Tobacco Use Reduction in People Living with HIV:
A Systems and Collaborative Approach to Saving Lives

Transforming Care Conference, October 20-21, 2016
Columbus, OH
Presenters

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Objectives

- Understand tobacco industry strategies to target specific populations
- Increase knowledge and behaviors of tobacco use among people living with HIV (PLWH)
- Increase awareness of the Tobacco Use Reduction in PLWH Pilot Project
- Gain knowledge of implementation, tools and resources from the field
Tobacco kills more people in Michigan * than AIDS, alcohol, auto accidents, cocaine, heroin, murders and suicides - combined.

* Source: MDHHS Vital Statistic and CDC-Smoking Attributable Mortality, Morbidity and Economic Costs- 2013
Adult Smoking Prevalence in Michigan compared to USA (BRFSS 2000-2014)

- Increased Price of cigarette
- New BRFSS Weighting

Year: 2000 - 2014

Michigan:
- 2000: 24.0
- 2001: 26.1
- 2002: 24.1
- 2003: 25.8
- 2004: 23.4
- 2005: 21.9
- 2006: 22.1
- 2007: 21.1
- 2008: 20.5
- 2009: 20.2
- 2010: 19.8
- 2011: 21.2
- 2012: 21.4
- 2013: 21.2
- 2014: 18.1

USA:
- 2000: 23.2
- 2001: 22.9
- 2002: 23.1
- 2003: 22
- 2004: 20.8
- 2005: 20.5
- 2006: 20
- 2007: 19.7
- 2008: 19.6
- 2009: 19.2
- 2010: 18.9
- 2011: 19.6
- 2012: 19.2
- 2013: 18.1
**Adult Current Smoking Rates by Population Disproportionately Impacted by Tobacco Use in Michigan, 2015 Behavioral Risk Factor Survey**

- **HIV-positive person***: 50%
- **Low SES**: 46.8%
- **Native American**: 43.8%
- **With poor Mental Health**: 38%
- **LGBT**: 35.9%
- **Uninsured**: 34.9%
- **Arab American ****: 32.6%
- **With disability**: 27%
- **African American**: 25.9%
- **White**: 19.9%
- **Hispanic**: 19.3%

*HIV Client Survey 2015
** Arab & Chaldean American Survey 2009
The Tobacco Industry Targets Specific Populations

Everything you need to know and more ...
Targeting the Military
Targeting Women

Campaign for Tobacco Free Kids Ad Gallery
Targeting African Americans
stir the senses
Targeting the LGBTQ Community
Another Philip Morris brand, L&M ad published in European magazines, 2001
freedom.to speak.
to choose. to marry.
to participate. to be.
to disagree. to inhale.
to believe. to love.
to live. it's all good.

the people of santa fe natural
tobacco company

No additives in our tobacco
does NOT mean a safer cigarette.

SURGEON GENERAL'S WARNING: Smoking
By Pregnant Women May Result in Fetal
Injury, Premature Birth, And Low Birth Weight.

www.nascigs.com

American Spirit® is a registered trademark of Santa Fe Natural Tobacco Company
Effects of Cigarettes on PLWH

- Quicker progression to HIV Stage 3
- Interferes with liver’s processing of medications
- Increases likelihood of complications from medications
- Lower individual’s perceived quality of life
PLWH Smokers Want to Quit

- 72% of HIV positive smokers have tried to quit
- 63% are currently thinking of quitting
Barriers to Stop Smoking for PLWH

- Lack of client knowledge
- Not asked about tobacco use
- Lack of provider tools
- Co-morbidity
- Tobacco industry - policy
Project Background

- Partnership
  - Approached State HIV Care Section with problem & concept

- Implementation Goals
  - Long term – Reduce smoking rate
  - Mid-term - Increase # of tobacco quit attempts
  - Short term – AIDS Service Organizations (ASOs) use tobacco clinical practice guidelines
Project Timeline

Yr. 1 2015
- Assess staff, Survey clients
- Train ASO providers

Yr. 2 2016
- Train ASO providers
- Deliver Intervention

Yr. 3 2017
- Continue Intervention
- Assess staff, Survey clients

Yr. 4 2018
- Detroit expansion
- Continue Intervention
Contractor Locations

AIDS Service Organizations

LGBT Organizations
Assessment Surveys

Timing of Assessment Survey

- When a new project is just starting out
- When we need to convince funders or supporters of priority problems

Reason for Assessment

- Assess ASO staff needs
- Greater detailed information from a larger and more representative group of people
- More honest and objective description of needs
- Become aware of possible training needs
- Wider staff support for the actions and work plans to be implemented
ASO Staff Assessment

- A total of 108 staff participated in this survey.
- Staff with higher education level smoke less (11.8%) than those with lower education (28%).
- Clinicians smoke less (10.6%) than non-clinicians staff (26.2%).
- African American staff smoke more (25%) than white staff (8.3%).
To what degree has smoking cessation and counseling been a part of your agency's priorities?

