

Thirty Seconds to Save a Life

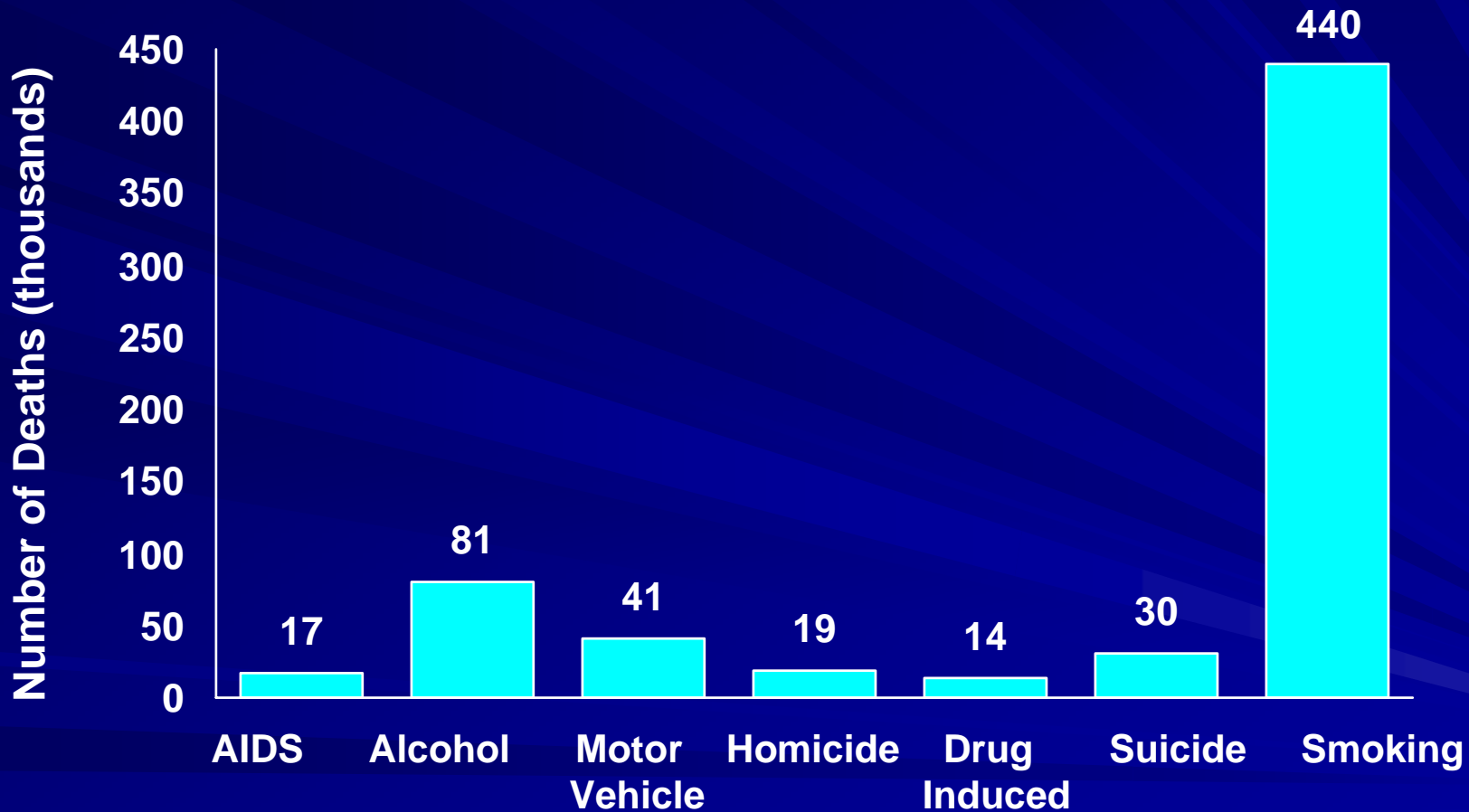
*What busy clinicians can do to help their
patients quit smoking*

<http://smokingcessationleadership.ucsf.edu/>

The Grim Statistics

- 46 million Americans smoke
- 70 percent want to quit
- They are more likely to quit if advised to do so by health professionals
- Yet many health professionals never ascertain their patients' smoking status nor help them quit

Comparative Causes of Annual Deaths in the United States



Source: CDC

Why Bother?

