First 5 Commission of San Diego

February 7, 2011

Smoking Cessation Treatment Services – Release of Solicitation

Request

The request before the Commission is to approve the core elements for the upcoming initiative for smoking cessation and authorize staff to begin the process to procure these services. As part of the Strategic Plan and 5-Year Program Allocation Plan, the Commission will invest $3.6M to reduce cigarette smoking among pregnant women and second-hand tobacco exposure to children, birth to 5, over a 4 1/2 year period.

Background

Cigarette smoking and exposure to tobacco smoke are associated with premature death from chronic diseases, economic losses to society, and a substantial burden on the United States health-care system (see Attachment 1). Nationally, smoking during pregnancy is linked to at least 1,000 infant deaths annually, and exposure to second-hand smoke is linked to 38,000 deaths per year. Smoking during pregnancy has numerous adverse effects on maternal, fetal and infant health including increased risk of premature birth, lung disease, and sudden infant death syndrome. Increased awareness of the dangers of smoking and the implementation of tobacco control policies have contributed to declines in smoking during pregnancy over recent decades but the data indicates that the prevalence remains unacceptably high. National estimates from 2007 indicate that 13% of women smoked during pregnancy.[1]

Since smoking in the home is not limited to pregnant women, children are also at-risk of exposure from other smokers in the household. Locally, according to “The Status of San Diego County’s Children 0 – 5, 2008” report, the percentage of pregnant women who smoked in 2006 in San Diego was 10.8%. This is higher than the California average of 7.7% in the same year. Additionally, the report identified that 3.5% of San Diego households with children had at least one smoker. Because their immune systems are not fully developed, children are more likely to experience complications from second hand smoke exposure and face an increased risk of poor lung development, often leading to bronchitis, pneumonia and asthma among other respiratory problems later in life as well as ear infection. The longer they are exposed to second-hand smoke, the higher the risk of developing immediate and long-term pulmonary problems. The good news is that these risks may be greatly reduced and long-term effects reversed as soon as exposure to second hand smoke is removed. Children receive lifelong benefits from a tobacco-free environment from prenatal through their early years.

Healthy People 2020[2] has proposed objectives for 2020 including (1) decreasing postpartum relapse of smoking among women who quit smoking during pregnancy, (2) increasing smoking cessation during pregnancy, and (3) reducing the proportion of children who are regularly exposed to tobacco smoke at home. Studies have shown that smoking resumption among former smokers was associated with having a partner and household members who smoked. Identification of former smokers is critical in order to prevent resumption of smoking after pregnancy and promote long-term maternal smoking cessation[3].

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[1] Health, United States 2009 Web Update. CDC/NCHS National Vital Statistics System, Birth File.

[2] Healthy People 2020: The Road Ahead. Available at: http://healthypeople.gov/HP2020/default.asp.

[3] [3] Merzel, C., English, K., Moon Howard, J. Identifying Women At-risk for Smoking Resumption After Pregnancy. Matern Child Health J. 2010 Jul;14(4):600-11. Epub 2009 Aug 4.

Recommended Design for the Smoking Cessation Program
The focus of the Smoking Cessation Treatment Program will be to effectively reduce exposure to tobacco in utero, in infancy, and in early childhood.

Target Population
Based upon research and discussion at the September and November 2010 TPAC meetings, staff recommends a countywide program for smoking cessation with the target population focusing on pregnant women, women with children birth to 5 years old, and individuals living in households with 0-5 year olds.

Program Components
Nicotine is a highly addictive substance. Many researchers consider nicotine as addictive as heroin or cocaine. Rates of reported "quit" and "staying quit" among users are low. A key principle of substance abuse counseling is that treatment must be "pro-active" and provide multiple approaches to address the motivation to quit and remain abstinent. Research on approaches to tobacco cessation treatment, including recommendations by the U.S. Surgeon General, divides smokers into three categories:

1. Those willing to quit,
2. Those not motivated to quit at this time, and
3. Those who recently quit and are at risk of relapse.

Pregnant women are likely to be more motivated to quit smoking, and the importance of quitting will be reinforced by their health provider. Not all members of the household, however, may be as motivated to quit. Another smoker in the house increases the temptation and potential for relapse. These can include spouses, extended family members and roommates. It is also important to help pregnant women and household members to "stay quit" once the baby is born. A comprehensive program that targets reducing exposure to smoking for pregnant women and young children would address these three groups.

