



Tobacco Dependence: The Other Chronic Disease

Tobacco use is a leading cause of preventable deaths, contributing to over 435,000 annual deaths in the U.S. and numerous health complications like cancer, heart disease, and COPD. Tobacco dependence is a chronic disorder, with most users cycling through periods of remission and relapse. Despite these health dangers and the public's awareness of those dangers, tobacco use remains. Furthermore, even with the tragic consequences of tobacco use widely known, clinicians and health care systems often fail to treat it consistently and effectively. Tobacco dependence is a chronic disease. A chronic disease model for tobacco treatment emphasizes for clinicians the importance of continued patient education, counseling, and advice over time every time the patient is seen. Although most clinicians are comfortable in counseling their patients about other chronic diseases such as diabetes, hypertension, or hyperlipidemia, tobacco cessation is a bit different.¹

Tobacco Use Rates

Indiana's smoking rate of 16.2% among adults is above the US median of 14.0% according to the 2022 Behavioral Risk Factor Surveillance System (BRFSS). Individuals with lower levels of education and household income reported smoking at significantly higher rates than those with higher education and household income. Individuals with mental health issues also report higher smoking rates.²

Chronic Mental Disease

As with other chronic disorders, clinicians need to discuss tobacco use regularly to provide tobacco-dependent patients with brief advice, counseling, and FDA-approved medication. It is important for clinicians to understand that assessing and treating tobacco use leads to greater patient satisfaction with health care.¹

Tobacco dependence is a chronic mental disease, categorized as such in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5). According to the DSM-5, the disorder is defined by at least two of the following criteria occurring within a 12-month period:³

- An inability to stop using tobacco
- An unsuccessful effort to cut down or control tobacco use
- Craving tobacco

- A great deal of time spent obtaining, using, and recovering from tobacco use
- Failure to fulfill significant role obligations at work, school, or home due to tobacco use
- Continued use of tobacco despite having social or interpersonal problems caused or made worse by the use

Clinical Practice Guidelines

“In order to change tobacco use rates it is imperative that health care systems address tobacco dependence as advised by the U.S. Public Health Service Clinical Practice Guidelines, Treating Tobacco Use and Dependence 2008 Update.”¹

The following statements are ten key recommendations from the Clinical Practice Guidelines. The overarching goal of these recommendations is that clinicians strongly recommend the use of effective tobacco dependence counseling and medication treatments to their patients who use tobacco, and that health systems, insurers, and purchasers assist clinicians in making such effective treatments available.¹

1. Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. Effective treatments exist, however, that can significantly increase long-term abstinence.

2. It is essential that clinicians and health care delivery systems consistently identify, and document tobacco use status and treat every tobacco user seen in a health care setting.

3. Tobacco dependence treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt to use the counseling treatments and medications recommended in the Clinical Practice Guideline.

4. Brief tobacco dependence treatment is effective. Clinicians should offer every patient who uses tobacco at least the brief treatments shown to be effective in the Clinical Practice Guideline.

5. Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity. Two components of counseling are especially effective, and clinicians should use these when counseling patients making a quit attempt:

- Practical counseling (problem solving/skills training)
- Social support delivered as part of treatment

6. Numerous effective medications are available for tobacco dependence, and clinicians should encourage their use by all patients attempting to quit smoking—

except when medically contraindicated or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers, and adolescents). Seven first-line medications (5 nicotine and 2 non-nicotine) reliably increase long-term smoking abstinence rates. Consideration should be given to the use of certain combinations of medications identified as effective in the Clinical Practice Guideline.

7. Counseling and medication are effective when used by themselves for treating tobacco dependence. The combination of counseling and medication, however, is more effective than either alone. Thus, clinicians should encourage all individuals making a quit attempt to use both counseling and medication.

8. Telephone quit line counseling is effective with diverse populations and has broad reach. Therefore, both clinicians and health care delivery systems should ensure patient access to quit lines and promote quit line use.

9. If a tobacco user currently is unwilling to make a quit attempt, clinicians should use the motivational treatments shown in the Clinical Practice Guideline to be effective in increasing future quit attempts.

10. Tobacco dependence treatments are both clinically effective and highly cost-effective relative to interventions for other clinical disorders. Providing coverage for these treatments increases quit rates. Insurers and purchasers should ensure that all insurance plans include the counseling and medication identified as effective in the Clinical Practice Guideline as covered benefits.

Local and international studies have identified common barriers to implementing evidence-based recommendations for tobacco treatment and interventions, such as lack of Health Care Providers (HCP) knowledge and skills, time constraints, clinician attitudes, beliefs and practice norms, and a lack of incentives, among others. ⁴

Health Systems Change

Health Systems Change (HSC) describes specific strategies that health care administrators, managed care organizations, and purchasers of health plans can implement to treat tobacco dependence. These strategies include designing and implementing a tobacco-user identification system; staff training, Tobacco Treatment Specialists (TTS) training for interested personnel, tobacco treatment resources, and feedback; dedicating staff to provide tobacco dependence treatments and assessing delivery of treatment in staff performance evaluations; and promoting hospital policies that support and provide tobacco dependence services. ⁵

The Indiana Department of Health (IDOH), Tobacco Prevention and Cessation (TPC) has funded Health Systems Change partnerships. These partnerships help build the capacity of Indiana health systems to make positive change with tobacco use, specifically supporting the integration of tobacco dependence treatment within health systems Electronic Health Records (EHR). Implementing systems change initiatives and strategies creates sustainable, integrated solutions at the organizational level that support clinicians and health systems to address tobacco use routinely. Health Systems Change partners offer technical assistance/services targeting the following focus areas: ⁶

1. Implementing Best Practices for Tobacco Dependence Treatment - Care Coordination
2. Quality Improvement
3. Utilization of Electronic Health Record (EHR) System

“According to the U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update, systems change leads to improvements or modifications in the way health care systems operate to enhance or improve clinician interventions and to integrate tobacco into health care delivery using various strategies. Strategies may include:”¹

- Developing processes to ensure that tobacco dependence treatment, and its documentation, is fully integrated into care delivery and sustained over time
- Implementing quality improvement processes to enable integration of tobacco dependence treatment best practices into routine care
- Demonstrating meaningful use of the EHR system.

Opportunity exists within the healthcare sector to explore and implement these strategies. These partnerships work to lay the foundation for future systems’ change efforts and build support and knowledge focused on systems change and quality improvement in Indiana. TPC’s vision is to replicate and share lessons learned to continue informing our work and build capacity within health systems to consistently offer best practices in treating tobacco use and dependence. ⁷ Indiana Rural Health Association (IRHA) is a Health Systems Change partner. IRHA is conducting outreach to all Critical Access Hospitals (CAH), Rural Health Clinics (RHC), and county health departments across the state of Indiana. This outreach includes information and education on Healthy Systems Change and the Clinical Practice Guidelines. IRHA is working to aid healthcare systems to address tobacco dependence systematically.

Treating tobacco dependence requires a long-term, systematic approach similar to managing other chronic diseases. Effective interventions, like counseling and medication, can significantly improve long-term abstinence rates. Successful implementation of

tobacco dependence treatment strategies requires health systems to adopt organizational changes that support evidence-based treatments. By integrating tobacco dependence treatment into healthcare delivery, systems can improve patient satisfaction and health outcomes. Expanding partnerships and systems change initiatives is crucial for continuing progress in tobacco dependence treatment efforts across Indiana. Sharing lessons learned from these initiatives builds capacity within healthcare systems for sustainable tobacco treatment.

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