NYS Smokers’ Quitline
Implementing A Brief Alcohol Use Intervention to Boost Quit Success
NAQC Presentation August, 2012

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Despite strong links between drinking and smoking behaviors, few quit lines routinely screen and counsel for alcohol use.¹

Daily smokers report high levels of hazardous drinking which is associated with increased risk for alcohol use disorders and nicotine dependence.²
Drinking Definitions

**Hazardous Drinking**

Men: 5+ drinks in one sitting or 14+ drinks weekly.

Woman: 4+ drinks in one sitting or 7+ drinks weekly.

**Moderate Drinking**

Men & Woman:
Anything under hazardous drinking criteria.

NHI National Institute on Alcohol Abuse and Alcoholism (NIAAA) Guidelines
Preliminary Evidence

- Adding a brief alcohol intervention to a standard smoking cessation treatment produced superior smoking cessation rates compared to standard treatment that did not address alcohol behavior. ³

- Impetus for a baseline study to look at the association between hazardous drinking behavior and cessation among NYSSQL clients.
56% of callers reported drinking; 23% reported hazardous drinking

NYSSQL Baseline Findings

2008: 88,479 NYSSQL clients assessed for drinking behavior at intake.
Hazardous drinkers had significantly different abstinence rates compared with moderate drinkers at a two week follow up but not significantly different than non-drinkers.

Abstinence at 2 week & 3 month follow up.

<table>
<thead>
<tr>
<th>Abstinence rates</th>
<th>2 weeks</th>
<th>3 months</th>
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<tbody>
<tr>
<td>non-drinkers</td>
<td>55.8%</td>
<td>28.3%</td>
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<tr>
<td>moderate drinkers</td>
<td>60.2%</td>
<td>32.2%</td>
</tr>
<tr>
<td>hazardous drinkers</td>
<td>56.2%</td>
<td>26.9%</td>
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Nearly a quarter of NYSSQL clients reported a hazardous drinking pattern which was associated with lower cessation outcomes compared to those who reported a moderate drinking profile.

Given the large number of high risk drinkers who can be identified through a quit line, quit lines can provide a venue for providing brief alcohol intervention to these high risk drinkers.
Baseline findings led to the development of a study testing an alcohol intervention for smokers who drink at hazardous levels and are calling a quit line.

**Timeframe:**
- Protocol accepted late 2009
- Training Sept 2010
- Study start Jan 2011
- Study completion Aug 2011
NYSSQL Call Volume 2008-2011

NYSSQL Incoming Call Volume

- 2008
- 2009
- 2010
- 2011
Follow-Up Alcohol Study Goals

* Primary Goal: To determine if advice to limit or abstain from alcohol improves cessation outcomes in quit line smokers who drink at hazardous levels.

* Secondary Goal: To determine if advice to limit or abstain from alcohol reduces alcohol consumption in quit line smokers who drink at hazardous levels.
Implementation Process

Adoption of an alcohol study into NYSSQL operations:

- Addition of detailed alcohol questions
- Time added to each call (15-20 min, revised to pullback to 10 min)
- Specialized two day training for coaches
- Additional ongoing weekly supervision
Screen clients for drinking behavior and ID hazardous drinkers; invite into study.

Randomize into:
- Practical Counseling (PC) + Standard Care (SC) or
- Alcohol Intervention (AI) + Standard Care (SC)

PC necessary to match phone time to AI and to establish a clear differentiation of counseling methods.

SC necessary to for other elements of coaching call (e.g. NRT screening).
Single subject flow.

Standard Care Interview with Quitline Specialist started

Specialist screens caller with NIAAA items

Caller is a hazardous drinker

Caller is a nonhazardous drinker

Verbal consent is administered

Caller consents and is randomized to PC + SC or AI + SC

Caller does not consent and is not randomized

Practical Counseling (PC + SC) administered (Current Smokers Ready to Quit Call)

Alcohol Intervention (AI + SC) administered (Current Smokers Ready to Quit Call)

Practical Counseling (PC + SC) administered (Quit Day Callback)

Alcohol Intervention (AI + SC) administered (Quit Day Callback)

Follow-up interview (7 months post smoking cessation)

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Pilot = 549
Study = 1,950
**A1.** During the last 12 months, how often did you usually have any kind of drink containing alcohol? By a drink we mean a 12 ounce can or a glass of beer or cooler, a 5 ounce glass of wine, or a drink containing a shot of liquor.

