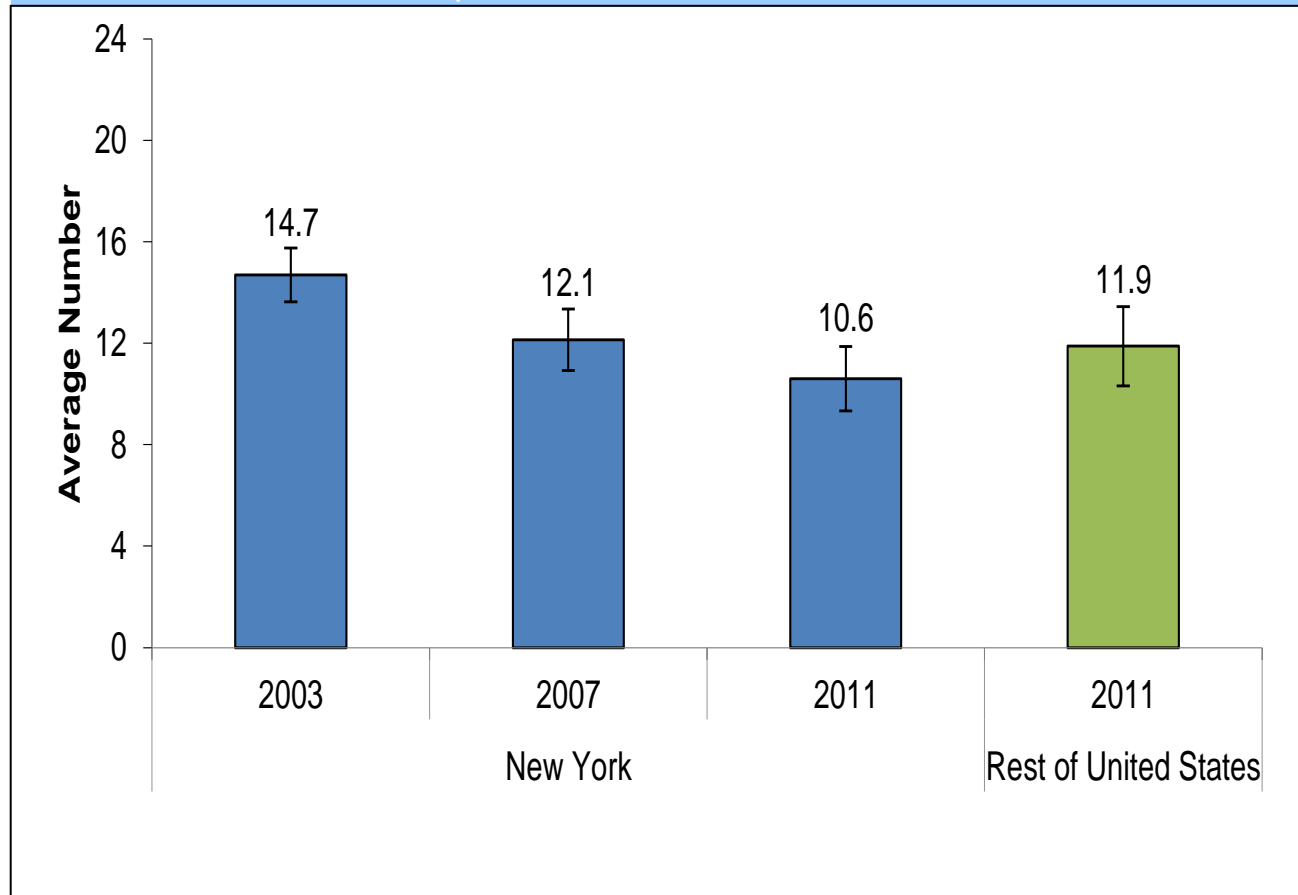
Adult Smoking Prevalence by Age Group



Source: Behavioral Risk Factor Surveillance System

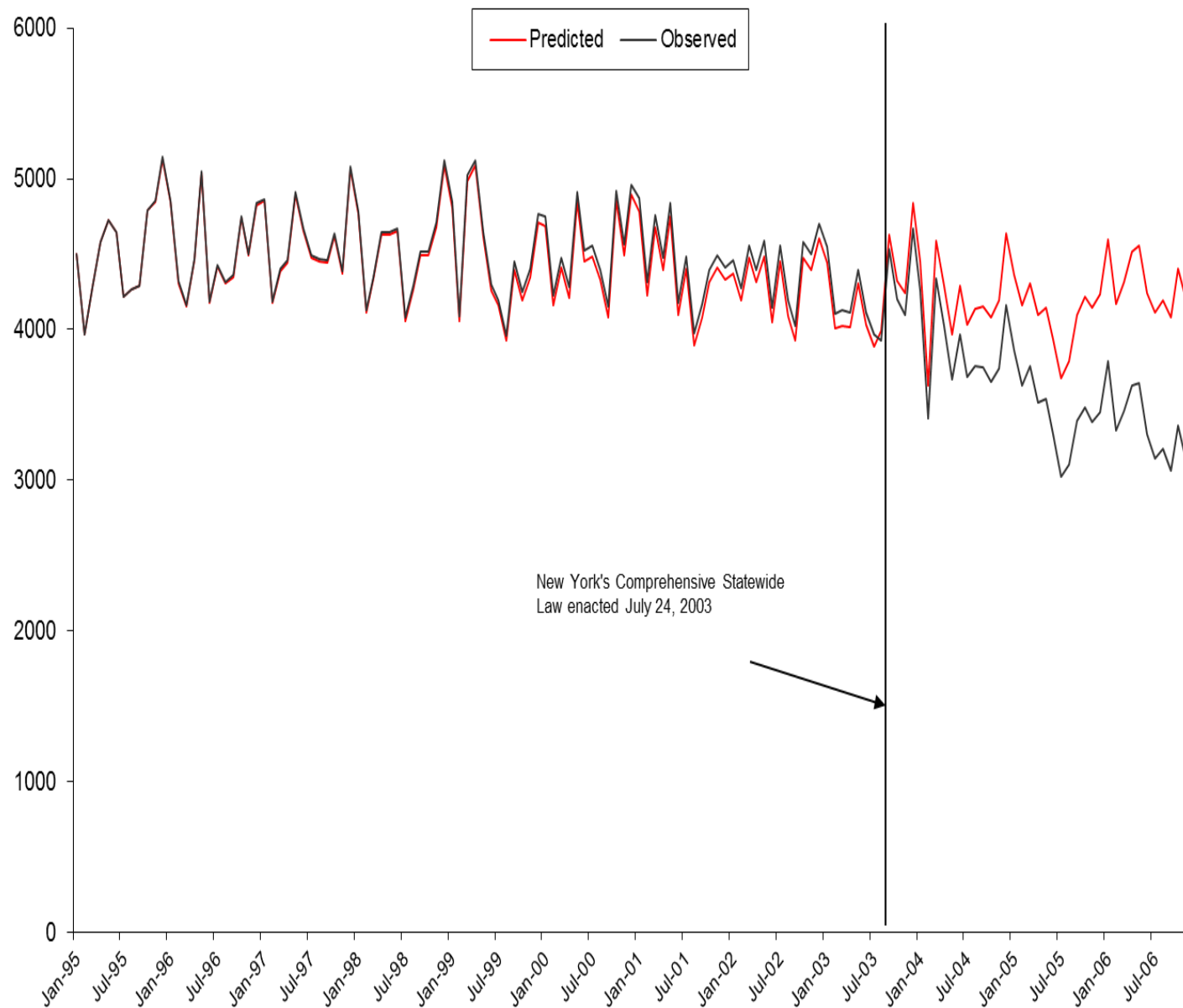
Average Daily Cigarette Consumption by Current Smokers

ATS 2003-2011, NATS 2011



Note: Statistically significant difference between 2003 and 2007 and between 2003 and 2011 among New York adult smokers.

