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SMOKING CESSATION

Oregon's FREE Tobacco QUIT LINE (1-800-QUIT NOW)

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In the U.S., 21% of Americans smoke cigarettes. In 2006, 35% of Medicaid recipients smoked and 14% of Medicaid costs were attributable to tobacco use. Cigarette smoking is the leading cause of preventable death for all Americans and is not declining.[1] According to the Surgeon General, on average, men who smoke cut their lives short by 13.2 years, and female smokers lose 14.5 years. It costs the U.S. $75 billion in direct medical costs and $82 billion in lost productivity.[2]

Seventy percent (45.3 million) of US smokers have reported that they want to quit smoking and 44.2% (19.9 million) attempt to quit every year; however, only about 7% become tobacco-free without professional help.[3] With good smoking cessation programs, 20 to 40 percent of participants are able to quit smoking for up to 1 year.[4]

In Oregon, 22% of all deaths are attributable to tobacco use. In addition, there are an estimated 800 deaths caused by second hand smoke annually. Oregon residents are 4 times more likely to die from tobacco-related causes than from motor vehicle accidents, suicide, AIDS and homicide combined. In 2005, only 85% of pregnant women who smoked reported being advised to quit by their doctor or health care worker. [5]

Tobacco cessation has many positive benefits. Stroke is reduced to that of a person who never smoked after 5-15 years of not smoking; cancers of the mouth, throat, and esophagus risks are halved 5 years after quitting; coronary heart disease risk is cut by half 1 year after quitting and is nearly the same as someone who never smoked 15 years after quitting; lung cancer risk drops by as much as half 10 years after quitting. Low birth weight baby risk drops to normal if pregnant women quit before pregnancy or during their first trimester. [6] Male smokers who quit between ages 35-39 add an average of 5 years to their lives. Female quitters in this age group add 3 years.[4]

According to a 1997 report, only 15% of smokers who had seen a clinician in the previous year were offered assistance with quitting, and only 3% were given a follow-up appointment to address the problem.[7] For patients motivated to quit smoking, abstinence is the goal. To aid in this endpoint, both non-pharmacotherapy and pharmacotherapy interventions play a role and there is good evidence showing pharmacotherapy plus counseling is most effective.

Medications available:

Pharmacotherapy includes nicotine replacement, bupropion and varenicline. All have shown to be more effective than placebo by a 1.5-3 fold difference at initial cessation and maintenance up to 1 year. [8,9,10] Short term abstinence rates (12 weeks) show varenicline more effective than bupropion and nicotine.[9,11,12] At 1 year, abstinence rates were similar with all three agents. Varenicline rates were non-significantly higher than nicotine patch and showed conflicting superiority with bupropion, yet all were more effective than placebo at 1 year after quitting.[8,10,11] All varenicline trials combined counseling with medication. The FDA has concerns with neuro-psychiatric reactions in patients taking varenicline.

Nicotine replacement therapy (NRT) is available in the form of patches, gum, lozenges, inhaler and nasal spray. No difference in efficacy between the different nicotine products has been demonstrated, thus, individual preference gives the best chance for quitting.[10] Blood nicotine levels vary between products because of the variability in pharmacokinetics and dose delivery. Ineffectiveness of nicotine replacement therapy is often due to improper use or insufficient dose.[13] Nortiptyline and clonidine are second line agents used for tobacco cessation.

In Oregon, Medicaid clients have all smoking cessation products available to them. Costs for varenicline (Chantix) have grown significantly over the past year according to a DUR Board review. During the past 18 months, expenditures for Chantix alone approached $400,000 and current monthly expenditures are close to $36,000. During this same time only 14% of Medicaid patients starting therapy completed at least 12 weeks with Chantix, the recommended length of therapy for effective results. Also, only 1.3% of varenicline users were registered with the State's Quit Line and only 7% of those received counseling from a billing clinician.[26]

Non-Pharmacotherapy Interventions

The non-pharmacotherapy interventions include self help materials, telephone counseling, group counseling, individual cognitive-behavioral counseling and social support. Five studies examined the effect on cessation rates using pharmacotherapy plus counseling. All five demonstrated significant improvements in abstinence rates using the combination approach.[14,15,16,17,18]

Telephone counseling:

