



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

QUITTING TOBACCO USE: You Can Do It! – We Can Help! (866-485-QUIT)

Smoking, exposure to second hand smoke, and spit tobacco use are major contributors to poor health in Montana. Smoking and exposure to second hand smoke are the first and third leading causes of preventable death of Montanans.¹ Both significantly increase risk for developing lung cancer, heart disease, and stroke. Spit or chew tobacco is a major risk factor for oral cancer. Smoking during pregnancy has a multitude of negative health impacts on the mother, the fetus, and the newborn. Quitting tobacco use significantly reduces the risk of premature birth as well as premature death.

Tobacco use quit lines that provide counseling and nicotine replacement therapy (NRT) offer effective cessation services.² The DPHHS Montana Tobacco Use Prevention Program has partnered with the National Jewish Medical and Research Center in Denver, Colorado to provide free quit line service in Montana. This report describes the services provided by the Montana Tobacco Quit Line (866-485-QUIT), its utilization and characteristics of callers.

What does the Montana Tobacco Use Quit Line Offer?

Since May 2004, National Jewish Medical and Research Center has provided telephone-based cessation services for Montana residents. Callers to the quit line can receive

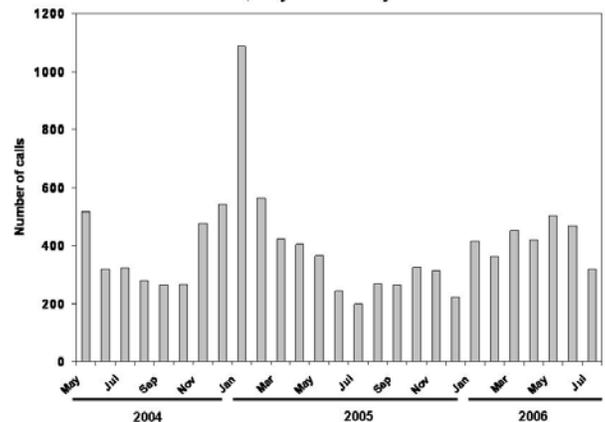
- Self-help cessation education material
- Four weeks of NRT
- A motivational intervention (includes education material and ongoing encouragement)
- A five session counseling program

The quit line services can be accessed by a toll free telephone number or through a fax referral from a health care professional. A quit specialist then contacts the referred patient. Persons who enroll in the phone counseling program regardless of income or health insurance status are eligible to receive 4-weeks of free NRT through the mail.

At the time of an initial call to the quit line, staff conduct a brief intake interview and collect information regarding the caller's history of tobacco use, readiness to quit, severity of dependence, history of previous cessation attempts, and other pertinent information. Cessation rates are calculated among participants upon completion of the program, and at 3 and 6 months after completion.

Are Montanans using the Quit Line? Yes! - Between May 2004 and July 2006 10,607 Montanans had completed an intake call through the quit line (mean intakes per month = 393). The number of intake calls ranged from 200 to over 1,000 per month. (Figure 1).

Figure 1. Number of intake calls to the Montana Tobacco Quit Line per month, May 2004 to July 2006.



During the first seven months of 2006 there were 2,940 intake calls; 2736 callers (93%) reported they currently used tobacco, while the remainder were family members, friends, persons who had already quit using tobacco, or persons who did not indicate their status. The majority of callers were women (59%), and 2% of these callers indicated that they were currently pregnant. Forty-three percent of callers were age 25 to 44, 40% 45 to 64, 12% less than 25, and 5% 65 and older. Eighty-three percent of callers indicated their race as white and 4% as American Indian. Forty-three percent indicated they had tried to quit smoking in the past year, and 30% had been referred by a health professional.

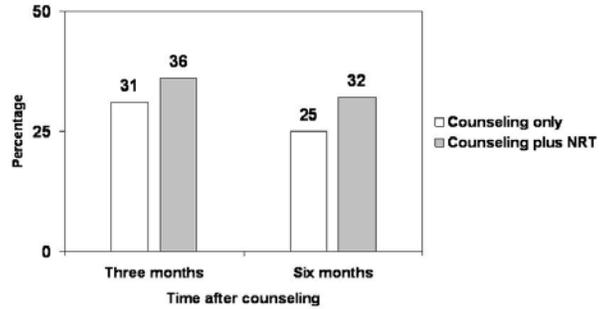


Among quit line participants completing the program, 28% reported that they were not currently using tobacco at program completion. Among the quit line participants that completed the program and responded to the 3 and 6 month follow-up calls, a higher percentage of respondents who received counseling and NRT reported that they had not used tobacco in the past seven days compared to respondents who received counseling only (Figure 2).

What Else Can Be Done to Help Montanans Quit?

One of the most important strategies to help people quit using tobacco is for the health care professional team to promote, counsel, and support patients through the process.³

Figure 2. Cessation rates among callers participating in the counseling program who did or did not receive nicotine replacement therapy (NRT).



Recommendation: What health care providers can do to help patients decrease exposure to the leading cause of premature death in Montana: 5 A's plus a very useful R.

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

- Refer patients to the Quit Line
866-485-QUIT
or
use fax referral form

For more information about the quit line, free patient education materials, and fax referral forms contact Stacy Campbell at 406-444-3138 (stcampbell@mt.gov). Visit Montana Tobacco Prevention at <http://tobaccofree.mt.gov>

References:

1. US DHHS. The Health Consequences of smoking: a report from the surgeon general. Atlanta, GA: US DHHS, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.
2. Zhu SH, Anderson CM, Tedeschi GJ, Rosbrook B, Johnson CE, Byrd M, Gutierrez-Terrell E. Evidence of real-world effectiveness of a telephone quitline for smokers. N Engl J Med. 2002 Oct 3;347(14):1087-93.
3. Fiore MC, Bailey WC, Cohen SJ, et al. Treating tobacco use and dependence. Clinical practice guideline. Rockville, MD. US DHHS. Public Health Service. June 2000

NOTE: The December issue of *Montana Public Health* will describe mortality related to motor vehicle use in Montana.



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