- High priority: 19%
- Medium: 44%
- No priority: 37%
Do you believe lack of tobacco treatment training is a barrier to support smoking cessation?

- Yes: 82%
- No: 10%
- Do not know: 8%
Priority for Staff on using "Tobacco Dependence Treatment" to their patients by their smoking status

- Current Smoker:
  - Priority for tobacco use treatment: 33%
  - No Priority: 67%

- Never smoker:
  - Priority for tobacco use treatment: 76%
  - No Priority: 24%
ASO Training & Education

- Tobacco 101: Training during the kick off meeting of the project
- Mayo Clinic: Tobacco Use Dependence Treatment, 2 days (March 2015)
- Training: Tobacco Treatment Specialist (TTS) Training:
  - Facilitated by University of Massachusetts Medical School
  - Equips project staff with necessary tools to treat tobacco addiction
  - Intensive 4-day multi-component training
  - Leading to TTS Certification
HIV Client Assessment

- MDHHS-IRB approved the survey-study
- To increase participation rates, we used all methods below:
  a.) Hard copy
  b.) Online link to survey Monkey
  c.) Phone interview
  d.) Mailed survey
- Survey opened for 3 months
- Total of 1,478 clients had participated in this survey
HIV Client Assessment

Smoking status among the PLWH-2015 survey

- Current Smoker: 50%
- Former Smoker: 23%
- Never Smoker: 27%
HIV Client Assessment

Percent of current smokers within each age group among PLWH-2015 survey

- 18-24 years: 48%
- 25-34 years: 52%
- 35-44 years: 57%
- 45 and more: 47%
HIV Client Assessment

Percent of current smokers within each group of sexual orientation among PLWH-2015 survey

- LGBT: 58%
- Heterosexual: 50%
HIV Client Assessment

Are you concerned about being HIV+ and a smoker?

- Yes: 53%
- No: 47%
HIV Client Assessment

Have you used a Nicotine therapy or other Medications when you tried to quit tobacco use?

- Yes: 33%
- No: 67%
Percent of currently living with a smoker among PLWH who are current smokers - 2015 Survey

- Yes: 51%
- No: 49%
HIV Client Assessment

Quit attempts among PLWH for one day or longer during the past 12 months -2015 Survey

- Yes: 53%
- No: 47%
Would you like to quit smoking now? 2015 - Survey

- Yes: 59%
- No: 41%
Focus Group Training

- Intensive Focus Group, 8 hour training (April 2015)
  - Client demographic sheet
  - Training on Role of Facilitator and Recorder
  - Role plays
  - Transcribe notes and themes
92 clients who use tobacco participated in the 14 focus groups conducted by the ASOs.

The average age for the participants was 41.7 years.

Average years of using tobacco was 21.8 years.

The average years of living with HIV was 10.2 years.

The average number of quitting attempts was 1.8 quitting attempts per year.
Focus Group Demographics

- 63% were males while 33% were females (4% missing)
- 52% were African Americans, 34% were White, and 14% were others
- 49% were high school graduate or less, and 51% have some college or above
- 49% of the participants were LGBT, While 27% were Heterosexual. (24% No answer)
### Focus Group Results

**What do clients need to successfully quit tobacco?**
- Changes to participants physical and social environment
- Increased support from family, friends and health care providers
- Increased treatment programs
- Greater coping skills

**What influences HIV clients to quit tobacco?**
- Fear of disease or death
- Improved health status
- Environmental changes
- Increased financial state
- Limited access to tobacco
The Project in Action

- What does effective Tobacco Dependence Treatment look like?

- QUANTITY
  - 4-8 sessions = doubles quit rates
  - > 30 minutes/session = triples quit rates

- Location
Approach

- **Unconditional positive regard** (UPR) is a term credited to humanistic psychologist Carl Rogers
- Practicing **unconditional positive regard** means:

  *accepting and respecting others* 

  *AS THEY ARE* 

  *without judgment or evaluation*
When you criticise me, I intuitively dig in to defend myself, however when you accept me like I am, I suddenly am willing to change.

