

A blue banner with orange borders on the top and bottom, held by two cartoon hands. The banner contains the text "DELIVERING SOLUTIONS for tobacco cessation".

**DELIVERING
SOLUTIONS**
for tobacco cessation

Presentation

Kansas**Tobacco**Use**Prevention**Program
Kansas Department of Health and Environment



Intervention and Promotion Makes a Difference

- Tobacco cessation intervention by healthcare providers improves quit rates.
- Brief counseling is all that is needed to help many tobacco users quit.
- Provider education and having providers implement self-reminder systems helps ensure that this issue is raised during clinical examination.
- Provide telephone counseling and support services along with other strategies.



Number of Sessions

Estimated Quit Rate

0 - 1

12.4%

2 - 3

16.3%

4 - 8

20.9%

More than 8

24.7%



Conclusions for Behavioral Intervention Studies

- Pregnancy is a good time to intervene.
- Brief counseling works better than simple advice to quit.
- Counseling with self-help materials offered by a trained healthcare provider can improve cessation rates by 30% to 70%.
- Intervention works best for moderate (less than 20 cigarettes per day) tobacco users.



The “5 A’s” Approach to Tobacco Cessation

- A 5-step tobacco intervention approach is proven effective to help tobacco users quit.
- Consistent with the strategies developed by the National Cancer Institute, the American Medical Association and others.
- Adapted for pregnant women by American College of Obstetricians and Gynecologists.



The “5 A’s”

- **Ask** about tobacco use
- **Advise** to quit
- **Assess** willingness to attempt quitting
- **Assist** in quit attempt
- **Arrange** follow-up



Step 1: Ask

- **Which of the following statements best describes your tobacco use?**
 - I have never smoked or have smoked fewer than 100 cigarettes in my life.
 - I stopped smoking *before* I found out I was pregnant and am not smoking now.
 - I stopped smoking *after* I found out I was pregnant and I am not smoking now.
 - I smoke some now but have cut down since I found out I was pregnant.
 - I smoke about the same amount now as I did before I found out I was pregnant.



Step 2: Advise

Clear, strong, personalized advice to quit tobacco

- **Clear:** “My best advice is for you to quit smoking.”
- **Strong:** “As your healthcare provider, I need to you to know that quitting smoking is the most important thing you can do to protect your health.”
- **Personalized:** Impact of smoking on the baby, the family, and the patient’s well being.



Step 3: Assess

- Assess the patient's willingness to quit within the next 30 days.
- If a patient responds that they would like to quit within the next 30 days, move to the *Assist* step.
- If a patient does not want to try to quit try to increase their motivation.



Step 4: Assist

- Suggest and encourage the use of problem-solving methods and skills for tobacco cessation.
- Provide social support as part of the treatment.
- Arrange social support in the smoker's environment.
- Provide self-help tobacco cessation materials.



Step 5: Arrange

- Refer them to the Kansas Tobacco Quitline.
- Follow-up to monitor progress and provide support.
- Encourage the patient.
- Express willingness to help.
- Ask about concerns or difficulties.
- Invite them to talk about their success.



Kansas Tobacco Quitline

- Toll-free: 1-800-QUIT-NOW (784-8669)
- Intake offered 24 hours a day / 7 days a week / 365 days a year.
- English, Spanish, and other languages available.
- One on one support to form a unique plan for quitting.
- Experienced and highly trained tobacco cessation counselors.



Kansas Tobacco Quitline Highlights

- Kansas Tobacco Quitline was launched in 2003.
- Free and Clear became vendor in January 2010.
- On average 2/3 of callers are female and more than half of callers have annual household incomes under \$15,000



How the Counseling Process Works

- Ten Session Protocol for pregnant tobacco users
- Five Session Protocol for all other callers
- Proactive counseling with clearly defined objectives for each call.
- Follow-up assistance is provided to individuals who are interested.



Technical Assistance for Healthcare Providers

- In-depth information on NRT and pharmacotherapy.
- Cessation support for clients with case histories.
- Fulfillment of Kansas Quit Kit materials.
- Local cessation resources.
- Toll-free Fax Referral System.



Kansas Tobacco Quitline Fax Referral Process

- Complete Fax Referral form
- Have the patient sign the form
- Fax form to the Kansas Tobacco Quitline (1-877-747-9528).
- Give patient a copy of the signed Fax Referral form.
- The Kansas Tobacco Quitline contacts the patient, then service delivery protocol begins.



Successful Office Strategies

- Implement a Tobacco-user identification system.
- Provide education, resources, and feedback to promote interventions.
- Dedicate staff to provide tobacco dependence treatment and assess the delivery of this treatment in staff performance evaluations.



Successful Office Guidelines

- Develop Administrative Commitment
- Involve Staff Early
- Assign One Coordinator
- Provide Training
- Adapt Procedures to Your Setting
- Monitor and Provide Feedback

DELIVERING SOLUTIONS

for tobacco cessation



Vital Sign Stamp

Blood Pressure _____

Pulse _____ Weight _____

Temperature _____

Respiratory Rate _____

Tobacco Use: Current Former Never

(circle one)

Assigning Tasks

	Tasks	Who	Where
Ask	Ask patient about tobacco use Document status		
Advise	Advise patient to quit		
Assess	Assess interest in quitting Assess previous quit attempts Assess barriers to quitting		
Assist	Help patient set a quit date Provide self-help materials Provide problem-solving information		
Arrange	Provide Kansas Quitline Fax Referral Document status for checking at next visit Follow up by telephone (optional) Send congratulatory letters (optional)		
Administrative Support	Order and keep materials stocked Compile follow-up results		

Tobacco Use Cessation Flow Sheet

ASK	ADVISE	ASSESS	ASSIST	ARRANGE
Date ___/___/___	<input type="radio"/> Clear	<input type="radio"/> No Interest	<input type="radio"/> Set quit date	<input type="radio"/> Referral to Quitline
Initial ____	<input type="radio"/> Strong	<input type="radio"/> Quit Later	___ / ___ / ___	<input type="radio"/> Referral to cessation group
# of tobacco products per day _____	<input type="radio"/> Personal	<input type="radio"/> Ready within 30 days	<input type="radio"/> Suggest problem solving methods	<input type="radio"/> Follow-up appointment given
# of years tobacco used _____		<input type="radio"/> Maintenance	<input type="radio"/> Provide social support	<input type="radio"/> Discuss NRT
		<input type="radio"/> Relapse	<input type="radio"/> Discuss tobacco user's environment	
			<input type="radio"/> Provide materials	



References

- Kansas Tobacco Quitline 1-800-QUIT-NOW (784-8669)
- North American Quitline Consortium (www.naquitline.org)
- American College of Obstetricians and Gynecologists (www.acog.org)
- Smoke-Free Families (www.smokefreefamilies.org)
- *Treating Tobacco Use and Dependence* (www.medscape.com/viewprogram/3607)



Contact

Matthew Schrock

Cessation Coordinator

Kansas Tobacco Use Prevention Program

130 S. Market, Suite 6050

Wichita, KS 67202

(316) 337-6056

mschrock@kdheks.gov