- Single most effective step to lengthen and improve patients' lives
- Quitting smoking has immediate and long-term benefits and is well worth the difficulty, both for patient and clinician

The Benefits Of Quitting Smoking

- At 24 hours after quitting the chance of a heart attack decreases
- At 48 hours nerve endings start regenerating, and the ability to smell and taste is enhanced
- At 2 weeks to 3 months circulation improves, walking becomes easier, and lung function improves

The Benefits Of Quitting Smoking (2)

- At 1 year excess risk of coronary heart disease decreases to half that of a smoker
- At 5 years stroke risk reduces to that of people who have never smoked

The Benefits Of Quitting Smoking (3)

- At 10 years the risk of lung cancer drops to one-half that of continuing smokers
- At 15 years the risk of coronary heart disease is now similar to that of people who have never smoked and the risk of death returns to nearly the level of people who have never smoked

The Benefits Of Quitting Smoking (4)

- Children in households will be less likely to become smokers once their parents quit. All family members will be exposed to less second-hand smoke.
- Former pack-a-day smokers save about \$120-190 a month.

If it's so beneficial, why
don't clinicians help more
patients quit?

Reasons for Not Helping Patients Quit

- 1. Too busy**
- 2. Lack of expertise**
- 3. No financial incentive**
- 4. Most smokers can't/won't quit**
- 5. Stigmatizing smokers**
- 6. Respect for privacy**
- 7. Negative message might scare away patients**
- 8. I smoke myself**

1. Too busy?

- Interventions can take as little as 30 seconds
- No other health result could be achieved with such a small investment of time
- It is the job of health professionals to help patients be healthier
- Smoking cessation is basic treatment
- Not helping smokers quit could be malpractice in many diseases

2. Lack of expertise?

- Virtually no expertise is needed to refer patients to a telephone quitline or website
- Basic facts are straightforward—counseling plus nicotine replacement therapy and/or other drugs can greatly help patients quit
- The quitline or website staff provide smokers with all needed information

3. No financial incentive?

- Smoking cessation should be part of basic visit
- Counseling may be reimbursable in many situations
- Could avoid a nasty malpractice suit

4. Patients unlikely to quit?

- Almost a quarter of patients in one study who had multiple quitline sessions were abstinent after 12 months
- With help from a clinician, the number of patients who quit smoking doubles
- Evidence suggests use of a quitline can more than triple success in quitting

5. Stigma attached to smoking?

- Most smokers get addicted in early teens
- The most effective message is to empower smokers to quit: *You can do it*
- Nicotine is highly addictive (more addictive than heroin), yet thousands of smokers quit every year

6. Privacy for Patients?

- Numerous studies show that patients, even those who plan to continue smoking, *prefer* that health professionals advise them to quit
- Most smokers want to quit and want support and encouragement to do so, especially from those they highly respect and trust

7. Afraid of scaring off patients?

- Again, smokers want to be encouraged to quit by health professionals
- Almost everyone today is aware of the health risks of smoking. It is perfectly natural and expected that a health professional will mention them
- Many smokers are concerned about the effect of second-hand smoke on their loved ones

8. “I smoke myself”

- Health professionals also need help and support in quitting smoking.
- No one understands the difficulty of quitting more than a person who has recently quit.

Helping Is Easier Than You Think

- Many new tools exist to help patients quit
- The Public Health Service has devised a useful clinical practice guideline– the Five A's
 - Ask, advise, assess, assist, arrange
- But if you are too busy for all five, how about just three?