**A1a.** During your lifetime, what is the maximum number of drinks containing alcohol that you drank within a 24-hour period?

*Questions used at baseline with minor revisions to condense*
**A2:** During the last 12 months, how many alcoholic drinks did you have on a typical day when you drank alcohol?

**A3:** During the last 12 months, how often did you have 4 or more drinks containing any kind of alcohol in a day?
Description of Counseling Arms

Practical Counseling:

* Nothing pertaining to alcohol; gave basic advice
* PC scripts modeled after the popular NCI *Clearing the Air* booklet
* Mailed participants the *Clearing the Air* booklet

Alcohol Intervention:

* Alcohol and cessation specific
* Intervention used Motivational Interviewing model
* Mailed participants NCI *Rethinking Drinking* booklet
No formal training; Coaches instructed to read script and NOT to talk about anything alcohol specific.
PRACTICAL COUNSELING: No MI during this section only

Provide 5 minute practical counseling Intervention after NIAAA screening & Timeline Followback administered:

1. Say to the caller: "We suggest that you work on staying busy on your quit date and beyond by spending as much time as you can in nonsmoking places like:
   a. Gyms
   b. Libraries
   c. Malls
   d. Museums
   e. Places of worship
   f. Smoke-free restaurants

2. Say to the caller: "We also suggest that you work on being active, doing things like:
   a. Walking or running
   b. Taking a bike ride
   c. Going for a swim
   d. Shooting hoops
   e. Trying a yoga class"

3. Say to the caller: "In the quitting process, you will experience urges. We suggest that you cope in specific ways like:
   a. Picking up something other than a cigarette
   b. Having a list of things to do at a moments notice
   c. Taking a deep breath
   d. Cleaning something
   e. Making a move to a different situation"

4. Say to the caller:
   a. "You may experience negative moods when you quit and this is normal."
   b. "To address this, we suggest that you engage in pleasant activities."
   c. "What are some fun things you might do?"

5. Say to the caller:
   a. "To make your quit attempt go as smoothly as possible, we suggest that you make some lifestyle changes that minimize your level of stress."
   b. "What are some changes you can make to reduce stress in your life?"

6. Say to the caller: "We will be sending you a pamphlet called 'Clearing the Air' along with your quit smoking starter package. Please read it over and let us know if you have questions."

7. Note: Only provide counseling about alcohol if the caller conveys concern that alcohol may hinder their quit attempt; if a caller raises this concern, inform them that reductions in their drinking may translate to more successful smoking cessation outcomes and offer the Z standard NYSSQTL alcohol tip sheets.
Alcohol Intervention Training

- Conducted by Benjamin Toll, Ph.D., Associate Professor of Psychiatry, Yale School of Medicine, Center for Nicotine & Tobacco
- 2 day training - 26 Coaches trained
- Covered
  - Why we need to give Alcohol Counseling to Quitline Callers
  - Core Motivational Interviewing Skills
- Each Coach had a personal mentor/trainer who reviewed calls and met with Coach weekly
ALCOHOL COUNSELING
Provide **5 minute alcohol intervention** after NODAA screening & Timeline Followback administered:

