Tobacco Dependence Treatment Services in New Jersey

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Tobacco continues to be the single largest cause of preventable morbidity and mortality in the United States.[1] Despite this, adult smoking prevalence remained fairly stable in the 1990s and tobacco use increased among young people.[2] Figure 1 shows the relatively static trend in cigarette smoking prevalence in both New Jersey and the United States over the past decade.[3] The need to implement proven methods of reducing tobacco use on a wide scale, including treatment for current addicted tobacco users, remains as important for the health of the U.S. public as ever.

Helping Existing Tobacco Users to Quit

Even if we were entirely successful in preventing young people from starting to smoke (and in the 1990s the trend was consistently in the wrong direction), this would not produce any significant reductions in deaths caused by smoking for the next twenty years. The most immediate health gains, therefore, must be achieved by persuading and helping existing smokers to quit.[4] Recent data from California and Massachusetts have shown that the health gain from lowering smoking prevalence can be detected within just a few years of program implementation and amounts to tens of thousands of cancer and cardiovascular deaths prevented each year.[5-7] These reports demonstrate that comprehensive tobacco control also saves two to eight dollars in health care costs for every dollar spent and so is an excellent health care investment. These reports also underline the importance of helping existing smokers to quit.

Until the early 1990s there was some doubt about the effectiveness of attempts to assist smokers in quitting along with an awareness that only a very small proportion of smokers in the United States had access to any kind of help to quit.[8, 9] Over recent years it has been recognized that we now have effective treatments for tobacco dependence and that we need to provide these treatments to as many smokers as possible.[10]

As a result of an increase in direct assistance, the proportion of quit attempts involving assistance increased, in California, from around 8% in 1986 to 20% in 1996.[11] Overall, those who had assistance were more than twice as likely to be abstinent twelve months later, as compared with those who tried to quit without any assistance (15% versus 7%). These and other recent population-based analyses suggest that provision of accessible help in quitting can have a significant public health impact.[12, 13]

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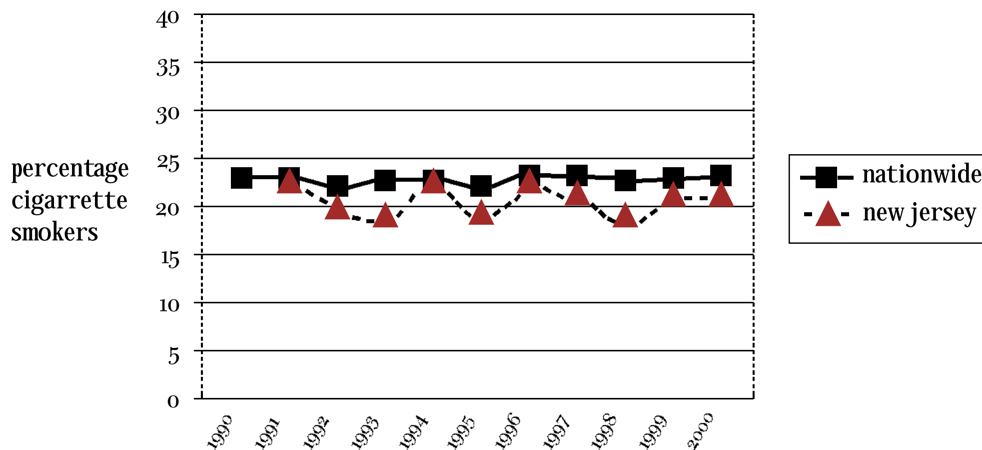
Figure 1. Mean Percentage of Respondents 18 years or Older in New Jersey Reporting Current Cigarette Smoking Compared with Median National Percentage.**[3]*



* Respondents indicate that they have smoked more than 100 cigarettes lifetime and currently smoke everyday or some days during the past 30 days.
**50 states,Puerto Rico,and District of Columbia after 1995; 50 states 1993–1995, 49 states 1992, 48 states 1991, and 45 states in 1990 with no data for New Jersey.

Treatment for Tobacco Users in New Jersey

The 1998 Master Settlement Agreement was a settlement between most states and the major tobacco companies, as part compensation for the states' Medicaid expenses that were caused by tobacco use. As of 2000, the State of New Jersey is allocating about 10% of its annual income from the Master Settlement Agreement towards tobacco-control initiatives ($30 million out of a total annual income approaching $300 million in 2001).[14] Although this is only about half the level of funding recommended for New Jersey by the Centers for Disease Control and Prevention (cdc), it provides a solid base from which to start a tobacco-control program. The main goals of New Jersey's Comprehensive Tobacco Control Program are:

1. To decrease the acceptability of tobacco use among all populations.
2. To decrease the initiation of tobacco use by youth under 18 and aged 18–24.
3. To increase the number of youth and adult tobacco users who initiate treatment.
4. To decrease exposure to environmental tobacco smoke.
5. To reduce disparities related to tobacco use among different population groups.