What Clinicians Can Do

- Ask if your patient smokes
- Advise the patient to quit
- Assess the patient's readiness to quit
- If the patient seems motivated to quit, tell him or her that help is a free phone call away
- Hand the patient an information card, and the quitline staff will take it from there

Quitlines— A Well-Kept Secret

- Quitlines are available to all Americans with access to telephones.
- They provide smokers with **free** cessation services including counseling, self-help kits, and cessation information.
- They work. With repeat sessions, they can help smokers quit at the rate of 27 percent (12-month abstinence rate) in one California study.

What is telephone tobacco counseling?

- Conducted on an individual basis
- Provides anonymity— counselor and client never meet face to face
- Can be proactive, with sessions initiated by counselor
- Lends itself to structured counseling protocol that is thorough, yet brief and focused

Why telephone counseling?

- Convenient for smokers, and thus preferred over clinic by 75-85 percent
- Easy to promote
- Some quitlines make first contact with smokers, if referred appropriately

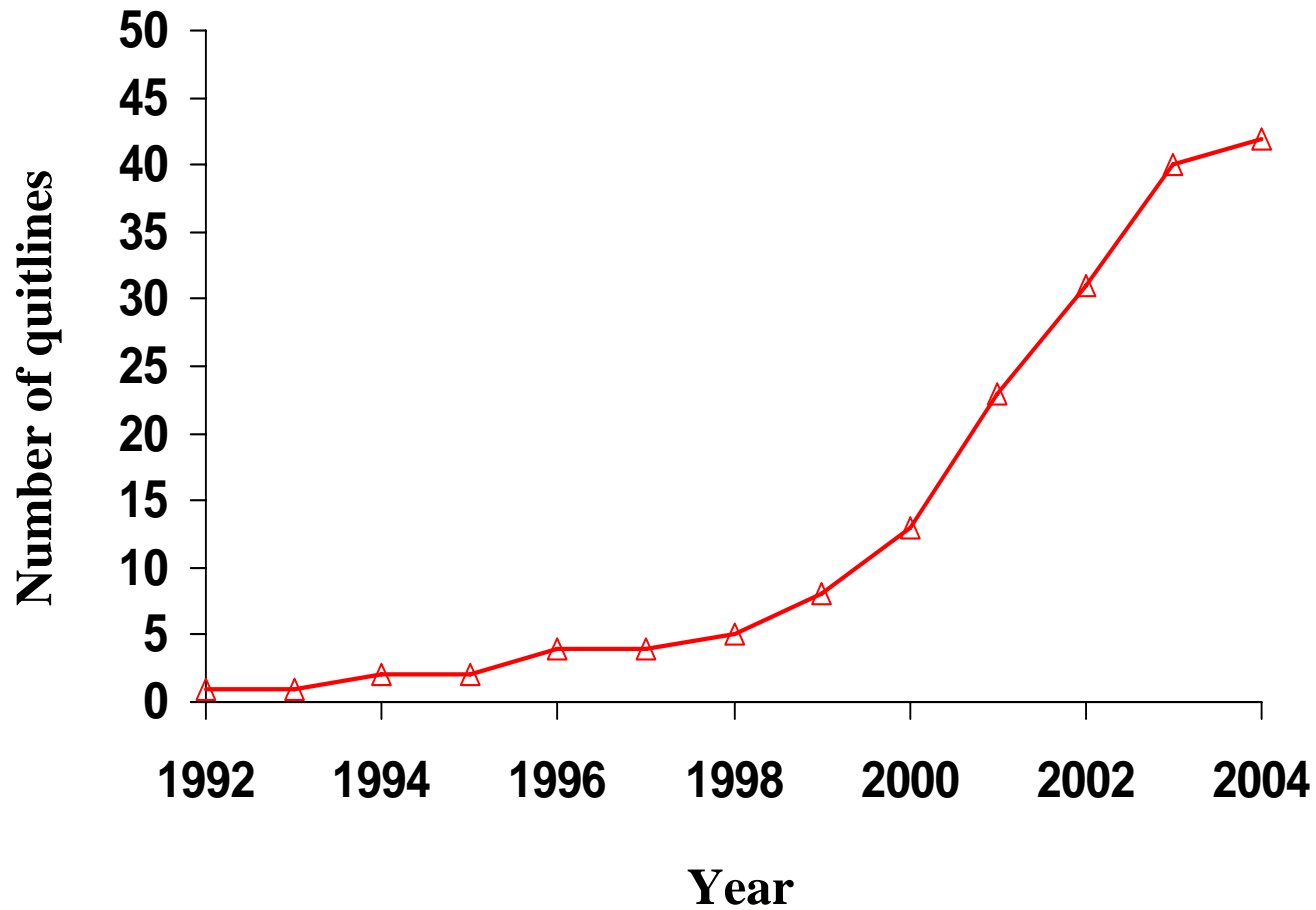
Why telephone counseling? (2)

