

QuitLine Resources & Materials

General Promotion

- Break Free from Tobacco Brochure—*English & Spanish Versions Available*
- Baby Love Brochure—*English and Spanish Versions Available*
- Control Your Diabetes Brochure—*English Only*
- Diabetes and Tobacco Brochure—*English & Spanish Versions Available*
- Pregnancy Poster—*English Only*
- QUIT NOW Cards (business card size)—*English Only*

Health Care Provider Materials (FREE to Preferred Providers)

- Preferred Provider Enrollment Form
- Fax Referral Form
- FDA-Approved Pharmacotherapy for Tobacco Dependence Treatment
- How to Refer Smokers to the Indiana Tobacco QuitLine (flyer)
- Indiana: Diabetes and Smoking Fact Sheet
- Indiana Tobacco QuitLine Materials Order Form
- Medicaid Covers It! (flyer)
- Prescription Pads
- Tobacco Cessation Guidelines (flyer)
- Tobacco Treatment Resource Guide (flyer)
- What You Need to Know About Smoking and Pandemic H1N1 Influenza

Medication	Generic Name	Trade Name	Formulation	Indication	Contraindications	Side Effects	Notes
Bupropion	Bupropion	Wellbutrin	Tablets, Extended-Release Tablets	Tobacco dependence	Seizures, Hypertension	Dry mouth, Headache, Nausea	Not FDA-approved for tobacco dependence treatment
Varenicline	Varenicline	Chantrel	Tablets	Tobacco dependence	Seizures, Hypertension	Nausea, Vomiting, Constipation	Not FDA-approved for tobacco dependence treatment
Nicotine Replacement Therapy	Nicotine	Nicorette, Nicotrol, etc.	Transdermal Patches, Gum, Inhalers, Lozenges	Tobacco dependence	None	Irritation, Headache, Nausea	FDA-approved for tobacco dependence treatment

TO ORDER MATERIALS

Visit the Indiana Tobacco QuitLine Website at:

www.indianatobaccoquitline.net



QuitLine Resources & Materials

Additional National and State Resources:

- ☑ American Association of Diabetes Educators (AADE) - www.diabeteseducator.org
- ☑ American Diabetes Association (ADA) - www.diabetes.org
- ☑ American Heart Association - www.americanheart.org
- ☑ Diabetes Empowerment Education Program (DEEP) - www.uic.edu/jaddams/mlhrc/Programs/DEEP.htm
- ☑ Division of Diabetes Translation (DDT) at CDC - www.cdc.gov/diabetes
- ☑ Indiana State Department of Health, Diabetes Prevention and Control Program (DPCP) - www.diabetes.in.gov
- ☑ Indiana Tobacco Prevention & Cessation (ITPC) - www.in.gov/itpc/
- ☑ Indiana Tobacco QuitLine - www.indianatobaccoquitline.net
- ☑ National Diabetes Education Program (NDEP) - www.YourDiabetesInfo.org
- ☑ Quit Now Indiana - www.quitnowindiana.com
- ☑ Smokefree.gov - www.smokefree.gov
- ☑ National Institute for Diabetes and Digestive and Kidney Diseases (NIDDK) - www.diabetes.niddk.nih.gov/



1-800-QUIT NOW
Indiana's Tobacco Quitline

Research Findings on Diabetes & Tobacco Use



“Post-cessation weight gain may be an issue for smokers with diabetes who are focused on weight management. The weight gain is generally minimal in contrast to the risks associated with continued smoking. Based on the current evidence from the general population, health care providers should inform the patient to the potential weight gain but increase the emphasis on smoking cessation as the priority for all diabetic smokers.”¹⁹



“Studies suggest that smoking cessation may be more likely during or subsequent to a patient’s hospitalization, since there may be an increased sense of vulnerability associated with health risks and consequences of smoking.”¹⁹



“Smoking cessation is one of the few interventions that can safely and cost-effectively be recommended to all patients. Stopping smoking is likely one of the most effective medical actions that can be taken with diabetic patients.”¹⁹



“There appears to be fairly strong evidence for an increased smoking-associated risk of developing type 2 diabetes.”²⁰



“Smoking has been associated with increased blood glucose concentration and insulin and C-peptide responses to oral glucose load have been shown to be significantly higher in chronic smokers with type 2 diabetes than non-smokers with type 2 diabetes.”²⁰



“Several studies have shown that smoking promotes the onset and progression of nephropathy in type 2 diabetes.”²⁰



“Smoking promotes the onset and progression of nephropathy in type 1 diabetes. Eleven percent of non smokers with type 1 diabetes showed progression of diabetic neuropathy over the course of 1 year compared with 53% of smokers with diabetes.”²⁰

References:

¹⁹Diabetes Prevention and Control Program, Utah Department of Health & Utah Tobacco Prevention and Control Program. (2003). *Helping patients with diabetes quit using tobacco.*

²⁰Tonstad, S. (2009). *Diabetes research and clinical practice*, 4(13), 5-9.

Addressing Weight Gain

Post-Cessation Weight Gain

Since weight gain is one of the main side effects of insulin therapy, diabetic patients naturally tend to be concerned about their weight.⁹ Unfortunately, research suggests that patients with diabetes view smoking as a form of weight control. Within the diabetic population, concerns about weight gain following smoking cessation are particularly prevalent among women, obese smokers, and those with poor metabolic control.¹⁰

Their fears are warranted. The average person gains 6-10 pounds upon quitting smoking.¹¹ Several factors contribute to weight gain in quitters.

