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exchange extra!

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**“This very night I’m going to leave off tobacco! Surely there must be some other world in which this unconquerable purpose shall be realized.”
Charles Lamb (1815)**

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Welcome

The public health community has many successes to celebrate in cessation—working together we have made great progress through the passage of smoking bans, clean indoor air ordinances, and the increase of excise taxes on tobacco—helping to support an environment ripe for changing social norms about tobacco use.

We direct this issue of *extra!* to those of you working on cessation at the local level, bringing you the latest figures from cessation research, what the literature says about the success and failure of community-based cessation programs and suggesting more effective ways communities can contribute to cessation.

In the end, we hope this issue gets you thinking about your role in cessation a little differently. In the words of Michael Fiore, “We’re in a very positive position now with a powerful evidence base that cessation works. It’s time to insure that every smoker is offered the services it takes to quit.”

Together let’s give cessation the priority it demands.

Dearell Niemeyer, MPH
Director, Tobacco Technical Assistance Consortium

The challenge

And what about the smokers you know and love in your community . . . the people you face everyday? Although 41% of smokers try to quit

smoking each year, only about 4% succeed (Centers for Disease Control and Prevention. Cigarette Smoking Among Adults—United States—2000. Morbidity and Mortality Weekly Report 2002; 51(29). This means that the death rate from tobacco use will continue, even if no more young people begin smoking.

Although most smokers want to quit, the majority fail in the attempt because they try to go it alone. According to the American Cancer Society, over 70% of smokers who tried to quit in 2000 sought no help, and only 15% used aids like nicotine replacement therapy (NRT). However, would-be quitters are two to three times more successful when they receive the help they need. In fact, research indicates that with effective counseling and medication, success rates could go up to 30% (Fiore, Bailey, Cohen. 2000).

So how do we overcome these facts? Often our first response has been to offer cessation programs. But this is not the best use of resources, according to the US Surgeon General (Reducing Tobacco Use: A Report of the Surgeon General. MMWR December 22/49(RR);1-27).

Let's look at the pros and cons of building your effort around cessation programs:

On the plus side:

- Cessation programs do work when they are based on effective content and participants have access to medications.

But the negative side far outweighs the positive:

- It's tough to recruit smokers, and even tougher to get them to complete the program.
- Many smokers don't like a group format.
- Cessation programs don't reach economically disadvantaged groups, who are about half of all smokers (U.S. 2000 census data combining proportion of smokers on Medicaid, Medicare, and those who are uninsured).

So, cessation programs are a hit or miss solution. Instead, Wendy Bjornson of the Pacific Center on Health and Tobacco suggests that we think in terms of a whole network—a statewide system in which advocates at all levels are working together.

A new report from the Center for Tobacco Cessation explores what must happen at the state level to ensure that as a nation we are able to increase the number of successful quitters to reach or surpass 30%. The report outlines four action areas that combined are the basis for a comprehensive effort at the state level. Look for this report to be available in early 2004. The Executive Summary of this report will be available on December 10, 2003 on the [CTC web site](#).

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The literature

"Smokers are shoring up the state's income with thousands of dollars each year

in excise taxes, yet very little of that money is devoted to helping smokers quit.”

Michael Fiore, Director, Center for Tobacco Research,
University of Wisconsin Medical School

The literature says that we can reach more smokers through a comprehensive approach. This means passing excise taxes and clean indoor air/smoking bans, funding comprehensive tobacco control programs, increasing access to medications, and advocating for policies that change the social landscape. [For more information...](#)

Before creating and/or offering new cessation programs, communities must ask themselves—*How is our work part of the statewide system? Are we building a local environment that promotes quitting, helps maintain quitting, and utilizes existing services?*

“Find out what’s happening in your community,” says Wendy Bjornson, of the Pacific Center on Health and Tobacco. “What services are available? What benefits do people have? Is there a quitline available? How can you link services in a better way? Rather than a cessation program, use your public resources as a catalyst to get things moving.”

To find answers to the questions Wendy Bjornson poses and more, take a look at these resources:

- [State Cessation Activities](#)
To see what cessation services your state provides, check out this Center for Tobacco Cessation Fact Sheet.
- [States with tobacco quitlines](#)
To find out which states have quitlines go to: http://www.ctcinfo.org/pubs_press/policybriefs.asp?id=126
- [Reimbursement for Smoking Cessation: A Healthcare Practitioner's Guide](#)
The PACT consortium developed this guide for health care providers on how to obtain reimbursement for cessation services includes information about Medicaid coverage in the states

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A local look at . . .