- U.S. is covered by network of state, regional and national hotlines
- Quitlines work with diverse populations
- Services available in several languages

In Short, Quitlines:

- Reduce barriers
- Increase quit attempts
- Increase the probability of *staying* quit
- Play an important role in comprehensive tobacco control programs
- Amplify the efforts of health care providers

Figure 1. Adoption of State Quitlines in the U.S.



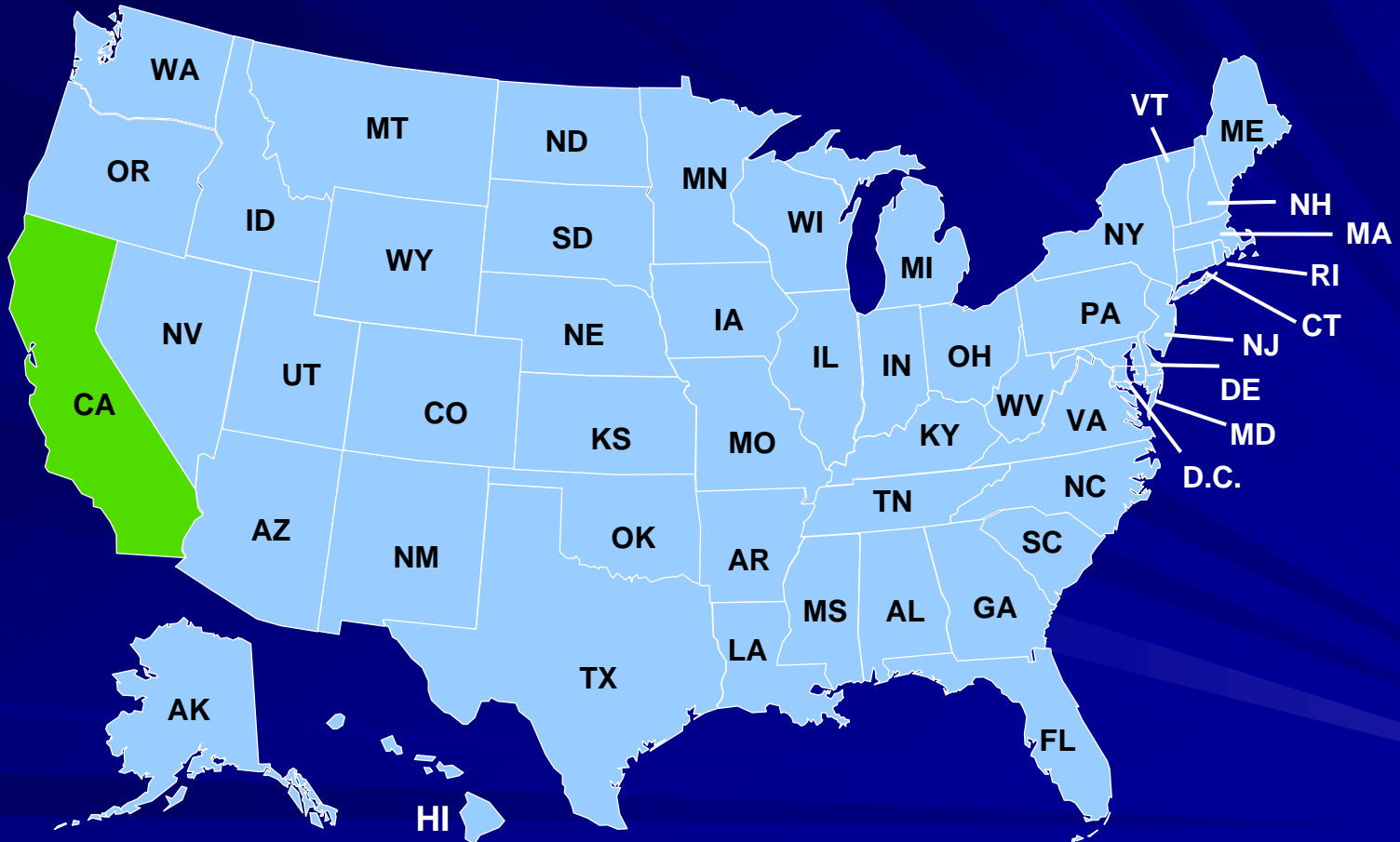
A Great Breakthrough

- Tommy Thompson initiative made single router number possible
- National campaigns planned with labor, AARP, others to promote national number, 1-800 QUIT NOW

