

**CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS
HOUSE OF DELEGATES**

OCTOBER 10 & 12, 2008
ANAHEIM, CALIFORNIA

RECOMMENDATION # 2

(Can be presented by a Delegate at either session of the House)

INTRODUCED BY: Christie Robinson, PharmD
(Name)

Golden Gate Society of Health System Pharmacist Secretary and Community Service Chair
(Chapter or Division Represented)

DATE: October 12, 2008

SUBJECT: Modification of CSHP Professional Policy #2005-06: Efforts to Discourage the Use of Tobacco Products

DESCRIPTION OF CURRENT SITUATION:

(Describe problem/concern/issue. Include history and background, facts, opinions, feelings about the situation)

1. Cigarette smoking is a chronic disease that remains the leading cause of preventable deaths worldwide and kills about 50% of those who continue to smoke regularly^{1,2}.
2. The Current CSHP policy on tobacco entitled "Efforts to Discourage the Use of Tobacco Products" (#2005-06) was last updated at the HOD on 10-29-95 (Note: This is former policy #8907 approved by the HOD 1989; modified and reaffirmed by the HOD in 1995 as #9506; modified and reaffirmed by the HOD in 2000 and combined with #9604 as 2000-05; modified and reaffirmed by the HOD in 2005 as #2005-06.)
CSHP recognizes the public health hazards of tobacco use and therefore:
 - a. CSHP supports tobacco-free environments.
 - b. CSHP functions and meetings are tobacco-free.
 - c. CSHP encourages its members to participate in educational efforts to discourage tobacco use.
 - d. CSHP discourages the distribution of tobacco and tobacco products in and by Pharmacies.
 - e. CSHP will join in statements and positions of opposition to the use of tobacco and tobacco products.
 - f. CSHP endorses the concept of the "Great American Smokeout."
3. Tobacco cessation rates for tobacco users are less than 10% without therapy and 20 - 30% with therapy (including pharmacotherapy)². The 2008 Tobacco Use and Dependence clinical practice guidelines have as a key recommendation that states insurers should provide coverage for proven medication therapies and counseling⁵. Only 20 - 25% of patients who quit using tobacco remain abstinent long-term. Different approaches to quitting, such as the use of combinations of prescriptions with different mechanisms of action and properties or alternative dosing, may increase quitting rates². Furthermore, relapse after initial successful quitting is often associated with inadequate therapy for the level of nicotine addiction. Dose-ranging studies for nicotine replacement therapy show about 50% of tobacco users are inadequately treated with the standard nicotine patch taper. The seven approved first-line therapies for tobacco cessation are cost-effective, especially when compared with other commonly prescribed chronic disease state interventions. Most insurance companies do not cover proven therapies and/or curtail the duration of therapy³. For example, Medi-Cal only covers nicotine patches for 10 weeks of therapy⁴

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4. Although many pharmacists are involved in tobacco cessation counseling in their practice, there may be substantial variability in the degree of training across practitioners. Current CSHP Policy entitled “Pharmacist Certification, Credentials and the Credentialing Process” (#2005-02) states CSHP supports: “systematic development and implementation of nationwide, profession-wide systems for certification and credentials.” There are Tobacco Treatment Specialist (TTS) programs available in the U.S. (i.e. The Mayo Clinic and the University of Medicine and Dentistry of New Jersey School of Public Health) that provide training focused on teaching pharmacists, dentists, social workers, physicians, and other health care professionals how to provide tobacco cessation counseling in the community and in inpatient clinical practice. The UCSF School of Pharmacy also offers similar education to student pharmacists and pharmacists training through the RX for Change program. Tobacco Educator training programs can ensure our tobacco educators and counselors are well trained in a standardized fashion with the tools needed to provide motivational interviewing techniques, develop an evidence-based practice, and prescribe effective pharmacotherapy. Formalized training is especially important for those who were not trained in pharmacy school on how to effectively counsel tobacco users and prescribe pharmacotherapy.

DESCRIPTION OF DESIRED SITUATION

(Outcome, e.g. goals, objectives, targets to be met, how desired situation relates to strategic plan)

1. Recommend the CSHP Board to consider the modification of CSHP’s policy 2005-06 entitled “Efforts to Discourage the Use of Tobacco Products” to be modified as follows:

CSHP recognizes the public health hazards of tobacco use and therefore:

- a. CSHP supports tobacco-free environments, **including health care facilities inside and outside.**
- b. CSHP functions and meetings are tobacco-free.
- c. CSHP encourages its members to participate in educational efforts to discourage tobacco use.
- d. CSHP discourages the distribution of tobacco and tobacco products in and by Pharmacies.
- e. CSHP will join in statements and positions of opposition to the use of tobacco and tobacco products.
- f. CSHP endorses the concept of the “Great American Smokeout.”
- g. **CSHP supports patient accessibility to multiple tobacco cessation therapies.**
- h. **CSHP encourages pharmacists who educate patients on tobacco cessation to obtain training as a tobacco educator.**

PROPOSED ACTION(S):

1. CSHP to include in its policies support of smoke-free health systems.
2. CSHP Board to amend the existing policy that will include the points listed above to be included in the current policy entitled “Efforts to Discourage the Use of Tobacco Products” (#2005-06)
3. CSHP to collaborate with CPhA in order to develop a committee or working group to seek the expansion of the Medi-Cal formulary to include additional tobacco cessation products.
4. CSHP to identify and promote tobacco education programs on the website and through ACPE CE certified seminars.

RESOURCES REQUIRED FOR PROPOSED ACTION(S)

Financial: Minimal

EVP time: Support of tobacco legislation may take a few hours of time to research and to update the website. Potentially, there may be some public promotion of our support in California in the form of news articles and/or television announcements. Ten to twenty hours of research, writing, and meeting time to present a proposal of tobacco therapies to Medi-Cal. A few hours to research TTS programs and to update the website may be required. staff time:

Staff time: Estimate two hour or less of time to update website with tobacco education program information.

References:

1. Peto R., Darby S., Deo H, et al. Smoking, smoking cessation, and lung cancer in the UK since 1950: combination of national statistics with two case-control studies. *BMJ*.2000;321:332-9.
2. Steinberg MB, Schmelzer AC, Richardson DL, et al. The case for treating tobacco dependence as a chronic disease. *Annals of Internal Medicine*. 2008;148:554-6.

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3. Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service; June 2000. Updated 2008. [Forthcoming].
4. Medical formulary. URL: Accessed August 19, 2008.
5. 3.Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2008.