National Promotions of Tobacco Cessation: An Opportunity to Identify Clients with Behavioral Health Issues

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INTRODUCTION AND BACKGROUND

Telephone quitlines are evidence-based programs that provide counseling and, in most cases, medications, to tobacco users who want to quit. Quitlines are available in all 50 states, Washington, DC, Puerto Rico, and Guam; and in 10 provinces and two territories in Canada. In the United States, quitlines are accessible through a national portal "1-800-QUIT-NOW" which directs callers to their state or territorial quitline. Similarly, in Canada, a national toll-free number "866-366-3667" directs tobacco users to their provincial or territorial quitline.

Quitline studies suggest that between 19% and 50% of the approximately 500,000 unique callers each year have current mental illnesses (Canadian Smokers' Helpline, 2009 unpublished data; Hrywna et al. 2007; Kreinbring & Dale, 2007; McAfee, Tutty, Wassum, & Roberts, 2009; Tedeschi, Zhu, & Herbert, 2009). Several converging events present an expanded opportunity to identify and treat these individuals. All quitlines have implemented a standard set of intake and follow-up questions asked of callers. In 2011 the North American Quitline Consortium (NAQC) and the Behavioral Health Advisory Forum (BHAF) developed screening questions to identify quitline callers who present with co-morbid behavioral health conditions, including anxiety, depression, bipolar disorder, alcohol/drug abuse, schizophrenia, and emotional challenges that have interfered with life functioning. At the same time, several promotion activities are ongoing or anticipated, including the CDC's National Tobacco Education Campaign, and new graphic health warnings for cigarette packs in both the U.S. and Canada. Thus there is an emerging opportunity to identify large numbers of tobacco users with behavioral health issues.

THE MINIMAL DATA SET FOR EVALUATING QUITLINES

The Minimal Data Set, or "MDS," is a standardized set of intake and follow-up questions asked by all publicly funded quitlines in North America. It was created to:

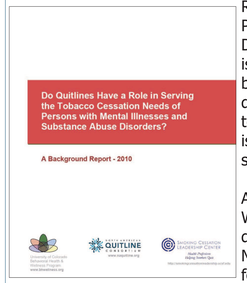
- Facilitate data collection regarding common and critical areas of interest facing all users and funders of quitline services
- Enable the capability for easy comparisons across quitlines.
- Make it easier to answer questions critical to improving quitline practices, yet are impossible to answer by a single quitline.

In addition to the "core" intake and follow-up questions, NAQC has established a process for developing standard "optional" MDS questions. In this way quitlines with an interest in gathering data on certain items (e.g., sexual orientation of callers, or behavioral health issues) can use the same question wording and response categories to do so, thus enhancing our ability to compare results across quitlines. More information about the MDS can be found at www.naquitline.org/mds.

NORTH AMERICAN QUITLINE CONSORTIUM

DEVELOPING STANDARD OPTIONAL MDS QUESTIONS TO SCREEN FOR BEHAVIORAL HEALTH ISSUES

In 2011, the North American Quitline Consortium (NAQC) and the Behavioral Health Advisory Forum (BHAF) collaborated to produce a report titled "Do Quitlines Have a Role in Serving the Tobacco Cessation Needs of Persons with Mental Illnesses and Substance Abuse Disorders?" as a critical appraisal of the potential issues that arise when quitlines serve persons with behavioral health disorders. One of the recommendations from the report was for telephone quitlines to add screening questions for behavioral health issues at intake, especially if quitlines were already screening for other chronic health conditions.



As a result of this recommendation, NAQC's MDS Workgroup collaborated with BHAF members to develop four standard optional questions for the MDS that screen for behavioral health issues. The four questions are:

1. **Do you have any mental health conditions, such as anxiety disorder, depression disorder, bipolar disorder, alcohol/drug abuse, or schizophrenia?**
2. **During the past two weeks, have you experienced any emotional challenges such as excessive stress, feeling depressed, or anxious?**
3. **During the past two weeks have you experienced any emotional challenges that have interfered with your work, family life, or social activities?**
4. **Do you believe that these mental health conditions or emotional challenges may interfere with your ability to quit?**

While these questions are optional for tobacco cessation quitlines, having standard language for them can increase their utility when comparing data across quitlines. NAQC provided guidance for implementing these questions, noting that NAQC does not expected that any or all would be adopted by quitlines unless they meet their needs. In addition, for quitlines that choose to adopt some or all of the questions, to the extent possible they would be integrated into screening questions regarding other medical or chronic care conditions. The screening questions and implementation guidance documents can be found at http://www.naquitline.org/?page=optional.