“What works? And who should I go to for help? These are the key issues for a smoker who wants to quit.”

Linda Bailey, Director, Center for Tobacco Cessation

Let’s take a closer look at three areas where local advocates can play a key role in making cessation a core component of tobacco control.

- [Quitlines](#)
- [Coverage for treatment](#)
- [Working with the local medical community](#)

Quitlines

You can start by letting people know what happens when they call a quitline. Many of the smokers in your community may not have a clue—they may expect only a scolding and a brochure. Instead, the quitline can be the hub of services in your community, offering ongoing counseling, referral to other services, access to medication, and even a link back to a health care provider. Most quitlines are actually underused, according to Wendy Bjornson.

What the literature says about success rates of quitlines

- Quitlines have proved their effectiveness in the real world (Zhu S, Anderson C.M., Tedeschi G.J., et al. "Evidence of Real-World Effectiveness of a Telephone Quitline for Smokers." In NEJM vol. 347:1087-1093 October 3, 2002 Number 14)
- Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guidelines. Rockville, MD: U.S. Department of Health and Human Services; June 2000. [Read full report.](#)
- Lichtenstein E, Glasgow RE, Lando HA, Ossip-Klein DJ, et al. Telephone counseling for smoking cessation: rationales and meta-analytic review of evidence. Health Education Research: Theory and Practice 1996;1:243-257
- Hopkins DP, Briss PA, Ricard CJ, et al. Reviews of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. American Journal of Preventive Medicine 2001;20(2S):16-66. [Read full article.](#)

Hot button issues

- Funding for quitlines is endangered because revenues from tobacco excise taxes are frequently diverted to balance state budgets.
- Quitlines offer an excellent means to improve access to cessation services for the population as a whole.
- Presently, the demand for quitlines is directly tied to the amount of media push they receive, and that requires a budget commitment from legislators, not only for the media campaign, but also for adequate quitline staffing.

What local advocates can do

- Get more callers to use the service—Develop an outreach program to clinics, dentists, physician groups in your community. Spread the word to Women, Infants and Children (WIC) clinics, maternal and prenatal clinics.
- Advocate for funding— If revenues from tobacco tax are coming in, advocate for money to be dedicated for cessation.
- Make sure the quitline represents the needs of your community—Invite a representative of the quitline to talk with your local group. Offer them feedback about service. Develop a relationship with the quitline.
- Make sure your community's programs are in the quitline database.

Key quitline resources

- [Linking a Network: Integrate Quitlines with Health Systems](#)
This Pacific Center on Health and Tobacco report describes a model for quitlines as a centralized state resource for providing quitting information, linking callers with health plans and community programs. The report includes examples from eight states.

- [Arizona Smoker's Helpline \(ASH\)](#)
Learn more about Arizona's quitline, including research on its successful promotion activities.

Coverage for treatment

What the literature says about coverage for treatment

- The better the coverage, the better the results. Smokers who have full coverage of both medications and counseling are four times as likely to quit smoking. [For more information . . .](#)

Hot button issues

- Full coverage of counseling and pharmacotherapies by Medicaid is significant because people who can't afford these aids are likely doomed to fail in their quit attempts.
- Comprehensive cessation treatment is available to Medicaid beneficiaries in only one state.
- While 35 states offer varying levels of coverage for tobacco dependence treatments, most smokers may never benefit because of extremely low levels of awareness of coverage availability and misperceptions about such coverage by pharmacists and physicians.

What local advocates can do: Start the drumbeat

- Work with the major employers in your community to make sure health care plans cover both counseling and pharmacotherapies—Ask employers in your community about coverage—learn who is covered, and who is not. Publicize the results of your research. Encourage employers to learn how to use the benefits they already have. Make a business case for coverage of cessation treatment. Show employers why it is cost effective to cover cessation treatment.
- Advocate for changes in Medicaid coverage in your state. Raise the importance of cessation by making the case for cessation with Medicaid programs legislators. The process for changing coverage varies from state to state. In some states it is an administrative decision, and in others it requires an act of the legislature. Find out the process for influencing change in your state.
- Dispel the myths around state Medicaid coverage—Publish an article with an accurate summary of Medicaid coverage in the state medical journal; work through professional organizations to educate pharmacists.

