

Your Patients are Quitting Smoking!

DOES COUNSELING your patients about changing their behaviors sometimes feel like talking to a brick wall? Take heart. Data from the first year of the Oregon Tobacco Quit Line show that a number of your patients not only heard you, but have acted on your advice to quit using tobacco.

The Quit Line is a toll-free phone service for tobacco cessation information and support.* (See *CD Summary* December 8, 1998.) Services include consultation to professionals about treating tobacco dependence as well as help for any tobacco user in Oregon who wants to quit. Specially trained staff assess tobacco-users' "readiness to quit"¹ and classify them as in the:

- precontemplation stage—no desire to quit;
- contemplation stage—considering quitting in the next six months;
- preparation/action stage—planning to quit within 30 days; or
- quit/maintenance stage—has already quit.

On-line protocols then guide an appropriate, focused intervention to facilitate behavior change. In addition to the one-time phone session, support includes a quit kit of cessation materials and referral to other resources for more support.

The Quit Line became fully operational at the end of December (1998) to capitalize on the usual new-year enthusiasm for resolutions such as engaging in healthier behaviors, being nice to mothers-in-law and working for world peace. The Quit Line was rolled out with news reels, press releases and other free media promotion. Brochures in clinics, notices mailed by insurers to their members (including a huge one by the Oregon Health Plan), and county tobacco-free coalitions' promotions also generated calls to the Quit Line.

Although we couldn't uncork the champagne on the first ring (the caller mistakenly thought this was the QuiLt Line and was looking for batting material), 95% of the 6,320 subsequent calls have been from the intended audience. Of 3159 individual tobacco users who have been helped, nearly all smoked (although 9% preferred their tobacco in the cud form). The initial screening of the tobacco-users' needs determined that most (86%) were ready to seriously plan for quitting, while 5% were only trying on the idea. Eight percent had already quit and wanted help coping. Callers who did not use tobacco were family members, staff from cessation programs, and clinicians seeking assistance in helping others to quit.

STEADY STREAM OF READY CALLERS

Data through June show that doctors, insurers and other health care providers are the best source of appropriate referrals to the Quit Line. That's because their referrals are usually ideal candidates for assistance. Protocols are designed to help callers at all stages of readiness, but this resource is best suited for those planning a quit attempt in the next 30 days. The specialist reviews the caller's smoking habits, past attempts at quitting, and the pros and cons of multiple methods. The staff person then works collaboratively with the caller to build

skills and confidence for a successful quit plan.

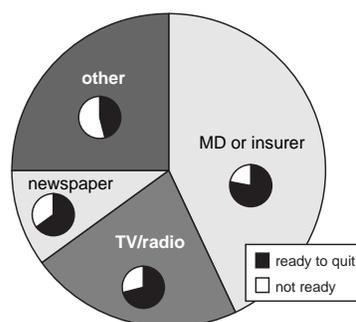
In contrast, the epiphany cell-phone caller who just heard a radio ad while stuck in traffic without a pack of cigarettes is "inspired," but probably not ready to prepare a thoughtful quit plan. Specialists work with the latter type of caller to increase motivation. The graph below shows that doctors and insurers generate the largest volume of calls and also the highest proportion of tobacco users who are ready to quit.

Physicians are also the best source of a steady stream of referrals to the Quit Line from an operations perspective. Patients hear advice, take a brochure, leave it on the kitchen counter for awhile, move it to the refrigerator and eventually steel their nerves and make the call. Contrast this with the operational challenge of staffing for the peaks and valleys associated with advertising. Quit Line staff have experimented with media to learn what generates which kind of callers and when. We've learned valuable lessons such as: ads on local-access cable TV stations generate almost no calls, newspaper ads have a small impact, and radio is effective but response fades as soon as the promotion is over. At the other extreme, prime-time TV generates an instant, nearly unmanageable response and a string of epithets from the phone staff directed at the media manager.