The BHAF has also developed recommendations regarding training and supervision of quitline staff on cessation needs of persons with mental illnesses and substance abuse disorders. These training guidelines are available at http://naquitline.site-ym.com/resource/resmgr/news/BHAF_Training_Themes_6-6-11.pdf. BHAF presents these recommendations as a tool and resource for continuing the discussion around ways to best serve tobacco users with mental illnesses and substance abuse disorders, not as a standardized curriculum.

PROMOTION ACTIVITIES

U.S. National Tobacco Education Campaign

The Center for Disease Control and Prevention's (CDC) Office on Smoking and Health launched a groundbreaking campaign on **March 19, 2012**, to raise awareness of the human suffering caused by smoking and to encourage smokers to quit. The campaign "*Tips From Former Smokers*," features real people who have experienced a variety of illnesses stemming from tobacco use, including cancer, heart attack, stroke, asthma, and Buerger's disease. The ads not only show the toll that these smoking-related illnesses have taken on these individuals' lives, but they also provide encouragement to quit smoking and information on how to access free help, including the 1-800-QUIT-NOW toll-free number, and the NCI cessation website smokefree.gov. The campaign ads will run nationally for 12 weeks, and include television, radio, billboard, magazine, newspaper, theater, and online placements. The target audience is adult smokers, aged 18-54.

Early results from the campaign show that **calls to the national quitline number have more than doubled** since the campaign started. Call volume rose from 14,437 calls for the period Monday, March 12 – Sunday, March 18, to 33,262 calls for the period Monday, March 19 – Sunday, March 25, and a record 34,413 calls for the period Monday, March 26 – Sunday, April 1, the CDC reported.

Canadian Cigarette Pack Warning Labels

On September 27, 2011 Canada's Harper government gave final approval for new warning labels on cigarette and little cigar packages. The Tobacco manufacturers and importers were required to use the new labels by March 21, 2012 and retailers must ensure that all packages on their shelves feature the new labels by June 19, 2012.The new labels include a national toll-free number(866-366-3667) that links callers to provincial helplines as well as the URL "gosmokefree.gc.ca/quit."

U.S. FDA Graphic Health Warnings

On June 21, 2011, the U.S. Food and Drug Administration (FDA) announced its final rule on new cigarette warning labels. The new rule will increase the size of health warnings, add graphics and messages, and will add 800-QUIT-NOW, a telephone number that connects callers with their state quitline service, to the warning. On August 17, 2011, the tobacco companies filed a lawsuit to stop the FDA's implementation of the new warnings, arguing that the regulations are not consistent with the First Amendment to the Constitution (free speech). On November 7, 2011, District Judge Leon blocked the FDA's requirement to have the new graphic health warnings appear on cigarette packages by September 2012. The FDA is currently appealing the ruling (*R.J. Reynolds v. U.S. FDA*).

DISCUSSION

Given the current and upcoming activities that will be using the national toll-free numbers and websites to promote cessation, there is an emerging opportunity to **identify large numbers of tobacco users with behavioral health issues**. Once identified, these tobacco users can be **treated appropriately** to increase the likelihood they will be successful at quitting smoking. They can also be **referred to other services** related to their mental illness or other behavioral health issues. This kind of **integration** of quitlines within health care systems is critical to maximize resources and improve sustainability of existing services. In addition, **research** is needed to further test training methods for cessation counselors/coaches, tailored counseling content, and specialized treatment protocols for both counseling and medication use. With the standard optional screening questions, as well as other MDS intake and follow-up questions, researchers have the basic tools in place to be able to **fill some of the gaps in our evidence base**. These and other efforts will help to both improve the chances of tobacco users with behavioral health issues for successful cessation of tobacco products, and integrate quitline services with community behavioral health treatment.

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