Key coverage resources

- [Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem](#)
This tool developed by the Professional Assisted Cessation Therapy (PACT) consortium helps employers enact affordable, effective smoking cessation programs in their companies.
- [Reimbursement for Smoking Cessation: A Healthcare Practitioner's Guide](#)
The PACT consortium developed this guide for health care providers on how to obtain reimbursement for cessation services.
- [Coverage For Tobacco Use Cessation Treatments](#)
Watch the Centers for Disease Control and Prevention's Office on Smoking and Health web site for this forthcoming guide for employers

employers.

Working with the local medical community

What the literature says

- The Center for Tobacco Cessation Roundtable Report indicates that when physicians advise their patients to stop smoking, cessation rates increase about 30%. When they offer even a brief, three minute intervention, cessation rates can double (Fiore, Bailey, Cohen. Treating tobacco use and dependence. PHS. 2000).
- Providers can easily recommend that their patients quit by using the 5 As: Ask about smoking, Advise to quit, Assess readiness, Assist with pharmacotherapy and counseling, Arrange follow-up, , see the Clinical Practice Guideline available at <http://www.surgeongeneral.gov/tobacco/>

Hot button issues

- Providers generally don't provide assistance and follow-up because these are the most technical and time consuming parts of the 5A's. Then, because they aren't prepared to provide assistance and follow-up, they may not even start the process. The solution is to have a referral system in place so providers can ask and advise and then refer motivated tobacco users on for treatment.
- The most popular referral systems are those that work with quitlines – such as fax referral systems.
- Providers are not always convinced that offering cessation messages works.
- Training for providers has limited effectiveness unless changes in the office procedures/systems are made as well.
- Few providers are aware of the Clinical Services Guidelines for Smoking Cessation.

What local advocates can do

- Make sure local health care providers are talking to their patients about smoking and are recommending their patients quit—Again, develop an outreach program.
- Work with clinic managers to help put a system in place that prompts providers to ask and advise and then helps refer to services. This is a systems solution not just a provider education solution.
- Find and engage a provider that will champion the issue.
- Target providers that serve those at greatest risk of using tobacco.
- Increase providers awareness of research and effectiveness.
- Promote not only education of provider but changes in office procedure/systems.

Key medical community resources

- [Treating Tobacco Use and Dependence: Quick Reference Guide for Clinicians](#)

Find a summary of the Clinical Practice Guideline.

- **[Health Care Providers' Tool Kit for Delivering Smoking Cessation Services](#)**
This manual by the Next Generation California Tobacco Control Alliance provides guidance for physicians to help establish office-based systems to track smoking status, conduct cessation interventions with patients and refer patients to additional resources for more intensive assistance in their quit attempts.
- **[Here's How You Can Help Your Pregnant Patient Quit Smoking](#)**
The National Partnership to Help Pregnant Smokers Quit compiled this set of resources for providers.

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Putting it all together

The Center for Tobacco Research and Intervention in Wisconsin has devised a unique approach to working with physicians to build quitline use through aggressive promotion of their statewide quitline at the grassroots level and "Fax to Quit" referrals.

To insure that they reach every clinic and every smoker in Wisconsin, six outreach specialists have gone clinic by clinic throughout the state to change the health care system for working with smokers. When a smoker visits a physician, the physician faxes a referral to the quitline, which follows up with the smoker. Thus far, the program has reached 150 clinics, and the quitline has received over 30,000 calls.

To learn more about how they are building this systems change in the practice of medicine, check out education and outreach on the Web site: http://www.ctri.wisc.edu/main_dept/outreach/out_main.html.

**"Cessation has to be a core component of your tobacco control activities.
If you don't have cessation, you don't have a comprehensive plan."
Michael Fiore, Director, Center for Tobacco Research, University of Wisconsin Medical School**

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Resource spotlight

This issue of extra! brings to the forefront the [Center for Tobacco Cessation \(CTC\) Web site](#) — an outstanding resource that brings you the latest in what works in cessation.

Read on for just a few of the great resources you can find at this site . . .

Looking for the best in what works in cessation?

- Check out [What Works](#) for a summary of the effective cessation treatments and strategies.
- Read the latest [Research](#) demonstrating what works.

Wondering how to apply research to practice?

- Access the resources in [Tools](#) which include step-by-step approaches and good ideas on cessation, such as
 - Toolkits and guides for employers, clinicians, insurers, and local programs
 - Case studies that demonstrate what others are doing to implement cessation activities
 - *Tobacco Cessation Blueprints* that include guidance on taking action to implement cessation strategies for adults, young people, and pregnant women.