FOLLOW-UP SUPPORT

Studies repeatedly show follow-up improves likelihood of successful quitting, so referral to additional resources is a critical part of the protocol. The Quit Line database currently contains referral information for 16 health plans about their coverage for group and individual support programs as well as for pharmacotherapy. Interested quitters who are either uninsured or who are members of six contracting health plans are immedi-

Referral Source for Callers and Readiness to Quit



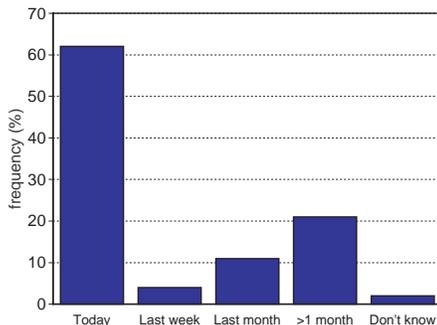
* The Quit Line is funded by the cigarette tax created through Ballot Measure 44 passed in 1996.

ately enrolled in the “Free & Clear” program. This nationally recognized service, which shares management and operational staff with the Oregon Quit Line, provides follow-up phone calls timed to support successful quitting along with appropriate nicotine replacement therapy. Five additional plans receive a notification that their members are interested in help (if the caller grants permission) and are directed to their programs. Also, all potential quitters are matched by location and interests to more than 60 support resources that have been identified by twenty county tobacco coalitions and the Tobacco Free Coalition of Oregon.

RESULTS

To assess callers’ satisfaction with the program and their subsequent quitting history, we attempted to contact 247 people who had called the Quit Line during the first six month of operation. We successfully interviewed 151 (61%) (refusal rate = 3%; unable to reach = 31%, other = 5%). A whopping 84% reported they had made a quit attempt since calling the Quit Line. Many subsequently slipped, but of those trying, 32% quit for one month or more, which is an important

When Did You Last Use Tobacco?



Made a quit attempt	83%
Read self-help materials	64%
Used patches	31%
Called health plan	31%
Used gum	15%
Used a phone-based program	12%
Used Zyban	11%
Joined a cessation group	4%

step toward permanent quitting. The graph below shows smoking status at the time of the survey call.

Did the Quit Line help? Fifty-nine percent of the callers said “yes.” Over half (54%) gave the phone specialist the highest rating on a 7 point scale for supportiveness and helpfulness, and the mean score was 5.5. (Reported one caller, “If she could bake pie I’d marry her.”) More than two-thirds reported they were helped with adjunctive pharmacotherapy information, confidence building techniques, skills training and mailed materials. Half found the referral information helpful. Three-fourths would recommend the Quit Line to a friend. The table above shows the actions taken by callers after their phone session.

Though 60% were satisfied with the services of the Quit Line, 21% were not. We will be responding to some of the recommendations from those surveyed, including an improved quit kit, and more low-literacy materials. Requests for free patches and “magic to make it easy” are a bit beyond Oregon Health Division current resources and technology.

NEXT STEPS

There’s no time like the millennium to turn over a new leaf,* so promotion will begin in November for *Pledge 2000*. This cessation campaign includes daytime TV ads that specifically address cessation with the message to “keep trying.” Pledge cards will be widely distributed, including to clinics. And the 2000th caller will receive some freebies and publicity (nothing like a little pressure to succeed.) Materials will be available to physicians after November 1 by calling the Health Division (503/731-4273) or Pac/West (503/598-8806).

Physicians whose cessation assistance to patients includes a referral to the Quit Line are encouraged to join the campaign. Advising patients to call for help *before* January 1 to make a plan will greatly improve their chances of success (and, not incidentally, will reduce pressure on our systems.) Continued efforts to generate steady ready referrals is an important key to a smokefree millennium.

REFERENCE

1. Prochaska JO, DiClemente CC. Stages and processes of self-change of smoking: toward an integrative model of change. *J Consult Clin Psych* 1983;51:390-395.

OREGON TOBACCO QUIT LINE

Toll free for: Physician to physician consultation, patient brochures, patient referral, (877/270-7867, 877/270-STOP), Spanish Quit Line (877/270-3863, 8NO-FUME), TTY Quit Line (877/777-6534).

Hours:

Mon-Thurs 9am to 8pm
 Friday 9am to 5pm
 Sat. 9am to 1pm



* So long as it isn’t tobacco