Cause of Weight Gain	Is this Preventable?
Nicotine increases metabolism in a way that is harmful to health: it causes body tension, accelerates the heart rate, increases blood pressure and causes physical agitation. ¹¹ When an individual quits smoking, their metabolism returns to normal rates and their body returns to the weight it would have been if they never smoked. ¹²	No. However, weight gain is usually limited to 10 pounds or less and can be delayed by using bupropion SR or NRT.
Quitters might gain 3 to 5 pounds due to water retention during the first week after quitting. ¹²	No. But it will go away after a week.
Tobacco use reduces the ability to smell, so food is naturally more appealing when the tobacco user quits. Since food tastes better, some quitters eat more than they did as tobacco users. ¹³	Yes! Need to focus on eating and snacking on healthier foods that will help avoid or limit weight gain.
Tobacco users develop the habit of frequently putting their hands to their mouth to smoke or chew. When individuals give up tobacco, some people continue this habit, substituting food for tobacco. ¹³	Yes! Need to focus on eating and snacking on healthier foods that will help avoid or limit weight gain.
Cravings for cigarettes or chew during nicotine withdrawal can be confused for hunger pangs. ¹³	Yes! Individuals need to take a few minutes to decide if they are really hungry or if what they are feeling is withdrawal symptoms before they eat.

References:

⁹Shane-McWhorter, L. (2002). Insulin-therapeutic considerations. In R.E. Jones & K. Kulkarni, (eds.), *Utah Diabetes Management Handbook* 2nd Ed. (13.1-13.9). Salt Lake City: Buck board Press.

¹⁰Diabetes Prevention and Control Program, Utah Department of Health & Utah Tobacco Prevention and Control Program. (2003). *Helping patients with diabetes quit using tobacco*.

¹¹QuitNet.com, Inc. (2003). *Expert FAQ: Doesn't smoking help me stay thin?*

Retrieved from: http://utah.quitnet.com/ExpertSystem/faq_entry.html?%99%1Fs%13%EAz.

¹²Weight-control information Network (WIN), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH) (not dated). *You can control your weight as you quit smoking*. Retrieved from: www.pueblo.gsa.gov/cic_text/health/w8quit-smoke/index.htm.

¹³Utah Department of Health. (1997). *Ending Nicotine Dependence*.



Make a commitment.

Addressing Weight Gain

Healthy Ways to Minimize Weight Gain

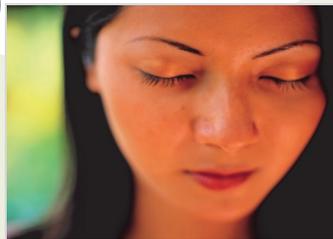
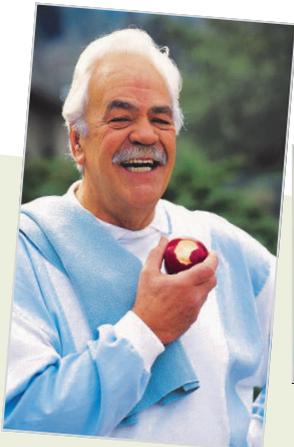
- ☑ **Become more physically active.**—In addition to helping control weight, exercise may help relieve the stress and depression caused by purging nicotine from the body.¹⁴ Some studies have shown that increased physical activity actually improves quit rates in addition to reducing weight gain.¹⁵
- ☑ **Gradually improve eating habits.**—Strict dieting does not prevent weight gain in quitters and makes it harder to quit using tobacco.¹⁵
- ☑ **Replace smoking with healthy activities.**—Snack on fruit or sugarless gum to satisfy any sweet cravings. Replace the action of holding a cigarette with activities such as doodling, working puzzles, knitting, twirling a straw, or holding a pen or pencil. Relieve tension by meditating, taking a walk, soaking in a tub, or taking deep breaths.¹⁴
- ☑ **Drink plenty of fluids, especially water and juice.**—Drinking lots of water both cleanses the body of nicotine, decreasing the duration and severity of withdrawal symptoms, and helps individuals feel more full so they don't overeat.¹⁶ However, avoid caffeinated beverages, which may make nicotine withdrawal worse.¹⁴
- ☑ **Get enough sleep.**—When individuals are tired, they are more likely to crave tobacco and food.¹⁴

References:

¹⁴Weight-control information Network (WIN), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH) (not dated). *You can control your weight as you quit smoking*. Retrieved from: www.pueblo.gsa.gov/cic_text/health/w8quit-smoke/index.htm.

¹⁵Fiore, M.C., Bailey, W.C., Cohen, S.J., et al. (2000). *Treating Tobacco Use and Dependence*. Clinical practice guidelines. U.S. Department of Human Services, Public Health Service.

¹⁶American Lung Association. (2001). *Hunger helps: tips for changing your behavior about food. Freedom from smoking: Module 6 weight control*. Retrieved from www.lungusa.org/ffs/protected/handouts/handout49.doc.



Address tobacco use with all patients.