Telephone Quitlines in 1992

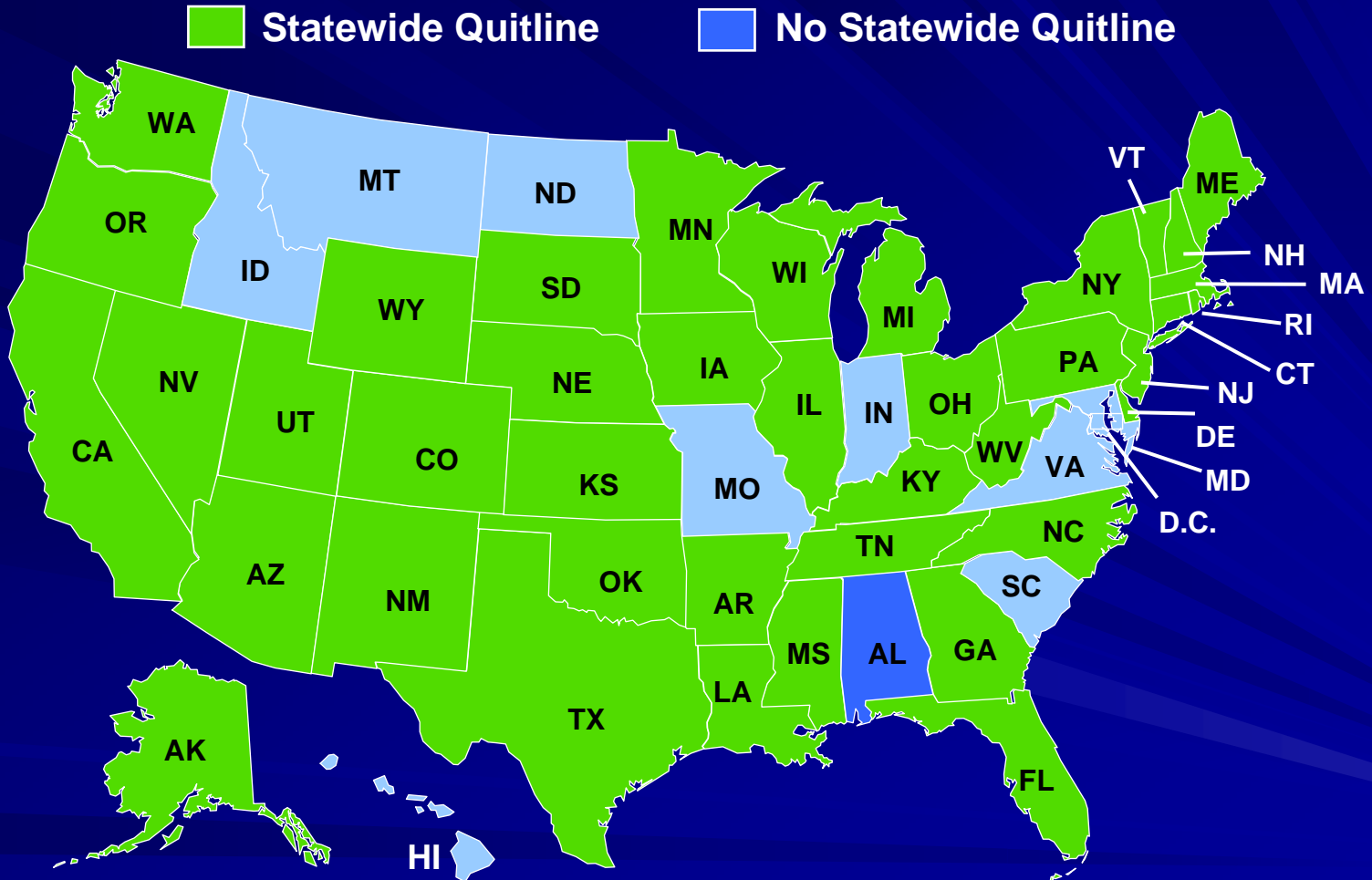
 Statewide Quitline