Non-pharmacologic interventions, such as counseling can double abstinence rates.[19] Strong evidence indicates physician advice to quit as well as interventions lasting up to 3 minutes significantly increased long-term abstinence rates.[20] Proactive telephone counseling has been found efficacious in assisting people to quit smoking. Many medical professionals are becoming involved in tobacco cessation. Fiore et al, did not find any single clinician type to be more effective than another, but did find some evidence that interventions delivered by multiple clinicians were more effective than if given by a single clinician.[20] One case study found smokers are four times as likely to use quitlines as face-to-face clinics, given the same promotional effort. [21]

A randomized trial of 4614 Oregon tobacco callers compared brief (on 15 minute call), moderate (one 30 minute call and a follow-up call) and intensive (five proactive calls) intervention protocols, with or without offers of free nicotine patches (NRT). They concluded that offering free NRT and multi-session telephone support led to higher quit rates, and similar costs per incremental quit, than less intensive protocols.[22]

Cummins S, et al published a report describing tobacco quit-line practices in the United States and Canada. 98% of the quitlines surveyed use proactive, multi-session counseling and about half of the quitlines use the internet to provide cessation information. A little over a third of US quitlines distribute free cessation medications to eligible callers. Even with this, they found the average utilization rate of the US state quitlines in 2004-2005 was only about 1% across states.[23]

The Oregon Tobacco Quit Line (ORQL) is a free statewide phone-based tobacco treatment program funded by the Oregon Public Health Division. Patients can call: 1-800-QUIT NOW (800-784-8669) for service in English, 1-877-2NO-FUME (877-266-3863) for services in Spanish, or 1-877-777-6534 for TTY.

Physicians can FAX a referral directly to the Quit Line and a counselor will initiate contact with the patient. Free & Clear, Inc., a Seattle-based, leading quit line service provider administers the Oregon Quit Line. The first call may consist of any or all of the following: direct transfer to phone counseling with a Quit Coach, referrals to community cessation resources, written educational material, and information on potential services offered through the callers' insurance. Once the patient registers for the program, they may also be eligible to receive follow-up calls strategically placed according to the patient-counselor arrangement for treatment. Callers to the Quit Line are eligible to receive 2 weeks free nicotine patches or gum mailed directly to them depending on their health plan; uninsured callers may receive up to 8 week's supply. Medicaid clients may currently access NRT through their pharmacy benefit. The registered caller may call the quit line for subsequent cessation counseling as needed, free of charge.

The Oregon Tobacco Quit Line provides evidence based cessation support services. All Quit Coaches receive comprehensive training in the use of motivational interviewing, brief solution-focused therapy techniques, and cognitive behavioral approaches to treating tobacco dependence. According to the Oregon Tobacco Quit Line Evaluation Report, Year 09, evaluation of an assessment of callers' satisfaction with the ORQL services as well as their tobacco use and/or abstinence was completed in 2007. A little over 85% reported that the Quit Line met their expectations. Slightly more than 30% (18.4% when using intent to treat) of Quit Line callers were quit at the time of the survey*. Of those who were still smoking at follow-up, almost 80% reported a strong desire to quit. [24]

Health care professionals play an integral role in the patient's success to quit. For patients who are motivated to quit, the U.S. Public Health Service guidelines recommend using "Ask-Advise-Refer" upon initial communication.[25]

Ask-Advise-Refer: 1. Ask about smoking 2. Advise smoker to stop 3. Refer to Quit Line

To reach the Oregon Tobacco Quit Line and Free & Clear Program:
Websites: www.oregonquitline.gov and www.freeclear.com
Phone: 1-800 QUIT NOW (784-8669)
For Spanish: 1-877- 2NO-FUME (266-3863)
For TTY: 1-877-777-6534

To FAX a referral for your patient, the form is located at: http://oregon.gov/DHS/ph/tobacco/docs/QLFAXRef.pdf

Free tobacco cessation material is available through the Oregon Tobacco Education Clearinghouse Catalog at http://oregon.gov/DHS/ph/tobacco/otec.
Free material includes booklets, pamphlets, posters, decals, Quit Line business cards, brochures, payroll stuffers, "Tobacco Free" school, business restaurant signs, employer decal signs, and 15-minute videos. Publications are available in English, Spanish Cambodian, Vietnamese, Korean, Chinese, and other languages. Special publications speak to American Indians, women, pregnant women, and youth.

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