Addressing Weight Gain

How to Talk to Patients About Weight Gain and Quitting

Do:

1. Reassure the patient that weight gain is minimal, usually between 6 and 10 lbs.¹⁷

2. Inform the patient that the health risks of smoking are far greater than the risks of gaining 6 to 10 pounds.¹⁷ A smoker would have to gain about 100 pounds after quitting to make her health risks as high as when she smoked.¹⁸

3. Recommend pharmacotherapies through their health care provider.

Bupropion SR and nicotine replacement therapies (NRT), particularly nicotine gum, delay weight gain in quitters. Use of pharmacotherapy does not prevent weight gain after discontinuing use of the medication, but does prevent weight gain immediately after quitting when it is most likely to frustrate the quit attempt. This delay also provides the quitter with more time to prepare for changed metabolism and possibly adjust their physical activity and nutritional behaviors appropriately.

4. Help patients recognize and avoid the preventable causes of post-cessation weight gain. Acknowledge that some weight gain is the healthy result of returning to a normal metabolism and may not be preventable.

5. Recommend a healthy lifestyle.¹⁷

Do Not:

1. Deny the likelihood of weight gain.

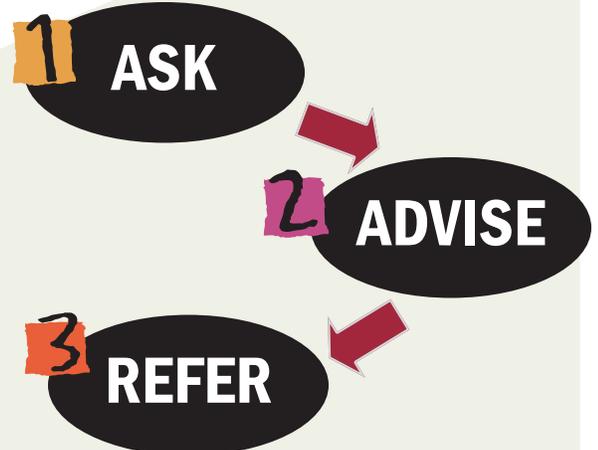
2. Minimize the significance of weight gain to the patient.

3. Encourage dieting. Dieting does not prevent weight gain in quitters—but does increase the likelihood of tobacco relapse.¹⁷

References:

¹⁷Fiore, M.C., Bailey, W.C., Cohen, S.J., et al. (2000). *Treating Tobacco Use and Dependence*. Clinical practice guidelines. U.S. Department of Human Services, Public Health Service.

¹⁸Weight-control information Network (WIN), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH) (not dated). *You can control your weight as you quit smoking*. Retrieved from: www.pueblo.gsa.gov/cic_text/health/w8quit-smoke/index.htm.



Addressing Barriers to Quitting

Barriers to Tobacco Cessation

The prevalence of tobacco use among people with diabetes is not significantly different from that of the population at large, in spite of the greater risks of tobacco use among this group. Moreover, “the minimal information available specifically on diabetic smokers suggests that they may fare less well (at tobacco cessation) than non-diabetic smokers.”⁶ There could be several explanations for this phenomenon.

In a study of patients’ beliefs about diabetes self-management, it was found that avoiding tobacco is perceived as less important than avoiding sweets, limiting alcohol consumption, and several other health behaviors. In addition to the perceived low priority of tobacco cessation among patients with diabetes, these patients may be inhibited from tobacco cessation by concerns about weight gain. Research has shown that smokers with diabetes view smoking as a form of weight control. People with diabetes also have a high prevalence of depression, which has been proven to reduce the success of tobacco cessation.⁷

Guidelines for Reducing Barriers

- ☑ Optimize successful cessation by ensuring that the patient receives intensive counseling and pharmacotherapies (if appropriate).
- ☑ Tailor your message to stress the specific role of tobacco in diabetes complications.
- ☑ Help your patient plan for and limit weight gain.
- ☑ Look for and treat depression. Also, help the patient find safe, tobacco-free coping methods to deal with diabetes-related stressors.⁸

References:

⁶American Diabetes Association. (2000). Smoking and diabetes. *Diabetes Care* 23(1), 93-94.

⁷Haire-Joshua D, Glasgow RE, Tibbs TL. (1999). Smoking and diabetes. *Diabetes Care* 22(1), 1887-1898.

⁸Diabetes Prevention and Control Program, Utah Department of Health & Utah Tobacco Prevention and Control Program. (2003). *Helping patients with diabetes quit using tobacco.*



Smoking has severe effects on diabetes.

Top 10 Reasons

Why Health Care Professionals SHOULD Refer Their Patients to the Indiana Tobacco QuitLine

- 1** The QuitLine is effective - Meta-analysis of 13 studies shows a 56% increase in quit rates when compared to self-help.
- 2** Participants can receive 2-weeks FREE Nicotine Replacement Therapy (NRT) and support materials (while supplies last).
- 3** The QuitLine services are available in multiple languages (170) including English and Spanish.
- 4** The QuitLine Coaches are highly trained in cognitive-behavioral therapy (240+ hours of training) and more than 50% have 3+ years prior experience in counseling.
- 5** The QuitLine Program pre-arranges four appointments with a coach and 10 appointments for pregnant women and provides unlimited access to participants as long as necessary.
- 6** Surveys indicate that tobacco users are several times more likely to use the QuitLine than a face-to-face program.
- 7** The QuitLine is Accessible -The QuitLine eliminates many barriers of traditional classes (having to wait for classes to form, needing transportation, etc.); helpful for individuals with limited mobility and those in rural or remote areas; appeal to those who are reluctant to seek help provided in a group setting.
- 8** The QuitLine is CONFIDENTIAL and a HIPPA Compliant Entity!
- 9** The QuitLine is FREE and easy to use!
- 10** The QuitLine WORKS!



