CD Summary

May 26, 1998
Vol. 47, No. 11

Telephone 503/731-4024
Emergencies 503/731-4030
Fax 503/731-4798
cd.summary@state.or.us
www.ohd.hr.state.or.us/cdpe/

CENTER FOR DISEASE PREVENTION & EPIDEMIOLOGY • OREGON HEALTH DIVISION

TOBACCO CESSATION & THE 4 A'S

"As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your current and future health."

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ACCORDING TO an exhaustive and systematic meta-analysis of over 3000 articles published between 1975 and 1994, systematically giving this advice to every tobacco user is the most important intervention clinicians can offer their patients.[1] The Agency for Health Care Policy and Research (AHCPR) guidelines were recently adapted for use in Oregon, and a consortium of public and private organizations recently agreed to make them a standard of care throughout the state. This article focuses on the recommended role for clinicians in helping tobacco users quit—an approach known as "The 4 A's." The extensive help and support being provided to assist clinicians with this task is also described.

Over 500,000 Oregonians currently use tobacco, including 22% of all adults and 18% of pregnant women. Every year, tobacco use leads to at least 7,000 deaths and 300 low birth weight infants. Close to half (44%) of adults enrolled in the Oregon Health Plan are smokers; and over $36,000,000 in direct health care costs attributable to smoking were racked up on the OHP in 1993.[2]

CESSATION STRATEGIES

Although ~75% of smokers say that they want to quit, for most people it is not easy to stop. As almost everyone but the most brain-dead lackeys of the tobacco industry appreciates, nicotine is addictive. Until recently, most treatments for tobacco cessation were either self-help techniques or intensive group/individual treatments delivered by smoking cessation specialists. The AHCPR meta-analysis concluded that self-help treatments, although widely available and popular with tobacco users, are only marginally effective (about 1.2x better than baseline). Although intensive group and individual treatments were about twice as likely to work than no intervention, few individuals are willing and able to use them, resulting in a low over-all impact. Getting consistent brief advice and assistance from multiple health care providers was the most effective intervention identified (about 4x better than nothing), and can potentially benefit significantly greater numbers of tobacco users than other strategies.

Realistically, it would be difficult to effect changes in medical practices by attempting to convince physicians one at a time. To be effective, the AHCPR panel concluded that "effective reduction of tobacco use requires that health care systems make institutional changes that result in systematic identification of, and intervention with, all tobacco users at every visit."

The Four A's

Integrating tobacco cessation into clinical practice means using staff to systematically deliver the following four steps:

- **Ask**: Implement an office-wide system so that tobacco-use status is routinely obtained and recorded for every patient. Make tobacco use a vital sign or attach chart stickers to indicate tobacco use status as "current," "former," or "never."
- **Advise**: In a clear, strong, and personalized manner, briefly urge every smoker to quit. "You know you've already had one heart attack" and "We will help you when you are ready" are examples of effective statements.
- **Assist**: Help the tobacco user who is ready by advising them to develop a quit plan. Recommend that the person set a quit date, seek support from friends, family and coworkers and remove cigarettes from the home and workplace. Review previous quit attempts and anticipate challenges during the first critical few weeks, including nicotine withdrawal. Recommend total abstinence from tobacco and limiting or avoiding alcohol. Unless contraindicated, provide nicotine replacement therapy. Provide a starter kit.
- **Arrange**: Schedule at least one follow-up contact either in person or by telephone. If possible, refer to a program with a cessation specialist. Cessation counseling offers social support, skills training and problem solving which reinforce motivation to quit and prevent relapse. Follow-up with the patient to congratulate success at future appointments. If a lapse occurs, ask for recommitment to total abstinence. Remind the patient that a lapse can be used as a learning experience and encourage the patient to set a new quit date.

Nicotine replacement therapy

Although nicotine patches and gum are both effective, better compliance has been achieved with patches, and less effort is required to train patients in their use. Nasal sprays, inhalers, and non-nicotine pharmacologic treatment (buproprion hydrochloride) have been approved by the FDA, but have less of a track record.