Trying to stay current on the happenings of cessation?

- Sign up for the [Center's e-newsletter!](#) The latest trends in cessation research, media, and policy will be e-mailed to you twice month.

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A helping hand

Let **ttac** help you strengthen the role of cessation in your community.

Consider the following services specific to cessation, available to you through ttac:

- Help you develop a plan for building the cessation infrastructure in your local community and state
- Help you think through how you can build cessation activities into a comprehensive tobacco control program
- Work with you to figure out the "how-to" for making a quitline the hub of cessation services and the link between public health services and health care providers in your community
- Provide information on a "how-to" for advocacy to maintain dollars for quitlines in your community
- Collaborate to convene coalition leadership in states

ttac is committed to equipping the tobacco control community with the information and tools necessary to effectively reduce tobacco use. [Click here](#) for more information on how to request technical assistance from ttac.

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Resources and links

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- [Quitlines](#)
- [State Cessation Programs](#)
- [Research Articles](#)
- [To Help Smokers Quit](#)

Cessation for Priority Populations

[Bibliography of Tobacco Use and Health Disparities](#)

This bibliography of research compiled by the National Cancer Institute (NCI) includes cessation among specific populations.

[Evaluation of a culturally appropriate smoking cessation intervention for Latinos](#)

Woodruff SI, Talavera GA, Elder JP. Tob Control. 2002 Dec;11(4):361-7.

This article reports on a culturally appropriate intervention for Latinos.

[The GAINS project: outcome of smoking cessation strategies in four urban Native American clinics. Giving American Indians No-smoking Strategies](#)

Johnson KM, Lando HA, Schmid LS, Solberg LI. Addict Behav. 1997 Mar-Apr;22(2):207-18.

This study was designed to assess the capability of the Doctors Helping Smokers (DHS) model to produce an increase in smoking cessation within four urban Indian Health clinics.

[Guía para Dejar de Fumar](#)

A Spanish-language guide to quitting smoking developed by the National Cancer Institute.

[National Partnership to Help Pregnant Smokers Quit](#)

This national partnership has developed an action plan to help pregnant smokers quit smoking. The site also includes other resources such as presentations and links.

[Pathways to Freedom: Winning the Fight Against Tobacco](#)

The Centers for Disease Control and Prevention has recently updated its well-known guide for promoting tobacco cessation in the African American community.

[Smoking cessation among African Americans: what we know and do not know about interventions and self-quitting](#)

Pederson LL, Ahluwalia JS, Harris KJ, McGrady GA. Prev Med. 2000 Jul;31(1):23-38.

The purpose of this review was to critically evaluate the available studies on cessation interventions for African Americans.

[Smoking cessation interventions in U.S. racial/ethnic minority populations: an assessment of the literature](#)

Lawrence D, Graber JE, Mills SL, Meissner HI, Warnecke R. *Prev Med.* 2003 Feb;36(2):204-16.

This article reviews published studies that examine effects of smoking cessation interventions relevant to racial ethnic minority populations.

[The status of tobacco cessation research for Asian Americans and Pacific Islanders](#)

Chen MS Jr. *Asian Am Pac Isl J Health.* 2001 Winter-Spring;9(1):61-5.

This article reviews the status of tobacco cessation research among Asian Americans and Pacific Islanders.

[Working with Hispanic Populations](#)

This section from the Tobacco Cessation Online Library developed by the Arizona Tobacco Education and Prevention Program includes background information on smoking and Hispanic population.

For Professionals

[Association for the Treatment of Tobacco Use and Dependence](#)

This new association for providers is dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user. Learn about the association's [Inaugural Meeting](#) to be held December 13, 2003 in Boston after the 2003 National Conference on Tobacco or Health.

[Center for Tobacco Cessation Web Site](#)

See [Resource Spotlight](#) for information on this comprehensive web site. The site includes blueprints for adult and youth tobacco cessation and research articles on effective cessation activities.

[Cessation: Helping Smokers and Other Tobacco Users Quit](#)

This series of fact sheets prepared by the Campaign for Tobacco-Free Kids (CTFK) covers many cessation issues, such as the benefits of cessation and cost savings of cessation.