1-800-QUIT NOW
Indiana's Tobacco Quitline

**Be
Proactive**

"YOU" can double your patient's chances of quitting.

Why Should YOU Help?



“Disease diagnoses and ongoing treatment for medical conditions have been identified as potential, “teaching moments” in relation to smoking cessation. A teachable moment is considered to be an opportunity by health care professionals to motivate patients to quit during naturally occurring events such as life transitions or health events. The diagnosis and treatment of diabetes could be considered a potential teaching moment for smoking cessation. Receiving advice to quit or how to quit from a health care professional and being encouraged to participate in a smoking cessation program has been shown to account for 21-42% of the variance between patients with diabetes who have successfully quit, and those who have not.”⁴



Smoking Cessation Delivery Systems—“One of the most important and consistent finds from comprehensive literature is that repeated interventions, provided by health care professionals and reinforced over time, are much more effective than a single session or discussion. Such an approach denotes the importance of an integrated system of care in systematically reducing smoking rates.”⁵



“Only about half of people with diabetes are advised to quit smoking by their health care providers.”⁵

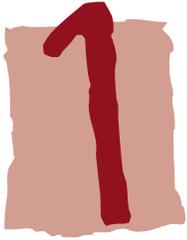
References:

⁴Tonstad, S. (2009). *Diabetes research and clinical practice*, 4(13), 5-9.

⁵Haire-Joshua D, Glasgow RE, Tibbs TL. (1999). Smoking and diabetes. *Diabetes Care* 22(1), 1887-1898.

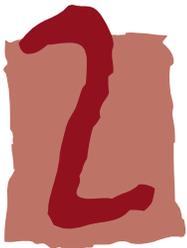


How Can YOU Help?



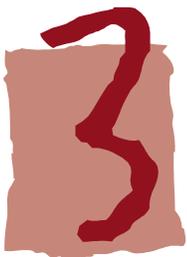
ASK about tobacco use. Identify and document the tobacco use status for every patient at every visit regardless if they are a current tobacco user. This process occurs most consistently when there are systems in place, such as chart stickers or electronic prompts on electronic medical records.

You will need to know if the patient currently uses tobacco, never was a tobacco user, or if the patient was a former tobacco user. Former tobacco users should be offered a short relapse prevention intervention.



ADVISE all tobacco users to quit, assess their readiness to quit within the next 30 days, and their interest in receiving telephone counseling through the Indiana Tobacco QuitLine, 1-800-QUIT-NOW.

Advice should be clear, strong, and personalized to each individual's own situation. It is particularly motivational to patients with diabetes to mention how important it is to avoid tobacco use in order to prevent or minimize diabetes-related complications. You can also mention other medical conditions suffered by the patient because of tobacco use, the effects of second-hand smoke on the patient's family, and the monetary costs of purchasing tobacco.



REFER to the Indiana Tobacco QuitLine!

If the patient is ready to quit and interested in receiving counseling by phone, fill out the **Fax Referral Form*** with the patient and have them sign the consent as required by HIPPA.

- Include your name and fax number in the provider section.
- Have the patient initial and sign the Fax Referral Form in the patient section of the form.
- Assist the patient in selecting the best time for the QuitLine to call.
- Fax the completed form to 1-800-483-3114.
- Refer the patient to their health care provider to prescribe pharmacotherapy, if appropriate.

*The Fax Referral Form can be found at www.in.gov/quitline/files/QLfaxreferral.pdf.

"YOU" can make the difference.

ASK–ADVISE–REFER

Intervention Cues

Step 1: **ASK** (1 minute)

- ❑ Systematically ask every patient about their tobacco use on every visit.
- ❑ Determine if patient is a current or former tobacco user, or has never used tobacco.
- ❑ Determine what form of tobacco was used.
- ❑ Determine the frequency of use.
- ❑ Document the tobacco use status in the patient's medical health record during every visit regardless of his/her tobacco use status.

Step 1: Sample Intervention Cues

For the patient who never uses tobacco:

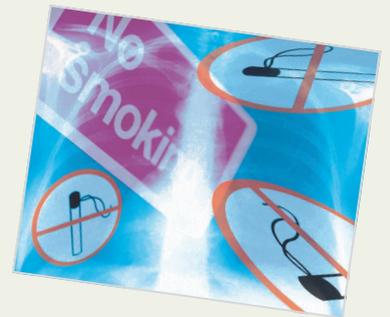
- “Congratulations, you have made a wise choice to protect your health.”
- “Congratulations, you have very good judgment.”
- “Congratulations on being a non-smoker or non-tobacco user.”

For the patient who quit using tobacco:

- “Congratulations, you made a wise decision.”
- “Congratulations on quitting tobacco use. We have some good programs (QuitLine or other community-based programs) to help you remain tobacco-free. I can give you that contact information or help you sign-up for the Indiana Tobacco QuitLine.”

For the patient who uses tobacco:

- “How many cigarettes per day do you smoke?”
- “How many cigars per day do you smoke?”
- “How much chewing tobacco do you use?”
- “Do others in your household use tobacco?”