Evidence-based techniques have been identified to reach each of these three groups of smokers in the Surgeon General's Department of Public Health Clinical Guide (2008); Telephonic Smoking Cessation: Essential Elements (2007); and Interventions for Promoting Smoking Cessation (2009). According to these studies, there are three primary strategies that combine to provide a successful smoking cessation program to address all three groups.

Type of Smoker	Recommended Intervention	Description	Mode of Delivery
Willing to quit	The "5 A's" (Ask, Advise, Assess, Assist, and Arrange)	Interventions designed to support and encourage individuals with a desire to quit.	• In person, or technology (phone, text, internet). • At home or clinical setting. • Individual and/or group. • Utilizes educational, medical and psychological therapeutic interventions.
Unwilling to quit at this time	Motivational Interventions: The "5 R's" (Relevance, Risks, Rewards, Roadblocks, and Repetition)	Motivational interventions are designed to educate, encourage, and support reducing exposure of self and others to harmful effects of tobacco use. The ultimate goal is to move the smoker into the "willing to quit" category.	• Motivation interviews conducted individually or in group sessions. • Can be conducted in home or clinic setting. • Followed up with additional session and interviews to assess progress.

Have recently quit	Relapse Prevention	Education and follow-up support such as: • Continue to identify relapse triggers and techniques to manage them. • Scheduling follow-up appointments and calls. • Identify and connect smokers to sources of support such as: o Support groups. o Written/online tools to support abstinence. • Referring those close to or in relapse to cessation counseling.	• Can be in person, or through technology (phone, text, internet). • Can be conducted at home or clinical setting. • Can be individual and/or group. • Utilizes educational, medical and psychological therapeutic interventions.

Technical, Professional Advisory Committee (TPAC) Recommendations
TPAC met on September 20, 2010 and November 15, 2010 to review and discuss approaches to tobacco cessation intervention and treatment. After review of the literature and data provided by staff and interested community members, TPAC has recommended that the proposed Smoking Cessation Treatment Services Initiative:

- Provide services countywide.
- Serve the following target populations:
  - Pregnant women.
  - Women with children birth through 5 years old.
  - Smokers in households with pregnant women and/or children birth through 5 years old.
- Provide a comprehensive program that addresses all three identified populations (those willing to quit, unwilling to quit, and recently quit).
- Require using evidence-based best practices.

Commission History

- May 2, 2005 (Item 8), The Commission voted to approve The Health and Developmental Initiative which included up to $630,000 for provide tobacco screening and referrals over a 4 ½ year period.
- August 6, 2001 (Item 7A); August 5, 2002 (Item 8); May 5, 2003 (Item 11); June 24, 2004 (Item 13); January 12, 2005 (Item 10), the Commission extended the grant to PSF.
- February 24, 2000 (Item 6), the Commission voted to approve a Commission Directed Grant for $100,000 to Children's Hospital and Health Center: Partnership for Smoke Free Families (PSF) to train OB-GYN office staff to provide smoking screening and referral to Smokers Helpline services for period July 2000 through June 2001.

Link to the Strategic Plan
Smoking cessation for pregnant women is included in the Commission's Strategic Plan 2010–2015 under the core strategy of *"Services for pregnant women and families that support healthy infant/toddler development".* A key objective in the strategic plan is to "*decrease the percentage of women who smoke during pregnancy."*

First 5 San Diego is working with the Health and Human Services Agency in implementing the County's Building Better Health Strategy Agenda which includes "*Implement smoking cessation initiatives for pregnant women and other high risk populations so that quality of life improves and*

chronic conditions do not escalate" in its plan for the goal of "Supporting Healthy Choices." Additionally, this initiative would support the Building Better Health strategies to *encouraging the promotion of smoke free environments* as well as the *use of technology* to support smoking cessation where it will prove effective.

