

1-877-270-STOP

THE OREGON TOBACCO QUIT LINE

THE RECENT HULLABALOO about billions of dollars for a tobacco settlement might lead the casual observer to conclude that we have solved the tobacco problem. In your dreams! Higher prices for cigarettes and future funding for prevention programs may increase incentives to quit, but helping patients already addicted to nicotine remains a challenge. Fortunately, additional help is now available for physicians and their patients from **The Oregon Tobacco Quit Line.**

The Quit Line is a brand-new, toll-free phone service that can be used to get help to stop smoking or chewing. The Quit Line's mission is to support efforts to reduce tobacco addiction by offering cessation assistance to residents who use tobacco, and resource information to health-care providers.^{1,2} The services of the Quit Line and how to access them are described in this article.

HOW THE QUIT LINE WORKS

Oregonians interested in quitting or in obtaining information about quitting should call the toll-free Quit Line number (1-877/270-STOP or 1-877/270-7867). A Quit Line staff member provides a brief introduction to the Quit Line services, assesses the caller's unique situation and takes a history. Services are provided based on the stage of readiness to quit, with interventions designed to meet each caller's specific needs.

For callers not seriously considering quitting, a smoking-cessation specialist provides brief cessation assistance and sends appropriate materials. Such callers are encouraged to call back when they are ready to quit and told they will

receive a comprehensive intervention and referral to additional resources for cessation support.

Callers who are considering quitting but not actively preparing for it are helped by Quit Line to explore their concerns. Staff try to increase the callers' motivation from merely thinking about quitting to actually engaging in cessation activities. The counselors help callers to understand that quitting is a process rather than an event, encourage them to identify next steps that would be helpful to them in the process, send written information and suggest activities to think about or perform. Callers learn about additional resources available to help them quit.

READY CALLERS

For callers who are ready to quit within 30 days, tobacco counselors use a cognitive-behavioral approach and mailed materials to build skills that will help the quitter. In a comprehensive 40-45 minute telephone session, tobacco counselors help to design a customized quit plan by exploring each caller's tobacco-use history, previous attempts at quitting and motivation for quitting. They discuss the psychology and physiology of addiction, adjunct pharmacological tools and the health effects of quitting, as well as provide additional resources for support.

Studies show that follow-up support more than doubles the likelihood of success and decreases relapse.³ Ready callers are asked if they are interested in such support and, if so, to identify their insurance carriers. The Quit Line is building a comprehensive data base of tobacco-cessation support services offered by health plans, and the quitter is referred to the appropriate resource, if one is available. Nearly all Oregon

Health Plan members have (or soon will have) access to tobacco-cessation support services, and several of the state's largest commercial health plans offer full or partial coverage.

If the caller is medically uninsured, a comprehensive program is available through the Quit Line contractor's program "Free & Clear." This includes additional self-help cessation materials, five personalized telephone interventions with a cessation specialist to prevent relapse, assessment for and management of Nicotine Replacement Therapy (NRT), mail-order NRT if needed and lifetime access to the "Free & Clear" toll-free Quit Line.

Left out of this follow-up support may be the underinsured. Quitters with medical insurance that does not include tobacco-cessation support are referred to cessation resources that they can access at their own expense.

Coverage for all is highly desirable. A recent study demonstrated that a program to eliminate all financial barriers to cessation services substantially increases the number of successful quitters.⁴ The Health Systems Task Force of the Tobacco Free Coalition of Oregon is working to get this information into the hands and consciousness of all purchasers and insurers. The Quit Line will track the experiences of underinsured callers.

NITTY GRITTY

The Quit Line is a "help line," not a "hot line." Hours are Monday–Thursday 9-8, Friday 9-5 and Saturday 9-1. Messages left during non-business hours are returned within one business day. Counseling and materials are available in both English (1-877/270-STOP) and Spanish (1-877/2NOFUME or 1-877/266-3863). Translation services are

available in Russian, Vietnamese, Cambodian, Lao, Mien, Chinese (Mandarin and Cantonese) and Romanian. TTY services are available for the hearing impaired (1-877-777-6534).