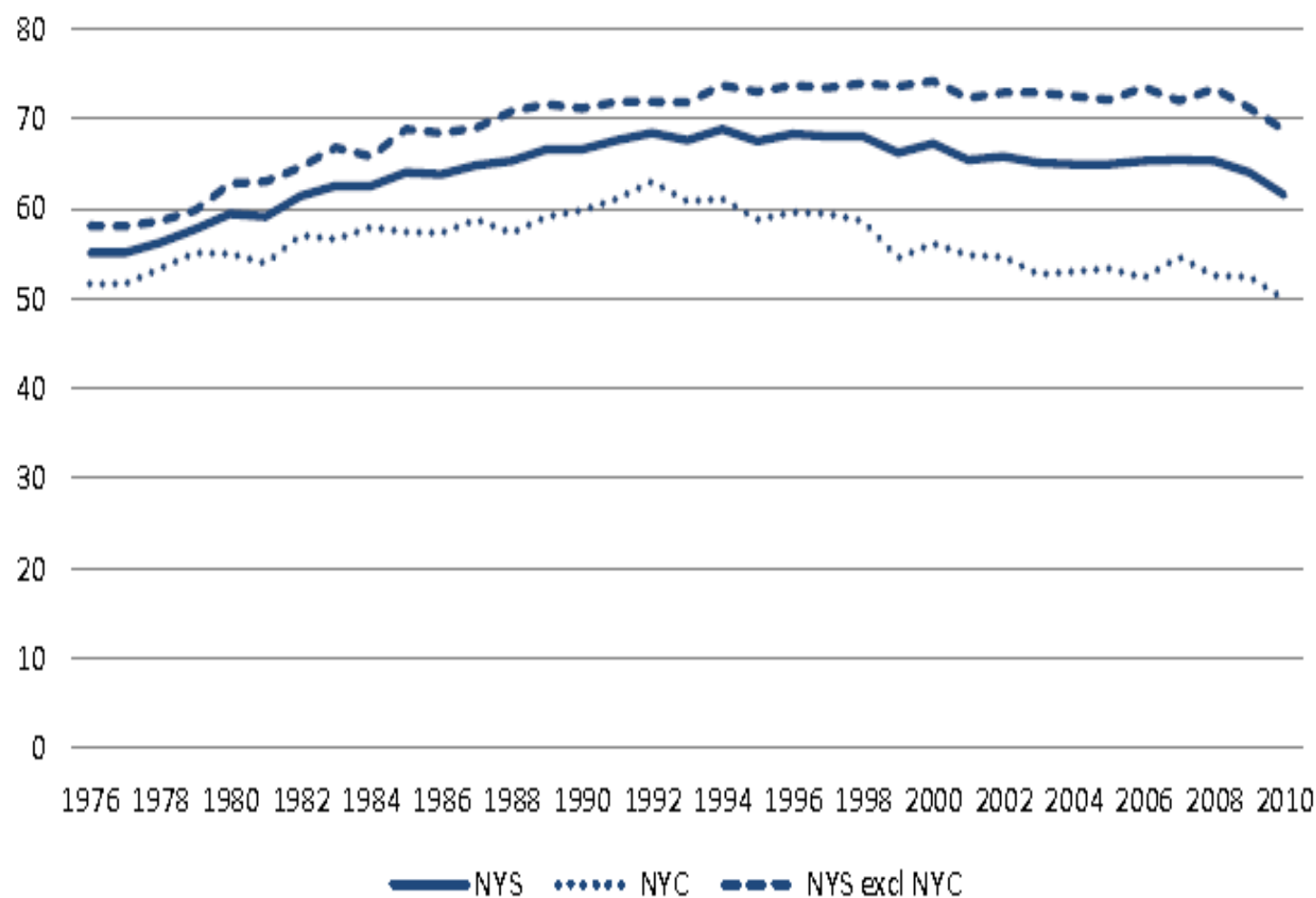
Observed and predicted admissions for acute myocardial infarction as a function of a statewide comprehensive smoking ban: New York, 1995-2006



Source: Juster, H. R., Loomis, B. R., Hinman, T. M., et al. (2007). Declines in hospital admissions for Acute Myocardial Infarction in New York following implementation of a statewide comprehensive smoking ban. *American Journal of Public Health*, 97(11), 2035-2039.

Figure 6b. Time trend in incidence of selected smoking-related cancers in New York State, New York City, and New York State exclusive of New York City, 1976-2010

Cancer of the lung



Source of data: New York State Cancer Registry

Continued Burden

There are still 2.4 million adult smokers in New York.

- 330,000 of them are young adults.

100,000 high school age youth smoked a cigarette in the last 30 days.

- 4 percent smoked on 20 or more days in the past month.

Economic Costs of tobacco related chronic disease are staggering.

- \$8.2 billion are tobacco related health care costs annually.
- \$2.7 billion are Medicaid costs borne by the state.

Trends in Smoking by Demographic Groups

Group	2003–2004	2009–2010	Relative % Change
Overall	20.8%	16.7%	–20%
Race/Ethnicity			
White	21.5%	17.2%	–20%
African American	23.3%	17.2%	–26%
Hispanic	18.3%	16.3%	–11%
Education			
< High school	27.5%	25.5%	–7%
High school or GED	27.0%	22.1%	–18%
Some college	21.9%	20.1%	–8%
College graduate or higher degree	12.5%	9.4%	–25%

Bold font signifies a statistically significant change

Trends in Smoking by Demographic Groups

Group	2003–2004	2009–2010	Relative % Change
Income			
Less than \$25,000	26.9%	24.3%	–10%
\$25,000–\$49,999	23.2%	19.7%	–15%
\$50,000–\$74,999	20.1%	16.3%	–19%
\$75,000 and more	14.3%	11.6%	–19%
Mental Health in Past Month			
Good	19.2%	15.2%	–21%
Not good	35.6%	30.9%	–13%

Bold font signifies a statistically significant change

NYS DOH Prevention Agenda for 2013 to 2017 focus on tobacco.