1. Ask callers: "How do you see your drinking and smoking going together?"
2. Ask callers:
   a. "Describe your personal experiences with drinking during past smoking quit attempts."
   b. "Tell me how you think drinking alcohol might affect your effort to quit smoking?"
3. Reflect and amplify caller statements that support changes in drinking behavior.
4. Ask permission to present information on the effects of drinking on smoking cessation. Then, state to the caller "For smokers who drink:
   a. About 40% of lapses to smoking happen when they are drinking;
   b. The risk of lapsing is 5 times greater on days when people drink;
   c. Drinking heavily doubles the risk of relapse compared to moderate drinking;
   d. Therefore, we believe that reducing how often and how much you drink can be very helpful when quitting smoking."
5. Ask the caller what he/she thinks about this information and support change-oriented statements.
6. Initiate discussion of possible drinking goals during smoking cessation by saying
   a. May I share with you our recommendations about drinking when you are trying to quit smoking? Based on the research we just discussed, we recommend not drinking for the first month that you are quitting smoking, if that is possible for you. After that month, we recommend never drinking more than 3 for women/4 for men drinks at a single sitting, both to maintain good health and to avoid having a slip and smoking when you are intoxicated. Of course, you have to choose the goal that will work best for you. What are your thoughts?
   b. Reflect change-oriented statements while also acknowledging any ambivalence or reluctance to change drinking.
   c. For callers indicating a desire to avoid drinking or cut down on drinking, ask for specific goals. E.g., "How many drinks would you like to limit yourself to? How often will you drink during the first month of quitting?"
   d. For callers indicating a desire to avoid drinking or cut down on drinking, discuss strategies to reduce drinking. "What are specific steps that you might take to achieve your drinking goals?" For callers who cannot generate strategies, ask permission then suggest "setting goals" and "pace and space."
   e. Language for callers who say "not make any changes": Say "So it sounds like you are entirely comfortable with how much you are drinking now. Of course, the decision about how much you are going to drink is completely up to you. What steps do you think you can take to help you not smoke when you are drinking?" If caller cannot think of steps, ask permission then say: "For example, you could change how much or how fast you drink, when you drink, where you drink, or who you drink with."
   f. I appreciate your thinking through how alcohol use might affect your quit smoking attempt. (Reinforce change goals if relevant).
7. I appreciate your thinking through how alcohol use might affect your quit smoking attempt. (Reinforce change goals if relevant). Thinking about how often and how much you drink, when you drink, where you drink, or who you drink with can help maximize your chances of success in quitting smoking.
8. Say to the caller: "We will be sending you a pamphlet called 'Rethinking Drinking' along with your quit smoking starter package. Would you please read it over and let us know if you have questions?"

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Independent of the study Coaches provided feedback and were surveyed to ascertain their perception, attitude and opinion of the study and study process as it pertained to themselves and our clients.
Initial Barrier

* Even though accustomed to the practice of research, initial reluctance around extensive scripts/questions, topic and balancing the rigidity of the design.
Formative Evaluation: Coach Receptivity

Outcomes

* Appreciated factual data to help educate callers and themselves.
* Enhanced their overall art of interviewing; deepened application of MI and knowledge of inconsistencies.
* Benefitted from personal mentor/trainee and on-one weekly meetings.
Formative Evaluation: Client Receptivity

- Some initial sensitivity to stigma of ‘risky drinkers’.
- Questioning alcohol questions when trying to focus on smoking (not exclusive to alcohol questions).
- Increased factual knowledge.
Some dissatisfaction but mostly satisfaction around more comprehensive nature of call.
Enhanced awareness about dealing with triggers for relapse.
Provided healthy behavior change examples.
Preliminary Findings

* Data currently being analyzed.

* Preliminary findings for primary goal; improving cessation and secondary reducing alcohol consumption.

* Also examining change in alcohol use as a mediator to smoking cessation.
Smoking Cessation 7-Month Follow-up (Survey Respondents)

*** p = .03; 20.4% (100/490) versus 26.2% (132/503)
Quit Smoking & Reduced Heavy Drinking
7-Month Follow-up (Survey Respondents)

*** p = .01; 14.9% (70/471) versus 21.3% (103/484)
Mean Coach Alcohol Counseling and Practical Counseling Adherence Ratings (n=400)

PC provided more content around urges than other topics.

*** p=.000; Ratings made on a 7-point scale, higher values = higher adherence
Study Impact on Operations

* Although additional resources were needed to prepare and implement study, however the overall operations also benefited from the process and outcomes.
Deviations From Standard Operations

- Additional two day intensive training.
- Additional questions to our intake and follow up interview.
- Increased length of call.
- Scheduling weekly 30 minute coaching sessions-time reduced on-phone time.
- Management resources for programing, study oversight, data transfers, downloading recorded calls and trouble shooting.
Study Benefits:
NYSSQL Enhancements

- Study resulted in standardizing alcohol screening questions - revised from study.
- Improvement of MI skillset.
- Adoption of training components.
- Enhancement of QA standards.
We know that drinking alcohol can affect the stop smoking process, so we would like to gather some information that we think can help us to help you with your quit process.

