



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

Montana Tobacco Quit Line Increases Benefits in Celebration of its 6th Anniversary

Tobacco use is the single most preventable cause of premature death in the United States.¹ Tobacco use is highly addictive and most tobacco users require multiple quit attempts before successfully ending their tobacco addiction.¹ Telephone quit lines have been shown to be effective in helping smokers succeed in quitting and are an evidence based practice.²

The Montana Tobacco Quit Line began in May 2004 and nearly 36,000 Montanans have used the quit line services since its inception. Approximately 90% of these tobacco users smoke cigarettes, while approximately 7% use smokeless tobacco. The quit line is reached by a toll-free number and offers Montana tobacco users a personalized quit plan, cessation coaching, and free or reduced cost cessation medications.

This issue of *Montana Public Health* examines the utilization of the quit line and trends in cessation advised by healthcare providers using data from the Montana Tobacco Quit Line and the Montana Adult Tobacco Survey.

Who calls the quitline? On average, quit lines in North America reach just 1% of smokers.³ Approximately 5% of Montana smokers called the quit line in 2008-09. This is one of the highest rates of reaching smokers achieved by any quit line in the United States.

However, evaluation of the characteristics of quit line callers compared to the characteristics of tobacco users in Montana reveals that distinct demographic groups underutilize the Montana Tobacco Quit Line (Table). These groups include:

- Men
- Young adults aged 18 to 24 years
- American Indians

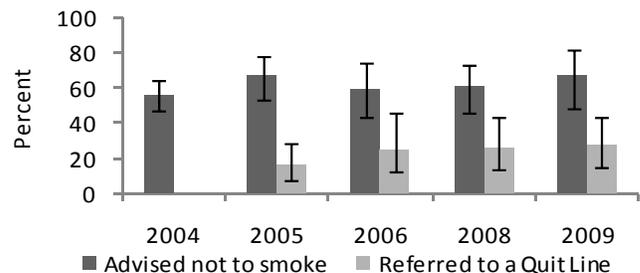
Table. Gender, age, and race of Montana tobacco users compared to all callers of the Montana Tobacco Quit Line, 2004 to 2009

Characteristic	Current Tobacco Users ^a % (95% CI)	Quit Line Callers ^b %
Total	100	100
Gender		
Men	64 (60-69)	41
Women	36 (32-41)	59
Age group (yrs)		
18-24	21 (17-27)	11
25-34	21 (17-27)	20
35-44	19 (16-23)	21
45-54	20 (17-23)	27
55+	18 (16-22)	21
Race		
White	84 (80-87)	83
Am. Indian	11 (9-15)	4
Other	5 (3-8)	3

^a Adult Tobacco Survey, 2004- 2009

^b National Jewish Health, Montana Tobacco Quit Line, 2004-2009

Figure. Percent of current smokers in Montana who reported that their healthcare provider advised them not to smoke and whose healthcare provider referred them to a telephone quit line by year, Adult Tobacco Survey, 2004-2009.



Healthcare providers can be influential in a smoker's decision to quit. The 2008 Clinical Guidelines for treating tobacco use and dependence recommend brief clinical interventions as an effective way to help tobacco users quit (i.e., when a health care provider takes 10 minutes or less to deliver advice and assistance about quitting).

The percent of Montana smokers who have reported that their healthcare provider advised that they quit smoking increased from 56% in 2004 to 68% in 2009, although this increase was not statistically significant (Figure). The percent of smokers who reported that their healthcare provider referred them to a telephone quit line also increased, although not statistically significant, from 16% in 2005 to 27% in 2009 (Figure).

The Montana Tobacco Quit Line has set up a fax referral system as an easy way for health care providers to refer patients. When a fax referral is received, the quit line will proactively call the patient to inform them about the services and benefits that are available. This is an underutilized service. In 2009, only 3% of participants were enrolled through the fax referral system.

Increased quit line benefits. In celebration of its 6th Anniversary, the quit line will be adding a new cessation medication, bupropion, to its benefits. This will be available for three months at a \$5 co-pay per month. In addition, for the month of May only, the quit line will be extending free Nicotine Replacement Therapy (patches, gum or lozenges) from two weeks to four. Chantix[®] is also available through the quit line for a two month period at a \$50 co-pay per month.

Quit rates. Tobacco users who use the quit line and participate in coaching sessions experience great success. Six-month quit rates (seven day point prevalence) for participants who do not choose medication and participate in coaching sessions only is 30%. Meanwhile, quit rates for participants who participate in coaching sessions and choose medication are: Nicotine Replacement Therapy (NRT), 31%; and varenicline (Chantix[®]), 32%.

Recommendations for healthcare providers to increase quit attempts among tobacco users

- Assess each patient's tobacco use status during each office visit and advise patient who uses tobacco to quit.
- Consider flagging the charts of patients who use tobacco to prompt the cessation conversation each time they visit the office.
- Refer patients who want to quit to the Montana Tobacco Quit Line and use the fax referral system.
- Stock quit line materials and give the materials to patients.



For more information about the Montana Tobacco Quit Line or how your patients can obtain free or reduced cost medication contact Heather Beck at hbeck@mt.gov or (406) 444-7373.

References:

1. United States Public Health Service. *Reducing tobacco use : a report of the Surgeon General*. Washington D.C.: Dept. of Health and Human Services, 2000.
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3. North American Quit Line Consortium. *Moving quitlines forward: North American quitline consortium annual Report, 2008/2009*. http://www.naquitline.org/resource/resmgr/Reports-NAQC/100205_annual-report.pdf.pdf. Accessed April 1, 2010.

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