The New Jersey Program, while trying to be comprehensive, contains a slightly greater emphasis on helping smokers quit than do programs in other states. Part of the rationale for this is based on the research evidence outlined above, showing that providing assistance to existing smokers who want to quit will lead to the fastest health gains in the population. In addition there is growing evidence suggesting that as smoking prevalence has declined in the United States over the past fifty years,the proportion of smokers who are addicted to (i.e. dependent on) tobacco has increased.[15] In 1999 the majority of all smokers in New Jersey made an unsuccessful (and usually unassisted) attempt to quit smoking in the previous year, with over half of those under 18 and around three-quarters of pregnant smokers reporting unsuccessful attempts to quit in the past year (see figure 2).[3, 16] This underlines the need to provide effective treatment for addicted smokers in New Jersey.

Treatment Services in New Jersey

The component of state funding that is allocated to provide assistance with attempts to quit smoking comprises less than a third of the total tobacco-control budget and currently focuses on three separate quitting modalities that were launched in October 2000.

nj quitnet is an internet site (www.nj.quitnet.com) providing around the clock web-based information,advice,and support for stopping smoking. The service is visited more than fifteen thousand times by about three thousand people each month. In addition to providing basic information and helping smokers locate their nearest treatment clinic (NJ Quitcenter), the website can be a personalized, interactive planning tool for quitting tobacco use. People who register on the site have access to these features that include chat-rooms and ask-the-expert interactive features designed to increase support for quitting smoking.All smokers with internet access should be advised to register on this site in order to gain access to these interactive features.

nj quitline is a toll-free telephone advice and counseling service [1-866-nj-stops] for New Jersey residents and is run by the Mayo Clinic Quitline. NJ Quitline is staffed by trained counselors and is available in twenty-six languages. NJ Quitline can provide ongoing telephone counseling as well as information and referral to an NJ Quitcenter for face-to-face treatment. NJ Quitline is open Monday–Friday from 8 am–8 pm (except holidays), and Saturday from 11 am–5 pm.

nj quitcenters are fifteen tobacco-dependence treatment services providing intensive face-to-face treatments and community outreach. The Tobacco Dependence Treatment Specialists working at the NJ Quitcenters are all experienced health professionals who have completed specialist training in both tobacco dependence counseling and pharmacological treatment of tobacco dependence, provided by the Tobacco Dependence Program at Umdnj–School of Public Health.

Rationale for Tobacco Dependence Treatment Services in New Jersey

Tobacco dependence treatment services in New Jersey have been designed to provide highly accessible and highly visible sources of evidence-based advice on quitting.In addition to the usual,proven form of brief advice through primary health care professionals,the NJ Quitline and NJ Quitnet provide free, accessible advice, support, and referral.

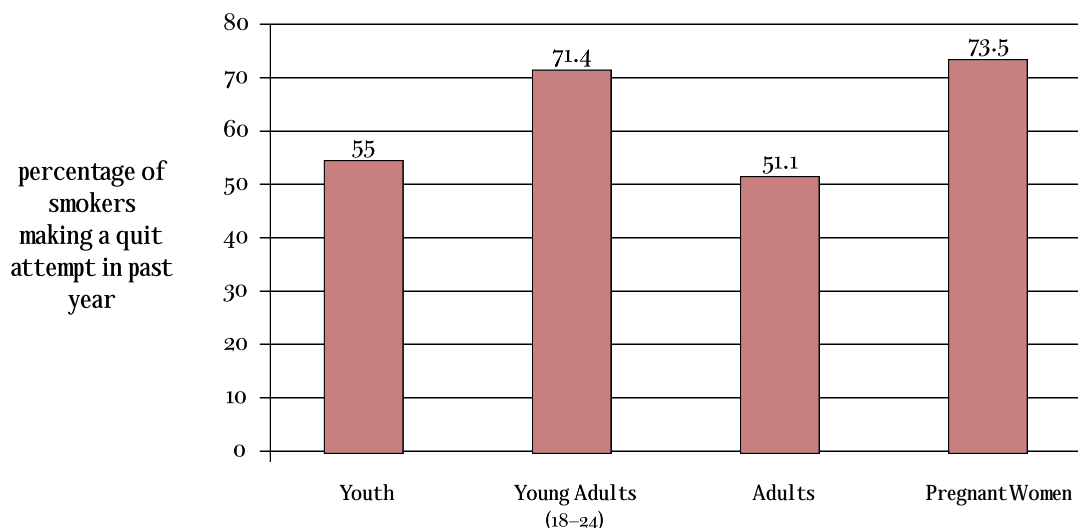
Tobacco users can also choose to receive a more intensive level of support from these, by registering on NJ Quitnet, enrolling in telephone counseling on NJ Quitline, or obtaining medication and a follow-up appointment from their primary care provider.

Those tobacco users who are motivated to obtain face-to-face tobacco dependence treatment from a specialist should be referred to one of the NJ Quitcenters (or they can refer themselves directly).

The Tobacco Dependence Program at Umdnj–School of Public Health [732-235-8212] is also available as a tertiary referral and consultation service for New Jersey health professionals as well as to provide ongoing training, consultancy, and advice to providers of tobacco dependence treatment in New Jersey.