Patch: Plan on 8 weeks of therapy. Starting on the morning of the quit day, place a new patch each day on a relatively hairless place between the neck and the waist. Rotate sites. Consult the package insert for dosing suggestions and precautions.

Gum: Use for up to 3 months. Patients often do not use enough gum to get maximum benefit. Use one piece every 1-2 hours. Chew and "park" gum (between cheek and gum) intermittently for about 30 minutes to allow nicotine absorption. Use 4 mg (vs. 2 mg) dose for highly dependent smokers.[3]

CD Summary (ISSN 1058-7888) is published biweekly, free of charge, by the Oregon Health Division, a part of the Dept. of Human Resources. 800 NE Oregon St., Portland, Oregon 97232
Periodicals postage paid at Portland, Oregon.
Postmaster—send address changes to:
CD Summary, 800 NE Oregon St., Suite 730, Portland, OR 97232.

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Systems approach

Integrating tobacco cessation practices into all health care settings obviously involves more than just clinicians. The Oregon-specific guidelines, *Tobacco Cessation: An Opportunity for Oregon's Health Systems,* specifies responsibilities for health plans and health systems, as well as for providers. Other system goals include:

- Making tobacco use reduction an important strategic goal of management and collaborating with providers to develop standard procedures.
- Providing coverage for effective tobacco intervention treatment and appropriate pharmacology in all insurance benefit packages.
- Implementing systems to ensure that tobacco-use status is routinely assessed and that adequate support services are available for those who want to quit.
- Developing and maintaining quality improvement systems for documenting, tracking a continuously improving assessment of tobacco use and delivery of tobacco cessation advice and assistance.
- Providing training for clinicians, making cessation resources and expertise available to them, and providing feedback about their cessation practices and successes.
- Making staff accountable for tobacco reduction services and providing incentives to meet the guidelines.

ADDITIONAL RESOURCES

Helping people quit can be frustrating for clinicians, but help is available. The Oregon Health Plan's *Project: Prevention!* Task Force and the Tobacco-Free Coalition of Oregon are leading an effort to encourage statewide implementation of the tobacco cessation guidelines. The medical directors of 14 medical plans have chosen to work together to provide a single message to all providers in the state. Together, they are disseminating information, providing training, monitoring milestones for individual health plans, and measuring outcomes. The medical directors are also collaborating with the Oregon Health Division on a **Quit Line**, starting this fall, to provide phone counseling for people who want to stop using tobacco.

Training and Technical Assistance

Three levels of training are being offered this summer and fall. A half-day workshop for health plan program staff provides an over-view of the components of tobacco cessation as well as roles and responsibilities for implementing guidelines. A one-day workshop for tobacco cessation coordinators teaches techniques and tools for implementing the guidelines in the clinic setting. A one-and-a-half day workshop prepares tobacco cessation specialists to counsel tobacco users who want to quit. A technical assistance specialist will begin this summer to provide assistance to clinics and health plans when setting up their systems, thanks to a special grant to the Smokeless States Project of the Tobacco-Free Coalition of Oregon.

Statewide collaboration

The activities supported by the tobacco tax passed in 1996 (Measure 44) makes this a critical opportunity to increase efforts to help people stop using tobacco. Approximately $4 million is providing TV, radio, print, and billboard advertising to discourage tobacco use. Local coalitions in 36 counties are providing education and working toward policies and ordinances to create more smoke-free workplaces and public settings. In addition to the Quit Line, the Measure 44 dollars are being used to develop quit kits and other culturally sensitive materials which providers can use to help tobacco users quit.

This statewide collaboration for tobacco cessation among providers, health plans, state agencies, voluntary organizations, and pharmaceutical companies is unprecedented in the nation. By acting now to systematically address tobacco addiction throughout Oregon we can begin to reduce tobacco use and improve health.

Oregon guidelines will be distributed in July to all licensed physicians, nurse practitioners, physician assistants and dentists. Request copies and training information from the Oregon Health Division: 503/731-4273, or from the Tobacco-Free Coalition of Oregon: 503/238-7706.

REFERENCES

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