ASK–ADVISE–REFER

Intervention Cues

Step 2: ADVISE (1 minute)

- ❑ In a clear, strong, and personalized manner, urge every patient who is a tobacco user to quit.
- ❑ Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.
- ❑ Employ the teachable moment: link diabetes health issues with advice.

Step 2: Sample Intervention Cues

For the patient who currently uses tobacco:

- “Have you thought about quitting?”
- “Do you want to quit? I can help you by referring you to the Indiana Tobacco QuitLine. You can or will receive free telephonic counseling on how to quit and remain tobacco-free.”
- “QuitLines have had proven success in helping individuals get through the difficult stages of quitting and most professionals refer to them.”



ASK—ADVISE—REFER

Intervention Cues

Step 3: REFER (1 minute)

- Determine if patient is interested in quitting. For those interested:
 - Refer the patient to the Indiana Tobacco QuitLine 1-800-QUIT-NOW.
 - Refer the patient to their health care provider to prescribe pharmacotherapy, if appropriate.
 - Give the patient the Diabetes and Tobacco Fact Sheet.
 - Document in patient’s medical health record.
- *If not interested, give the patient the Indiana Tobacco QuitLine phone number and also let the patient know that you can refer them to resources, should they choose to quit in the future.

Step 3: Sample Intervention Cues

For the patient who currently uses tobacco:

- “I know quitting smoking is difficult. Most people who want to quit are successful. Sometimes it takes more than one try. I know you can do it. Let me refer you to the Indiana Tobacco QuitLine, they can help you quit.”
- “I can’t see what tobacco is doing to your diabetes, heart, lungs, brain, and other organs, but I would like to discuss some health issues and complications that could be due to your smoking or tobacco use.”



Help your patients quit smoking:

Ask—your patients about tobacco use at every visit

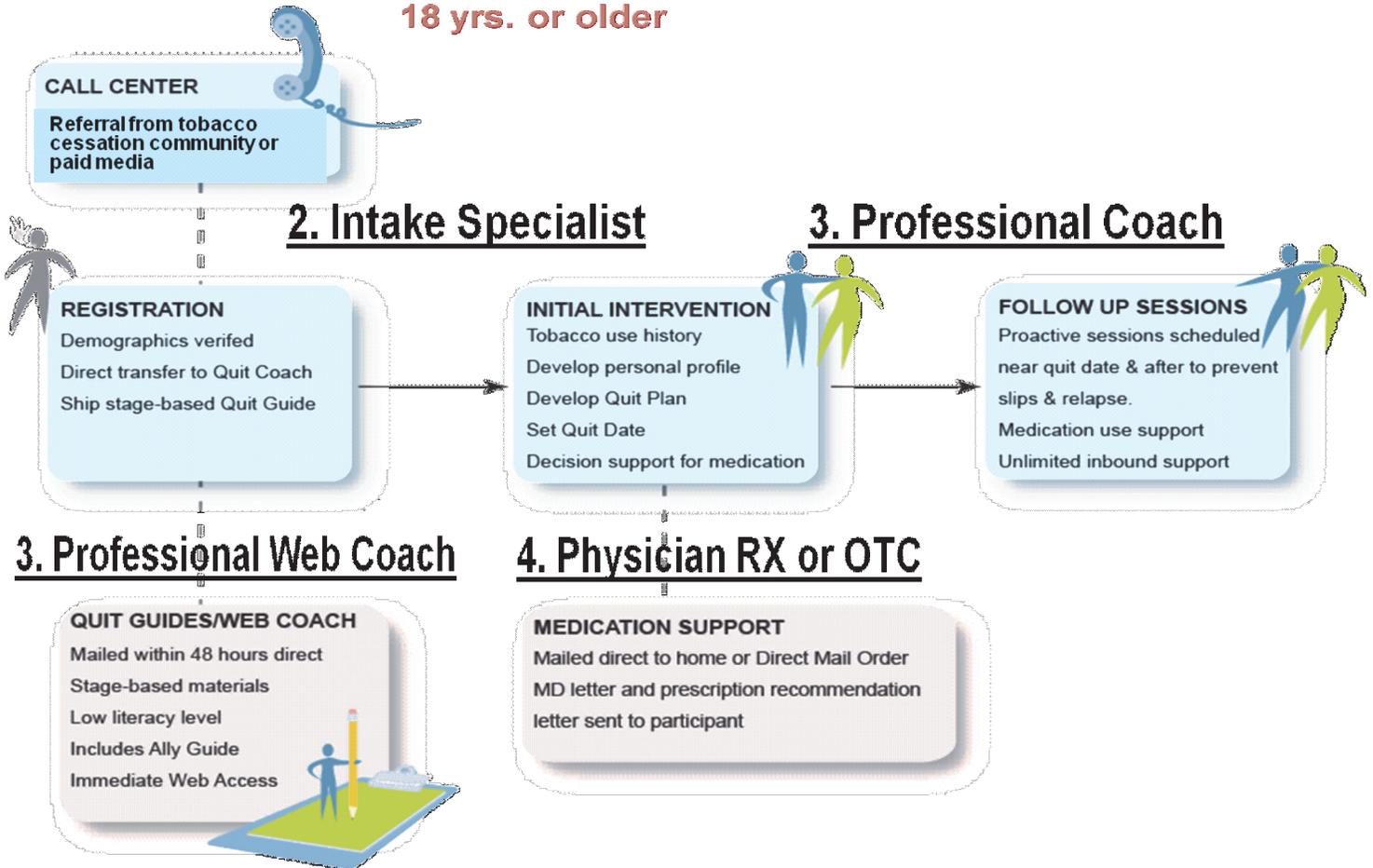
Advise—every tobacco user to quit

Refer—to the Quit Line at 1.800.QUIT.NOW

The Participant Experience with QuitLine

1. Fax Referral or Person Calls

18 yrs. or older



Preferred Provider = Multiple Benefits

The QUIT NOW Referral Network was developed by the Indiana Tobacco Prevention & Cessation (ITPC) to assist health care providers with providing proven, professional resources to help their patients kick their addiction to tobacco.

