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NICOTINE REPLACEMENT - IT MAKES A DIFFERENCE

QUITTING TOBACCO is difficult. Former Surgeon General Koop once remarked that cigarettes are as addictive as heroin. They are much easier to find, however, which partially accounts for the difference in death toll nationally – 435,000 from tobacco compared with 17,000 from illicit drug use in 2000.¹

Counseling for smoking cessation works, doubling tobacco abstinence rates at 6 and 12 months.² Nicotine replacement therapy (NRT) also works, with use of patches boosting quit rates by 74%.³

This edition of the CD Summary describes Oregon’s experience with promoting NRT, emphasizing that both NRT and Oregon’s tobacco Quit Line can be useful resources for your patients.

QUITTING SMOKING

Evidence suggests that smokers in Oregon want to quit. In all, 75% report interest in quitting, and every year, about half of smokers actually try, often on their own and without success; only 4-5% of smokers who try to quit on their own can stay off tobacco for three months or more.

The Tobacco Prevention and Education Program (TPEP) is helping smokers beat the odds with education and cessation programs, including a key element of this saga, the Oregon Tobacco Quit Line (1-877-270-STOP, or for help in Spanish, 1-877-2NO-FUME). The Quit Line offers counseling, tips for mak-

ing quitting easier, and information about NRT. For those with tobacco cessation benefits, the Quit Line then connects callers to their health plan for further help.

THE NRT INITIATIVE

The Quit Line can only help, however, if people call it. In October of 2004, TPEP launched its NRT Initiative. The NRT Initiative, was a plan to give two-weeks’ worth of free NRT to all Oregon callers to the Quit Line. It was undertaken to increase calls to the Oregon Tobacco Quit Line and to encourage health plans to step up to the plate and either expand cessation services to members or reduce the barriers to accessing those services that some members experience.

To assess more accurately the effect of free NRT on quit line call volume, we pulled all Quit Line advertising off the air several weeks prior to the launch date.

THE EXPLOSION(S)

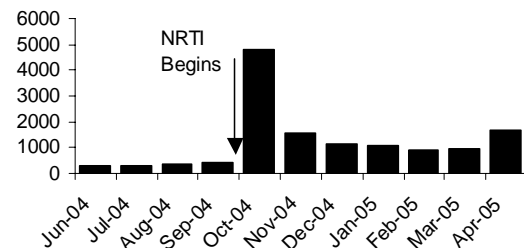
As luck would have it, on October 5, 2004, the very day we held a press conference to announce the Initiative, Mount St. Helens erupted and drew every reporter within a 10-state radius to her flanks.

This was also the week that CDC dropped the bombshell that the U.S. would get only 50% of its expected allotment of flu vaccine. Needless to say, we were worried that no one would know about the free NRT or that they would be too sick from the flu or

falling ash to care.

However, over 5,000 Oregonians received services from the Quit Line in the first week of the Initiative, a thirty-fold increase over the pre-NRTI average. Over 10,000 calls were answered during the first month. In the three months following the launch of the Initiative, 7,460 Oregonians registered for Quit Line services (almost 7 times as many as in the three months before the NRTI) and 4,589 received patches (Figure 1).

Fig. 1 Quit Line Registrations Before and After NRTI



THE RESULTS

The number of calls to the Quit Line remained high for the 12 months following the launch of the NRTI, averaging three times the call volume immediately prior to it. Six health plans voluntarily reduced barriers to tobacco treatment services or promoted the Initiative through mailings and other activities.

Six months after the launch of the NRTI, we followed up with 614 insured individuals who had registered for services while NRTI was in effect. As a comparison group, we selected a random sample of insured tobacco users who had registered for Quit Line



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services prior to the NRTI and completed six-month interviews with 268 of them. With few exceptions, the demographic characteristics of pre-NRTI and NRTI respondents were similar.

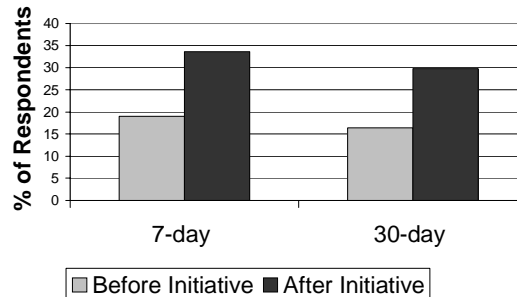
On the whole, NRTI respondents were more likely to report being satisfied with the Quit Line than those who contacted the quit line before the Initiative (90% vs. 85%) and were more satisfied with the amount of time the counselor spent with them (84% vs. 77%, p values $<.05$). They were also significantly more likely to be using the nicotine patch in their quit attempt (86% vs. 42%, $p<.01$).

Of respondents who participated in the NRTI, 47% obtained additional patches beyond the two-weeks' worth they received from the Quit Line, and 96% reported that the free patch offer was important in their decision to call the Quit Line. Intention to quit in the next 30 days was also higher in the NRTI group among those still smoking at the time of the survey (71% vs. 62%, $p=.02$).

ABSTINENCE* RATES AT SIX MONTHS

But did all this help people quit? It did. The percentage of respondents interviewed six months after their initial contact with the Quit line who had not smoked in the previous 7 days was higher for the NRTI group

Fig. 2 Abstinance rates before and after initiative



(34% vs. 19%, $p=.0001$) as was the percentage who hadn't smoked in the previous 30 days (30% vs. 16%, $p=.001$, see Figure 2).

THE MESSAGE: GOTTA HAVE EM'

As noted, most smokers want to quit. Only 4-5% of smokers who try to quit on their own can stay off tobacco for 3 or more months.⁴ When smokers receive counseling, such as that offered in a call with the Oregon Tobacco Quit Line, and as little as two-weeks' worth of NRT, 30% are tobacco-free six months later.

NRT can be not only an effective adjunct to a quit attempt, but a powerful motivator to get smokers to *make* the attempt. We know that advice from a health care provider to quit is an important motivator; assessing smoking status and advising smokers to quit is key. Referring smokers to the Quit Line helps, but making sure they are set up with NRT markedly increases their chance of success in quitting.

It takes a lot of motivation and work to quit smoking. It takes smokefree environments in which we work and play, and it takes reminders about the dangers of smoking and of secondhand smoke through media and advertising. It takes the advice and support of a health care practitioner. And for many smokers, it takes the help of NRT.

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*From smoking...