- If you currently drink alcohol, how often do you drink?
- On a typical drinking day, how much alcohol do you drink?
- How often do you have 4 or more drinks containing alcohol in a day?
Alcohol Factsheets

Alcohol: How to set limits

If you drink alcoholic beverages, do so in moderation. Moderation means:

- For men no more than two drinks per day.
- For women no more than one drink per day.

A person may be at risk for alcohol-related problems if alcohol consumption is:

- More than 14 drinks per week, or greater than 2 drinks per day.
- More than 7 drinks per week, or greater than 1 drink per day.

A Moderate Drinker may:

- Occasionally drink to a point of slight, though enjoyable, pleasant buzz.
- Be able to control the urge to drink.
- Usually does not drink more than one or two drinks on any particular occasion.
- Generally has something to do before, during or soon after drinking.
- Usually does not drink for longer than an hour or two.

Some Reasons to Cut Down on Drinking:

- To become less anxious.
- To sleep better.
- To feel calmer.
- To think about problems or other matters.
- To save money.

Tips for SLOWER drinking:

- Slow down your drinking.
- Pause to enjoy your glass of wine, for example.
- Take a glass of water when you begin to feel drunk.

Alcohol: Strategies to cut down on drinking

Strategies to cut down on drinking:

- Avoid drinking games.
- Share your drinks with others.
- Avoid drinking when you are tired or have had recent drinks.
- Take a walk or get some exercise before drinking.
- Avoid drinking during mealtimes.
- Avoid drinking at home.
- Avoid drinking in places where you are alone.

Watch out for Tensions:

- We tend to notice people who make us feel bad.
- We tend to notice people who drink.
- We tend to notice people who don’t drink.
- We tend to notice people who eat.
- We tend to notice people who don’t eat.
- We tend to notice people who wake up.
- We tend to notice people who don’t wake up.
- We tend to notice people who go to bed.
- We tend to notice people who don’t go to bed.

Difficult Situations:

- You can’t think of a way to be clear.
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A drink without lighting up

One of the most common reasons why people who have stopped drinking find alcohol to be attractive is that drinking alcohol happens to be a social activity that you can enjoy while you’re drinking. Don’t be caught without a person. If you know what to expect ahead of time, you can prepare yourself.

Many former smokers still enjoy a drink. It’s not easy at first, but it can be done.

Wondering how you can drink and still stay smoke-free? Here are some tips:

- When you first stop smoking, the most common thing to do is to avoid alcohol for a while—maybe the first few weeks—before you try to drink again. Be sure to plan your drinking ahead of time.
- Don’t drink anything to feel better, but instead of stimulating your brain, you need to feel better. Many people find alcohol to be a problem because they don’t feel as good as they do when they drink.
- Don’t drink when you’re alone; you might even want to light up just to have a reason to keep your company when you’re not trying to drink.
- If you feel like you are not smoking, and cigarettes are not an option for you today, limit your alcohol intake. Have a drink and make it an otherwise non-alcoholic beverage.
- Tell your drinking buddies (in a quiet and confident way) that you don’t drink.

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Study Benefits:
Improvement of MI skillset

- Motivational interviewing standards heightened.
- Motivational interviewing inconsistencies distinguished.
During study Yale supervisors collaborated with NYSSQL trainers to enhance feedback given to Coaches.

Ongoing consultation about MI and other behavioral counseling models and trainings with Yale experts.
Quality assurance instrument updated and tailored to a NYSSQL setting while matching identified best practices for counselors.
“The entire process was worth it. I learned so much along the way about the value of research, responding to callers, how to improve myself and what works best for a quitline environment.”

“I like having the flexibility of determining where in the interview to insert the revised alcohol questions so it flows the best.”

“This study enhanced our overall services.”

“Focusing on alcohol as a significant trigger to relapse set the stage for handling other significant triggers with callers.”

“It made me a better coach overall!”
Significant numbers of quit line clients report alcohol use.

Clients accept the concept of a strong link between drinking and smoking.

Most clients willingly engaged in a frank, tailored discussion about their drinking behavior in order to benefit their quit process (may not be the same for other substances abuse conditions).

At the very least alcohol consumption behavior screening should be considered as seriously as other screenings for substance abuse and may coincide with other mental health conditions.