The Multiple Benefits:

1. Platform to help patients quit smoking.
2. Access to professional evidence-based resources.
3. Receive tobacco cessation services and materials.
4. Unlimited QUIT NOW fax referring privileges.
5. Promotional and educational materials.
6. Data on participating fax referred patients.
7. Pharmacotherapy chart with insurance reimbursement codes.
8. Direct access to ITPC cessation specialists.
9. ITPC support every step of the way.



Join the Preferred Provider Network

Go to www.in.gov/quitline/files/QL_PrefProvEnrollForm_FIN.pdf and complete the Preferred Provider Enrollment Form.

QUIT NOW Referral Network
Preferred Provider
Enrollment Form

1-800-QUIT NOW
Indiana's Tobacco Quitline

FAX 317.234.1786
www.indianatobaccoquitline.net

The QUIT NOW Referral Network was developed by Indiana Tobacco Prevention and Cessation (ITPC) to assist health-care providers with providing proven, professional resources to help patients kick their addiction to tobacco. As a Preferred Provider with the QUIT NOW Referral Network, you will receive exclusive tobacco cessation services.

QUIT NOW Fax Referral Forms to directly refer patients to the Indiana Tobacco Quitline, which offers specially trained Quit Coaches® to develop individualized quit plans for people who are ready to quit.

The QUIT NOW Referral Toolkit includes:
• QUIT NOW Fax Referral Forms

Indiana Tobacco Quitline
CLINIC FAX REFERRAL FORM
FAX 1.800.483.3114

Date Fax Sent ____/____/____

PROVIDER INFORMATION

Clinic Name _____
Health Care Provider _____
Address _____
City _____ State _____ Zip _____ County _____
I am HIPAA-Covered Entity (check one) Yes No Don't Know
Fax (____) _____ Phone (____) _____ email _____

Indiana Health Care Organizations/Systems are Encouraged to Join the Preferred Provider Network. Diabetes Educators, Physicians, Dietitians, Nurses, Respiratory Therapists, Etc. Can Sign-Up to Join the Network on Behalf Of Their Organization/System.

Access to a Cessation specialist for one-on-one advice and consultation. • Tobacco Cessation Posters

Please enroll me in the QUIT NOW Referral Network. There is no charge for this service.

Individual Provider's Name _____
Practice or Organization Name _____
Type of Practice or Organization _____
Address _____
City _____ State _____ ZIP _____
County _____
E-Mail Address _____
Phone (____) _____ - Fax (____) _____

Please return this form by e-mail or fax the form to 317.234.1786

Partnering together to combat tobacco use.

City _____ State _____ Zip _____ County _____

Primary Phone# (____) _____ TYPE Home Work Cell Other
Secondary Phone# (____) _____ TYPE Home Work Cell Other

Language Preference (check one) English Spanish Other _____

Tobacco Type (check all that apply) Cigarettes Smokeless Tobacco Cigar Pipe

I am ready to quit tobacco and request the Indiana Tobacco Quitline contact me to help me with my quit plan.
 I do not give my permission to the Indiana Tobacco Quitline to leave a message when contacting me.

Patient Signature _____

The Indiana Tobacco Quitline will call you. Please check the BEST 3-hour time frame for them to reach you.
Weekend may be made at times frame:
pm 6pm-9pm

received. If you received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.

All Preferred Provider materials are "FREE" and can be ordered at: www.indianatobaccoquitline.net

Points to Remember

CHALLENGES: Patients Using Tobacco Products

- Most individuals (90%) are nicotine dependent.
- Most patient physician visits are not made to seek help in stopping their tobacco use.
- Most want to **quit**.
- However, most **are** willing to talk about it.

It is important for individuals with diabetes or individuals who are considered at high-risk for developing diabetes in the future to understand that using tobacco products puts them at higher risk of aggravated diabetes conditions, developing additional chronic health problems, and shortening their life span. It is common for tobacco users with diabetes or smokers who are considered at high-risk for developing diabetes to experience increased vision and dental problems, kidney malfunction, and circulation difficulty that may lead to amputations of their toes or feet. **This is why it is vital to stop using any type of tobacco product.**

Please help us by becoming a Preferred Provider. All preferred provider materials are FREE and can be ordered at www.indianatobaccoquitline.net.