[First 5 Community Guide for Supporting Effective Tobacco Cessation Services](#)

Based on best practices, this guide from the Center for Health Improvement includes recommendations, case studies, and sample documents to assist commissions in their efforts to help pregnant women and parents quit smoking.

[Tobacco Cessation Guideline](#)

Find the clinical practice guideline developed by the U.S. Public Health Service and supporting research on treating tobacco use and dependence. Web page also includes consumer materials.

Health Insurance and Medicaid Coverage of Cessation

[Addressing Tobacco in Managed Care: A Resource Guide to Health Plans](#)

This guide provides information, examples and other resources for health plans interested in developing effective interventions aimed at

reducing tobacco use.

[Build a Financial Infrastructure: Health Plan Benefits and Provider Reimbursement](#)

This guide by the Pacific Center on Health and Tobacco (PCHT) combines recommendations with experiences concerning tobacco cessation benefits and provider reimbursement.

[Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem](#)

This tool developed by the Professional Assisted Cessation Therapy (PACT) consortium helps employers enact affordable, effective smoking cessation programs in their companies.

[Reimbursement for Smoking Cessation: A Healthcare Practitioner's Guide](#)

The PACT consortium developed this guide for health care providers on how to obtain reimbursement for cessation services.

[State Medicaid coverage for tobacco dependence treatments-United States, 1998 and 2000](#)

This 2001 MMWR reports the extent of coverage for tobacco-use treatments in state Medicaid programs.

Quitlines

[Arizona Smoker's Helpline \(ASH\)](#)

Find information about Arizona's quitline, including research on quitline activity and promotion.

[California Smokers' Helpline: A Case Study](#)

This case study describes the California Smokers' Helpline and how it supplements and compliments other state-funded tobacco programs. See also the 2002 New England Journal of Medicine article, [Evidence of real-world effectiveness of a telephone quitline for smokers](#) for evaluation of the Helpline.

[Linking a Network: Integrate Quitlines with Health Systems](#)

This PCHT report describes a model for quit lines as a centralized state resource for providing quitting information, linking callers with health plans and community programs. The report includes examples from eight states.

[Presentations from the North American Conference of Smoking Cessation Quitlines](#)

The North American Conference on Smoking Cessation Quitlines brought together quit line providers, researchers and funders of quit lines. Presentations include Survey of Quitlines in North America, A Review of the Efficacy of Quitlines, Intervention Methods, Evaluation: What Is Needed In The Field and How It Can Be Done, and Special Populations.

[States with Tobacco Quitlines](#)

This Center for Tobacco Cessation fact sheet outlines states with tobacco quit lines. Includes how long they have been in service and contact information.

State Cessation Programs

[Comprehensive Statewide Tobacco Cessation](#)

PCHT outlines a comprehensive approach to developing a comprehensive statewide tobacco cessation program. Watch for an update of this guide in December 2003.

[Center for Tobacco Research and Intervention](#)

Research and information about Wisconsin's cessation activities, including its quit line and community outreach program.

[State Cessation Activities Table](#)

See the Center for Tobacco Cessation's overview of state cessation activities.

[Tobacco Cessation Works: An Overview Of Best Practices And State Experiences](#)

This CTFK fact sheet compiles evidence of effectiveness of state cessation programs, including Arizona, California, Oregon, and Maine.

Research Articles

See the Center for Tobacco Cessation web site for:

- [Key articles and papers](#)
- [Working bibliography](#) on the following topics related to cessation: [clinician's role in cessation](#), [economic costs of smoking](#), [health benefits of cessation](#), [insurance and managed care](#), [minority populations](#), [pregnant women](#), [quitlines](#), [social influences on cessation, and youth](#).

To Help Smokers Quit

[C.H.A.M.P.S.S.](#)

CTFK has recently launched this new campaign called C.H.A.M.P.S.S., or Children Helping And Motivating Parents to Stop Smoking. The web site provides children with the information and resources they need to help their parents quit smoking.

[Complete Guide to Quitting](#)

Guide developed by the American Cancer Society for smokers. Includes tips, links, and information on quitting smokeless tobacco.

[Resources For Quitting Smoking](#)

This CTFK fact sheet provides a comprehensive list of web sites and brochures for smokers who want to quit.

[Smokefree.gov](#)

The National Cancer Institute has developed this comprehensive, research-based web site to help smokers quit. The site includes an interactive U.S. map with information on cessation services in each state, quit tips, and quit smoking manuals for many different populations groups, including older smokers and Spanish-speaking smokers.

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