2.1 Prevent Initiation

2.2 Promote Cessation

2.3 Eliminate Exposure to Secondhand Smoke

Health Systems Change and the “Analogy of the Mole”



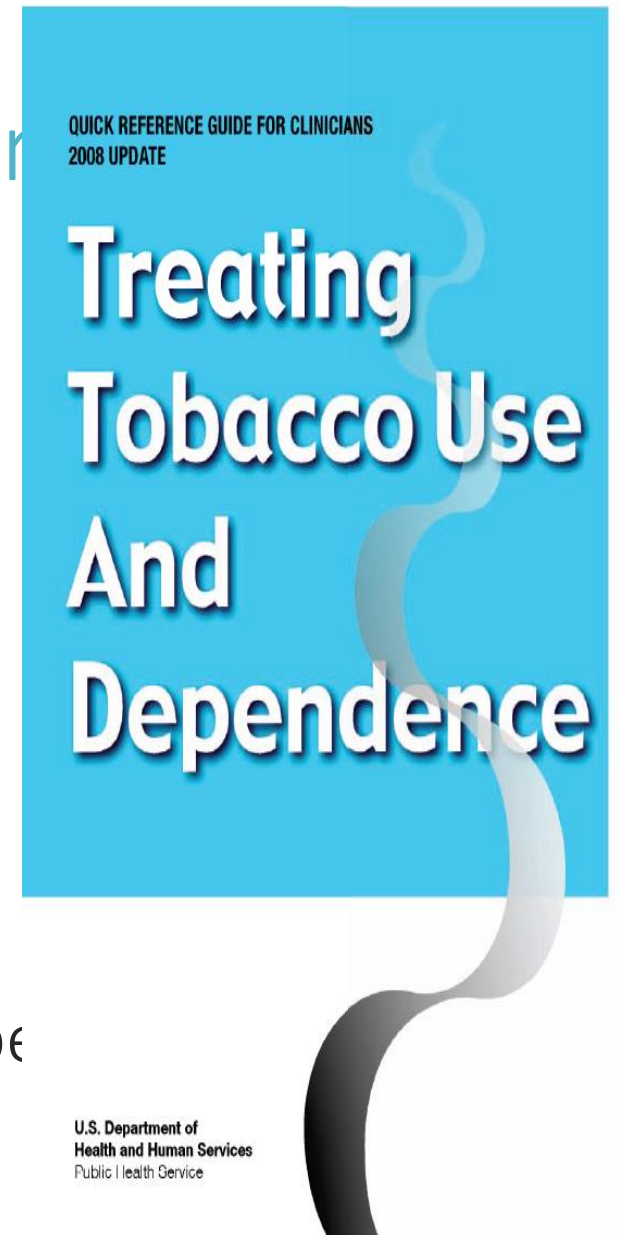
TCP Health Systems Strategies

RFA – Health Systems for a Tobacco Free New York

PHS Clinical Guidelines for Tobacco Dependence Treatment Systems Strategies

- 1 Tobacco User Identification System
- 2 Training, resources, and feedback to ensure delivery of effective treatments
- 3 Tobacco care coordination and performance evaluations
- 4 Hospital policies that support and provide tobacco dependence services
- 5 Effective tobacco dependence treatments are widely available (counseling and approved medications) as covered services.

Evidence Based Tobacco Use Inter



What constitutes Aggressive Care?

For the Patient Willing to Quit:

Ask, Advise, Assess, Assist, Arrange

For the Patient Unwilling to Quit:

Relevance, Risks, Rewards, Roadblocks, Repetition

Assist = Medication

Nicotine Replacement Therapies

Nicotine Gum

Nicotine Patch

Nicotine Inhaler

Nicotine Lozenge

Nicotine Nasal Spray

Prescription Medications

Bupropion SR

Varenicline

Assist = Counseling

Counseling Motivational Interviewing (5 Rs)

Brief Counseling

Increasing Social Support

Problem Solving/Skills Training

Behavioral Techniques – Aversive Smoking and Rapid Smoking

Combining Counseling with Medications is particularly effective. The more sessions the better.

Assist = Referral

Referral to dedicated tobacco dependence treatment specialist

Referral to NYS Smokers' Quitline (1-866-NYQUITS)

Arrange follow-up visits

Prepare to Treat and ReTreat

Nicotine Addiction/Dependence

Relapse

- Nicotine dependence is a chronic condition that usually requires repeated interventions
- On average, smokers make between 8-11 quit attempts before successfully quitting
- Most untreated smokers relapse within eight days after trying to quit
 - 24-51% are abstinent at one week
 - 15-28% are abstinent at one month
 - 10-20% are abstinent at 3 months

Challenges

Use of other tobacco products by youth

- Smokeless tobacco products
- Waterpipes/hookah

Non-tobacco nicotine delivery devices

- Are electronic-cigarettes boon or bane?

References

PHS Quick Reference Guide for Clinicians (2008 Update) Treating Tobacco Use and Dependence

<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/reference/tobaqrg.pdf>

PHS Treating Tobacco Use and Dependence Clinical Practice Guideline (2008 Update)

<http://www.ncbi.nlm.nih.gov/books/NBK63952/>

Thank You



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