 No Statewide Quitline



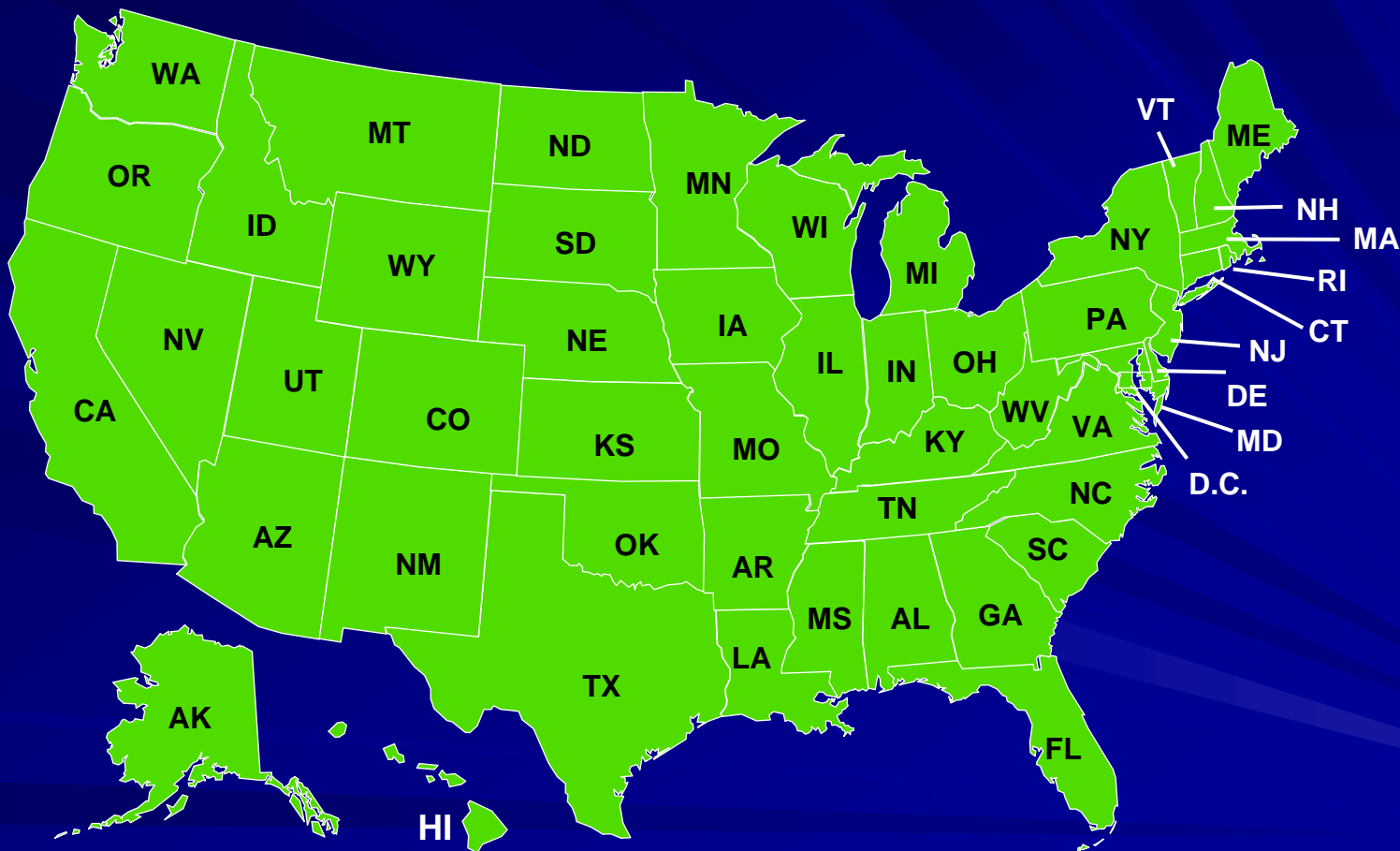
Source: CDC Office on Smoking and Health