Quit Line staff are prepared to help with:

- smokeless tobacco addiction
- addicted teenagers
- tobacco use during pregnancy
- weight gain following cessation
- withdrawal symptoms
- how to support someone who is in the process of quitting
- numerous other topics.

Health-care providers can call the Quit Line for information for their patients, as well as for advice about setting up cessation programs.

THE QUIT LINE CONTRACTOR

The Quit Line is financed through tobacco taxes. Following a competitive bidding process, the Oregon Health Division awarded the contract in July 1998 to Kaiser Foundation Health Plan of the Northwest (KFHPNW) and Kaiser/Group Health Cooperative in Seattle (GHC). These nationally renowned programs have published extensively on the development, evaluation, and delivery of tobacco cessation efforts. The one-year abstinence rate of GHC's tobacco cessation program, "Free & Clear," which is offered through several health plans and to the uninsured, has remained near 30% for five years. Both KFHPNW and GHC received recent awards from the American Association of Health Plans and the Robert Wood Johnson Foundation for their leadership in tobacco-cessation programs.

INTEGRATING THE QUIT LINE INTO YOUR PRACTICE

Providers who follow the tobacco guidelines described previously are practicing the "four A's": ask, advise, assist and arrange.¹ A busy primary-care clinician who cares for a typical population of adults will find that six to seven percent of patients who visit are smokers who are interested in information about quitting, and three percent are smokers interested in trying to quit. The office visit is the critical moment to capitalize on motivation by assisting and arranging support.

The doctor or nurse can increase the likelihood that each patient will take a constructive next step. Asking patients to set a specific quit date, advising them to seek support and arranging for appropriate medications will help. If you know the best support programs available through the patients' insurers, refer them directly. If not, the Quit Line will assure that they each get at least one counseling session and will attempt to identify follow-up programs. Your own follow-up calls to these patients to assure that they follow through is critically important.⁵

PROMOTION

Promotion of the Quit Line through clinics, health plans, county tobacco coalitions, print media and radio is designed to drive a steady stream of "ready" callers to the service. Eleven counties have started the drum beat, and all will be active by the end of the year. A promotional news-media campaign encouraging New Year's resolutions and promoting the Quit Line is planned

for the week preceding January 1, 1999. **For additional information**, call Nancy Clarke at 503/731-4273 or Denise Kivlen at 206/287-4318

REFERENCES

1. CD Summary Vol. 47, No. 11 (May 26, 1998).
2. Health Systems Task Force. Tobacco cessation: an opportunity for Oregon's health systems. Portland, OR: Tobacco-Free Coalition of Oregon. 1998.
3. Fiore MC, Bailey WC, Cohen SJ, et al. Smoking cessation, clinical practice guideline No. 18 [AHCPR Publication No. 96-0692]. Rockville, MD: US Department of Health and Human Services, Public Health Service, Agency for Health Care Policy Research. 1996:52.
4. Curry SJ, Grothaus LC, McAfee T, Pabiniak C. Use and cost effectiveness of smoking-cessation services under four insurance plans in a health maintenance organization. *NEJM* 1998; 339:673-679.
5. Fiore MC, Bailey WC, Cohen SJ, et al. Helping smokers quit: a guide for primary care clinicians [AHCPR Publication No. 96-0693]. Rockville, MD: US Department of Health and Human Services, Public Health Service, Agency for Health Care Policy Research. 1996.

Flu Update

THIRTY-TWO SPECIMENS of suspected epidemic catarrh have been reported out as negative for influenza viruses by the OSPHL. The number of specimens received as of this moment compares favorably with the experience of last season and is indicative of a current lack of widespread respiratory disease meeting our criteria: a temperature of 38.3 degrees Centigrade, cough, myalgia and two or more of the following: headache, sore throat, rhinorrhea, malaise, chills and prostration. Last season the first case occurred in the 4th week of December and in the absence of malevolent planetary conjunctions, current prophecies point to a similar pattern this season. There is little influenza activity in the U.S. at this time.