-CARL ROGERS
Training

- Mayo Clinic Nicotine Dependence Center
  - Treating Tobacco Use and Dependence in person training

- University of Massachusetts Medical School - Tobacco Treatment Specialist Training and Certification
  - online course - 4 day intensive in person – online exam – written case study – phone interview

- MACMHB Motivational Interviewing basic and advanced skills training
The Process

• Tobacco Treatment Specialist at agency:
  • Client services and/or medical staff ASK all current and new clients about tobacco use and document
  • Refer to TTS

• NO Tobacco Treatment Specialist at agency:
  • Client services and/or medical staff use A-A-R model to engage clients and refer for treatment
Core Concepts

- Motivational Interviewing
- A-A-R Brief Clinical Intervention
- The “5 A’s” Model for treating tobacco use and dependence
- Counseling + Pharmacotherapy
Motivational Interviewing

- MOTIVATIONAL INTERVIEWING (MI)
- Definition: “… a collaborative, person centered form of guiding to elicit and strengthen motivation for change”

Three Components of MI Spirit

- Collaboration
  - Working in partnership
- Evocation
  - Draw out ideas and solutions from individuals
- Autonomy
  - Decision making left to the person
**A-A-R**

Brief Clinical Intervention

<table>
<thead>
<tr>
<th>ASK</th>
<th>about tobacco <strong>USE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVISE</td>
<td>tobacco users to <strong>QUIT</strong></td>
</tr>
<tr>
<td>REFER</td>
<td>to other resources</td>
</tr>
</tbody>
</table>

Patient receives assistance, with follow-up counseling arranged, from other resources such as the tobacco quitline.
The 5 A’s

**ASK** about tobacco use at EVERY visit. Identify & document tobacco use status for every patient at every visit.

**ADVISE** to quit. In a clear, strong, and personalized manner urge every tobacco user to quit.

**ASSESS** willingness to make a quit attempt within the next month. If not use motivational interviewing to create change talk.

**ASSIST** tobacco users with a “quit plan”; discuss medication options or refer to local tobacco treatment resources.

**ARRANGE** for follow-up visits to review progress with quitting tobacco.
Tools

- PHARMACOTHERAPY
- 7 First Line medications
- Michigan Medicaid
  - cover all 7 medications
  - approved February 2015
- MIDAP – covers all 7 medications
  - Presented to formulary committee
    - approved within 1 month
Tools

- Fagerstrom Test for Nicotine Dependence
  - Six questions, 0-10 points possible
  - Ranks dependence to inform dosing for medications related to TDT

- Carbon Monoxide monitor
  - “Smokerlyzer” – evidence based diagnostic tool
  - Measures CO in ppm in lungs, and in % COhb in blood and shows **amount of smoke inhaled** (not = to # of cigarettes)
  - Tests dependence level – CO is cumulative
Tools

• Importance and Confidence Scales (MI)
  • Rate each factor on a 0-10 scale
  • 4 possible outcomes; Helps tailor interventions
Tools

- Mayo Clinic Nicotine Dependence Center publications
  - “My Path to a Smoke-Free Future”
  - “Your Path to Smokeless Tobacco Freedom”
  - Both include facilitator guide
  - “Medication to Help You Stop Using Tobacco”
Tools

- Tobacco Quit Kits
  - Water bottle; toothbrush/paste; floss; mints/gum; journal/pen; deck of cards; stress ball; straws or toothpicks

- Client incentives
Progress

- Between January 2015 and June 2016:
  - 5176 clients have been asked if they use tobacco
  - 2322 clients were advised of the harms of tobacco, assessed for readiness to quit, and were assisted with a quit plan
  - Follow up was arranged with 353 clients
  - There were 69 successful quit attempts
Resources
HIV & Tobacco Specific


- Youtube video: Conversations with HIV Stage 3.gov: [https://www.youtube.com/watch?v=KyRcGSx1T1s&feature=player_embedded]

Resources for Providers

- **Tobacco Resources for Providers**

- Tobacco Use and Dependence Treatment, 2009: A Quick Reference for Clinicians
  [https://health.state.us/Downloads/TQL_Quick%20Reference.pdf](https://health.state.us/Downloads/TQL_Quick%20Reference.pdf)


- University of Wisconsin Center for Tobacco Research & Intervention offers videos and other tobacco training materials at [www.ctri.wisc.edu](http://www.ctri.wisc.edu)


- Five Major Steps to Intervention (The “5A’s”): [http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.pdf](http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.pdf)
Resources for Clients

- Michigan Tobacco QuitLine, 1-800-784-8660 or 1-800-QUITNOW, [https://michigan.quitlogix.org](https://michigan.quitlogix.org)


- American Cancer Society offers printed material and sponsors the Great American Smokeout on the third Thursday in November. Call 1-800-227-2345. [www.cancer.org](http://www.cancer.org)

- American Heart Association offers printed material. Call 1-800-242-8721. [www.americanheart.org](http://www.americanheart.org)

- American Lung Association offers quit smoking classes, printed material, cessation website. Call 1-800-586-4872. Telephone referral and cessation advice is available by calling 1-866-784-8937. [www.lungusa.org](http://www.lungusa.org)


- Nicotine Anonymous at 415-750-0328. [www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)

- QuitNet Online Smoking Cessation, [www.quitnet.com](http://www.quitnet.com)

- BecomeanEX: A website offering an online quit smoking program. [www.becomeanex.org](http://www.becomeanex.org)
Thank You!

Questions, Comments, Reactions

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