Quitlines in 2004



Source: CDC Office on Smoking and Health

Quitline Coverage With 1-800-QUIT-NOW



Source: California Smokers' Helpline

The Card

Take Control

1-800-QUIT-NOW

Call. It's free. It works.

1-800-784-8669
www.smokefree.gov

What Are Some Limitations of Quitlines?

- Rapid growth means uneven quality
- Continuous improvement mechanisms need to be put in place
- Rise of North American Quitline Consortium offers possible venue for monitoring quality, providing technical assistance

The Danger of Over-Promising and Under-Performing

- Some states are failing to provide adequate services through quitlines
- Quitlines are still a very well-kept secret
- Efforts to promote them can lead to peaks and valleys, inundations
- Move toward promoting provider referrals rather than media campaigns

What's Next for Quitlines?

- All 50 states will probably have some quitline service by July 2005, thanks to the Thompson initiative and CDC/NCI seed funding
- Efforts to monitor quality and provide TA need to be stepped up
- Efforts to get the word out, particularly to clinicians, must be accelerated

What's Next?--2

- Move toward more proactive counseling will continue— efficacy studies needed
- Move toward linking systems, such as call centers and health systems, with quitlines will continue
- Move to defray cost of NRT and other drugs will continue

What's Next?--3

- Eventually quitlines can make a real dent in the 47 million smokers
- But hard-core smokers with dual diagnoses will provide a big challenge for quitline service providers
- Limitations to the usefulness of quitlines need to be explored

In Sum--Why bother sending smokers to a quitline?

- Efficacy proven in an array of studies
- Success rate among quitters doubles if they use a quitline compared with quitting on their own
- Even a 2 percent increase in cessation rates translates to 640,000 fewer total smokers per year (based on 32.2 million smokers who would like to quit)

For patients who prefer
computers to telephones,
there is an answer
that can help

Online Smoking Cessation Assistance

- On-line smoking cessation services now available for smokers who prefer using computers over telephones
- Anonymity is a plus, as with telephone quitlines
- Early studies show promising efficacy
- www.quitnet.com
- www.smokeclinic.com
- www.tobaccoschool.com

Ingredients for Smoking Cessation

- Counseling
- Nicotine replacement therapy
- Pharmacotherapy (e.g., bupropion)
- Social support

Power of Intervention

- $\frac{1}{3}$ to $\frac{1}{2}$ of the 44.5 million smokers will die from the habit. Of the 31 million who want to quit, 10 to 15.5 million will die from smoking.
- Increasing the 2.5% cessation rate to 10% would save 1.2 million additional lives.
- If cessation rates rose to 15%, 1.9 million additional lives would be saved.
- No other health intervention could make such a difference!

In summary...

- Taking less than a minute to refer your smoking patients to a quitline or online cessation link might be the most effective thing you can do to save lives.
- It's easy, it's painless, it's free.
- It's part of your job.
- And it's the right thing to do.