Next Steps

1) Coordinate community forum to be held in the first quarter of 2011.
2) Identify and procure either a Temporary Expert Professional (TEP) or consultant services (if a qualified TEP cannot be identified) to assist in the development of the solicitation for the Smoking Cessation Services Initiative.
3) Develop statement of work and formal request for proposals targeted for released in the second quarter of 2011.
4) Services estimated to begin no later than the first quarter of 2012.

Staff Recommendations

1) Find that the proposed services are consistent with the Commission's Strategic Plan, furthers the support and improvement of early childhood education within the County and provides a public benefit.
2) Authorize the Executive Director or her designee to work with the County Director of Purchasing and Contracting to release a competitive solicitation for Smoking Cessation Services for up to $3,600,000. The initial contract will be for 18-months for up to $1,200,000 with an additional 3 option years at up to $800,000 per year.
3) Allocate up to $3,600,000 from the Smoking Cessation line in the Commission's approved 5 Year Program Allocation Plan as follows (each year's funding up to the amount listed to come from that year's budget):
   - FY 2011 – 12 Up to $400,000
   - FY 2012 – 13 Up to $800,000
   - FY 2013 – 14 Up to $800,000
   - FY 2014 – 15 Up to $800,000
   - FY 2015 – 16 Up to $800,000 (this FY is beyond the 5 year plan but utilizes funding authorized but not utilized in FY 10-11 & 11-12)
4) Allocate up to $12,000 from the FY 2010 – 11 budget to be designated for either a Temporary Expert Professional or for consultant services to develop a Statement of Work for the Smoking Cessation Treatment Services Initiative.
5) Authorize the Executive Director to contract for consultant services (if required) for the Smoking Cessation Services Initiative.

Fiscal Impact

Up to $3,600,000 from the Smoking Cessation line in the Commission's approved 5- Year Program Allocation Plan will be used to provide services for 4 ½ years beginning in 2012.

Up to $12,000 from the Salaries or Specialized Services line in the Commission's FY 10-11 budget for the services of an expert.

Cost Benefit Analysis Data[4]

Smoking is the primary causal factor for at least:

- 30% of all cancer deaths,
- Nearly 80% of deaths from chronic obstructive pulmonary disease, and
- Early cardiovascular disease and deaths

During 2000--2004, cigarette smoking and exposure to tobacco smoke resulted in:

- At least 443,000 premature deaths,
- Approximately 5.1 million years of potential life lost (YPLL),
- Average annual smoking-attributable health-care expenditures were approximately $96 billion.
- $96.8 billion in productivity losses annually in the United States due to:
  - Estimated annual average of 269,655 deaths among males and 173,940 deaths among females in the United States
  - The three leading specific causes of smoking-attributable death were:
    - Lung cancer (128,922), ischemic heart disease (126,005), and chronic obstructive pulmonary disease (COPD) (92,915).
  - Among adults aged ≥35 years, 160,848 (41.0%) smoking-attributable deaths were caused by:
    - Cancer, 128,497 (32.7%),
    - Cardiovascular diseases, and
    - Respiratory diseases, 103,338 (26.3%) (excluding deaths from secondhand smoking and from residential fires).
  - Smoking during pregnancy resulted in an estimated 776 infant deaths annually during 2000--2004.
  - An estimated 49,400 lung cancer and heart disease deaths annually were attributable to exposure to secondhand smoke. The average annual smoking-attributable mortality (SAM) estimates also included 736 deaths from smoking-attributable residential fires.

The total financial costs on society of smoking is approximately **$193 billion per year** (2001—2004).

By comparison,

- Investments in comprehensive, state-based tobacco prevention and control programs in fiscal year 2007 totaled $595 million, approximately 325-times less than the smoking-attributable costs.
- Comprehensive statewide tobacco-control programs significantly accelerate declines in consumption and smoking prevalence.
- By increasing their investment in such programs to the levels recommended by the CDC, states can further hasten the reduction in cigarette use and reduce the health and economic burden of smoking.
  - The CDC recommends that states establish and sustain tobacco control programs that contain these overarching components: state and community interventions; health communication interventions; cessation interventions; surveillance (gathering data on smoking prevalence, tobacco cessation efforts, exposure, and policies); and evaluation, administration and management.

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[4] **Source: Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses --- United States, 2000—2004; MMWR Weekly November 14, 2008 / 57(45);1226-1228**