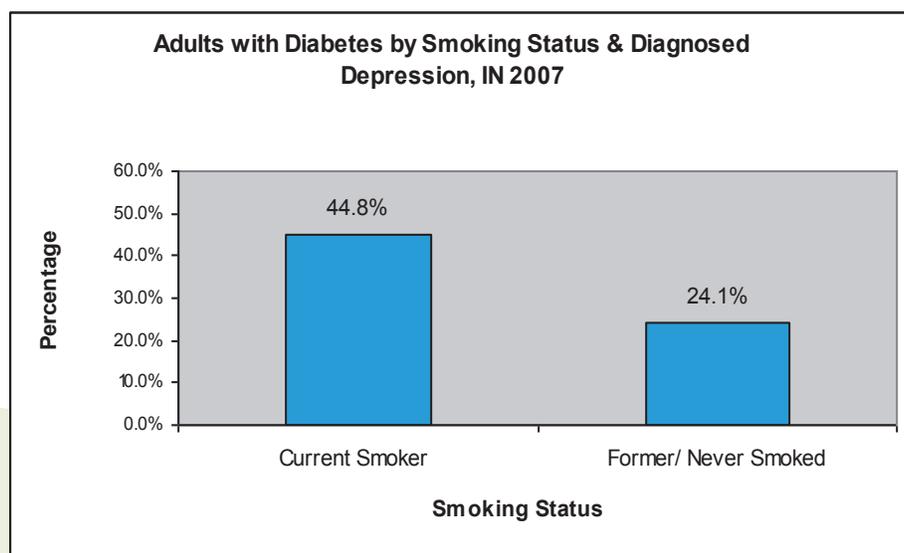
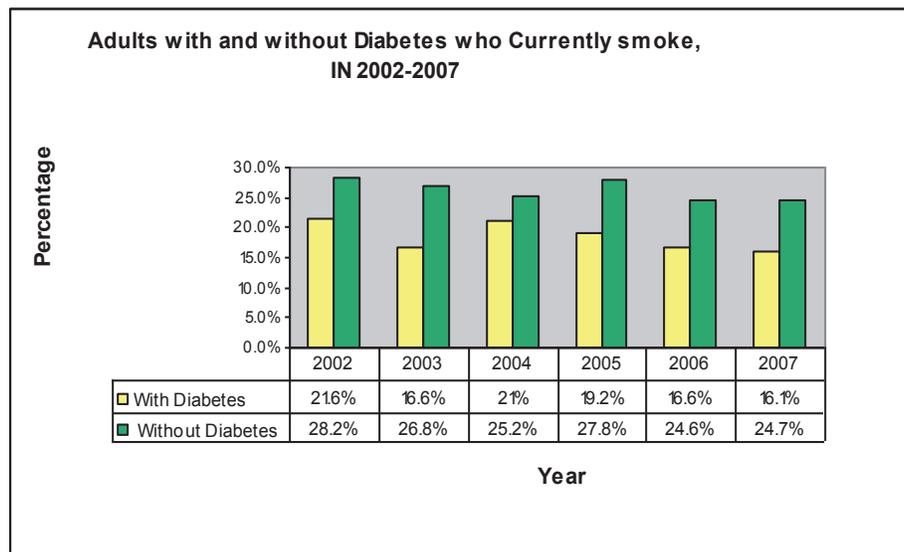
Reference: Public Health Service Guidelines for the Management of Treating Tobacco Use Dependency.



Fax Referral is the cornerstone of diverse cessation success.

Indiana Data on Smoking & Diabetes

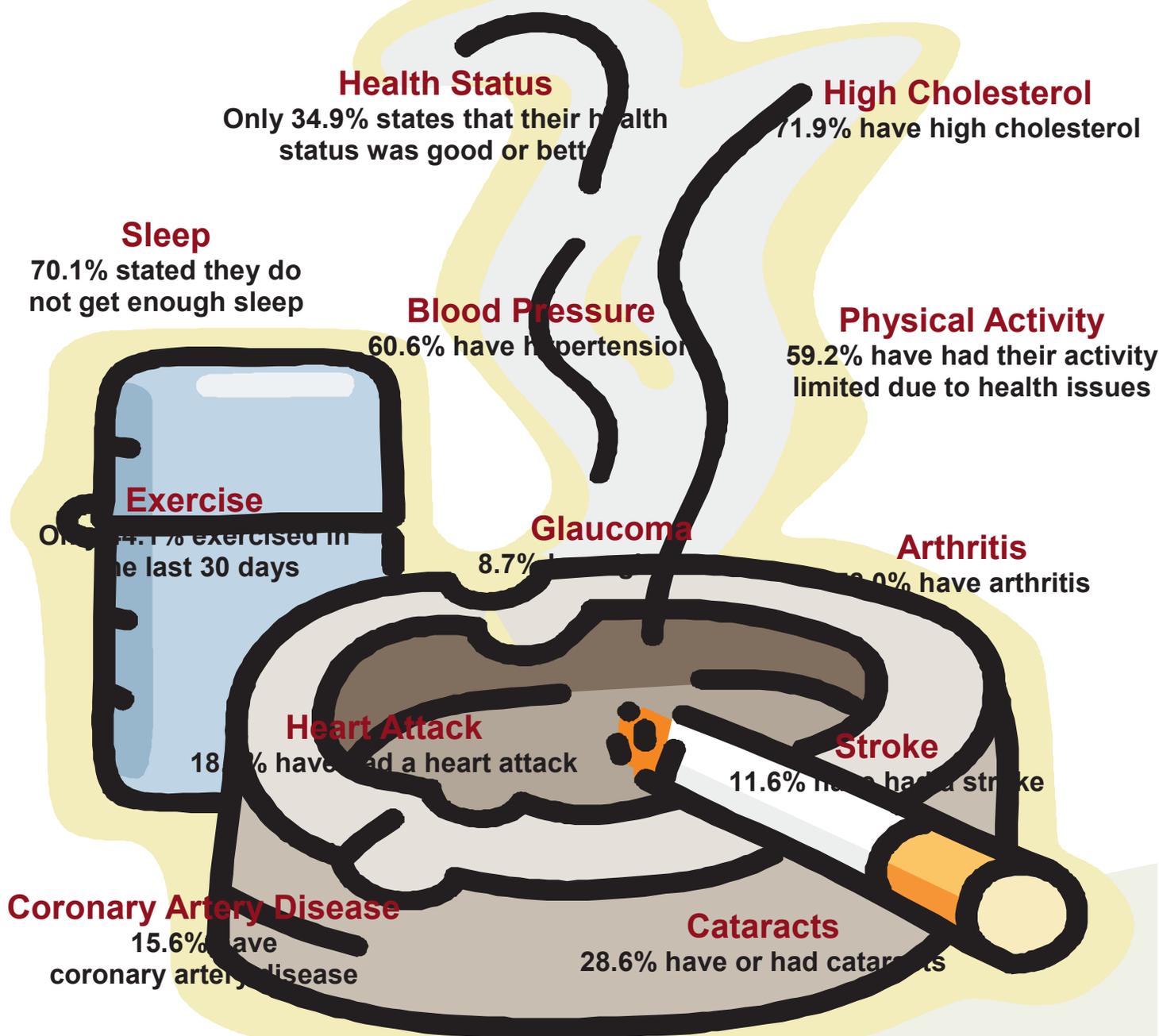
- In 2007, 16.1% of Indiana adults with diabetes were current smokers.
- 17.4% of those adult females with diabetes are smokers, compared to 14.8% males.
- The proportion of non-Hispanic Blacks who smoke is similar to that for non-Hispanic Whites among those without diabetes.
- Adults with diabetes were more likely to smoke (35.5%) if their annual income was below \$15,000.
- Adults with diabetes were less likely to smoke (7.75) if they held college degrees.