The overall aim of the treatment services is to provide accessible and effective treatment. It is anticipated that a natural triage system will operate whereby those who are thinking about quitting and who may be less addicted will first use NJ Quitnet, NJ Quitline, or their physician for brief advice and information about stopping smoking. However, those who are highly addicted smokers, but are highly motivated to quit,having had previous failed quit attempts,may be more likely to register for on-going telephone counseling from NJ Quitline or to attend an NJ Quitcenter for specialist face-to-face treatment.

Figure 2. Percentage of Smokers in New Jersey Who Attempted to Quit in the Past Year (sorted by age and pregnancy status).[3,14]



Treatment at NJ Quitcenters

NJ Quitnet and NJ Quitline were launched in October 2000 and were publicized to the medical community and the public during that year. However, many of the fifteen Quitcenters have only started being publicized and seeing patients during 2001, and so many people may be unfamiliar with their practices. The locations and contact details for each Quitcenter can be found through NJ Quitnet and NJ Quitline.

Patients can be referred by their doctor or can self-refer directly and will be offered an hour-long initial assessment appointment with a tobacco dependence treatment specialist. The assessment will include measurement of expired carbon monoxide (a biochemical measure of recent tobacco smoke exposure) as well as assessments of level of addiction to tobacco and motivation to quit. Most NJ Quitcenters offer both individual and group therapy and can provide advice on the appropriate use of pharmacological treatments. Billing procedures vary from site to site,and many sites are currently providing the service free of charge. As of November 2001, NJ Quitcenters are providing reduced cost nicotine replacement therapy for smokers who engage in face-to-face counseling ($25 for a two week supply of the nicotine patch or gum,which is approximately half the typical retail price).

The evidence is very clear that the combination of intensive face-to-face counseling and pharmacological treatment (e.g. nicotine replacement therapy and/or bupropion) can significantly enhance smokers' chances of quitting successfully.[10] Perhaps the clearest evidence of this was provided by the Lung Health Study, which randomized almost four thousand heavy smokers to receive this kind of intensive tobacco dependence treatment and almost two thousand to receive "usual care."[17] One year later 35% of those receiving the intensive treatment were abstinent, compared with only 9% of those receiving usual care. The NJ Quitcenters will be aiming at achieving similar success rates to those found in the active treatment arm of the Lung Health Study.

It is too early to be able to provide complete details of Quitcenter treatment outcomes, but we have analyzed the preliminary baseline data on the first two hundred patients attending the Tobacco Dependence Clinic at Umdnj–School of Public

Table 1. Baseline Characteristics of the First 200 Patients Attending the Tobacco Dependence Clinic at UMDNJ–School of Public Health (an NJ Quitcenter based in New Brunswick)

Characteristic	Value
Percent (number) male/female	37% (74) male 63% (126) female
Mean (range) age	44 (15–75) years
Percent (number) with a smoking-caused health problem	64% (128)
Percent (number) who have previously received treatment for a mental health problem	55% (109)
Percent (number) having had previous treatment for a drug or alcohol problem	27% (54)
Mean (range) number of years of smoking	26 (1–62)
Mean (median) number of previous quit attempts	9 (4)
Mean (range) number of cigarettes smoked per day*	23 (0–90)
Percent (number) who smoke within a half hour of waking in the morning*	85% (169)
Mean (range) baseline expired carbon monoxide concentration*	19 (0–131) parts per million

* These include 7% (14) who attended the clinic for help to stay stopped having recently quit on their own, 92% (183) attended for help to quit,and 2% (3) wanted help to cut down.

Health in New Brunswick (see table 1). This suggests that the profile of patients attending intensive face-to-face treatment at NJ Quitcenters is characterized by heavy smokers who are highly addicted but highly motivated to quit.These highly addicted smokers typically have a very low chance of succeeding to stop smoking with no or very low-intensity treatment.[18, 19] Most smoke at least a pack a day and light up within a half hour of waking in the morning and over a half have made four or more serious quit attempts in the past. It is also of note that two-thirds of patients attending are women and that just over one-third of the patients heard about the service at their doctors' offices.

The vast majority of patients attending the Quitcenters make a quit attempt and succeed in reducing their tobacco consumption and expired carbon-monoxide concentrations for a period of time.The main short-term follow-up assessment is made one month after the quit date. Of the first seventy-four patients who made a quit attempt and attended at least two of six sessions of group treatment at the Tobacco Dependence Clinic at Umdnj–School of Public Health, 57% (42) were completely abstinent a month after their quit date (not a puff in the previous seven days, biochemically validated by a measurement of expired carbon monoxide less than 10 ppm in all of those attending the last group meeting).This is currently our best estimate of one-month abstinence rates among those participating in group treatment at this clinic.

Conclusion

Tobacco users in New Jersey who would like to quit have a full range of support services available to complement the advice given and medications that may be prescribed by their doctor. Doctors and other health professionals are encouraged to inform patients about these services and to advise patients to make full use of them to assist with their quit attempts. *NJM*

Acknowledgements

This work is supported by funds from Department of Health and Senior Services at the State of New Jersey, through the Master Settlement Agreement.

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