Diabetes, Smoking, and Your Health

Patient Handout

Indiana Diabetics who Smoke...



Reference: This information is from the 2009 BRFSS. Values are for self-reported diagnosed diabetics who self-reported being current smokers. Survey participants are considered smokers if they answered "yes" to "smoked at least 100 cigarettes" and "now smoke every or some days."

Position Statements & Recommendations

American Diabetes Association Position Statement

Recommendations:

- Advise all patients not to smoke.
- Include smoking cessation counseling and other forms of treatment as a routine component of diabetes care.

“Smoking is related to premature development of microvascular complications of diabetes and may have a role in the development of type 2 diabetes.”¹



International Diabetes Federation Position Statement

“Tobacco is harmful to health and is of particular danger to people with diabetes. All late complications of diabetes such as cardiovascular disease, foot problems, kidney and eye disease are worsened by smoking. Smoking cessation has immediate positive effects, however it is made difficult by tobacco dependence and by all forms of advertising and promotion used by the tobacco industry.”

International Diabetes Federation’s position is that:

- People with diabetes should not smoke.
- Smoking cessation should be included in all diabetes management and educational programs.
- Discussion of the dangers of smoking should be done in consultations, in all educational programs, and by diabetes organizations.
- Tobacco control should be included in all health programs at national, regional and international levels.²



American Association for Diabetes Educators Recommendations

“Effective risk reduction behaviors such as smoking cessation and regular eye, foot, and dental examinations reduce diabetes complications and maximize health and quality of life. An important part of self-care is learning to understand, seek and regularly obtain an array of preventive services.”

“Diabetes educators assist patients in gaining knowledge about standards of care, therapeutic goals, and preventive care services to decrease risks. Skills taught include smoking cessation, foot inspections, blood pressure monitoring, self-monitoring of blood glucose, aspirin use and maintenance of personal care records.”³

References:

¹American Diabetes Association. (2010). Clinical practice recommendations 2010. *Diabetes Care*, 33-1, S33.

²International Diabetes Federation. (2003). *Position statement - diabetes and tobacco use*. Retrieved from http://www.idf.org/Position_statements/diabetes_smoking

³American Association of Diabetes Educators. (2010). *AADE 7 self-care behaviors*. Retrieved from <http://www.diabeteseducator.org/ProfessionalResources/AADE7/>

Diabetes and Tobacco = A Dangerous Combination



Diabetes & Tobacco

THIS TOOLKIT PROJECT IS A COLLABORATIVE EFFORT OF THE
INDIANA DIABETES PREVENTION AND CONTROL PROGRAM (DPCP) &
THE INDIANA TOBACCO PREVENTION & CESSATION (ITPC).

Inside:

- Position Statements and Recommendations
- Diabetes, Smoking and Your Health (Patient Handout)
- Indiana Data & Statistics
- Information for Health Care Professionals
- Top Ten Reasons to Refer
- Addressing Barriers to Quitting
- Addressing Weight Gain
- Research Findings on Diabetes and Tobacco Use
- Resources & Materials

Health Care Professional Toolkit

Guidelines, resources, and referral information for health care professionals in Indiana to help treat tobacco use and dependence in patients who are diagnosed or considered at high-risk for developing diabetes in the future.

