

Maine Smoking Cessation Program Individual Responsibility

Section I: Summary

Maine's Treatment Initiative sought to increase access to effective treatments to reduce or eliminate tobacco dependence. Based on the belief that tobacco treatment interventions are most effective when delivered in the context of a comprehensive program, the Initiative includes several components: 1) a Tobacco HelpLine, 2) a nicotine replacement therapy provided through the Medication Voucher program and 3) a Tobacco Treatment Training Program designed to educate health professionals about tobacco dependence.

Section II: Statement of purpose

In view of the addictiveness of tobacco products, many tobacco-users will need support in quitting. Support for smoking cessation or "treatment of tobacco dependence" refers to a range of techniques including motivation, advice and guidance, counseling, telephone and Internet support, and appropriate pharmaceutical aids, all of which aim to encourage and help tobacco users to stop using tobacco and to avoid subsequent relapse. The success of these interventions depends on their synergistic use in a broader context of a comprehensive tobacco-control strategy.

The Maine Tobacco Treatment Initiative was launched in 2001 by the Partnership for a Tobacco-Free Maine (PTM), a coalition of public and private groups jointly headed by the Maine Bureau of Health and Department of Human Services. The group's goal was to provide evidence-based treatment for tobacco dependence based on the *U.S. Public Health Service Practice Guidelines* to Maine residents.

The Maine program included three components: 1) the Tobacco HelpLine, 2) the Tobacco Medication Voucher Program, a cost-free nicotine replacement therapy program and 3) a Tobacco Treatment Training Program designed to educate health professionals about tobacco dependence.

The Maine Tobacco HelpLine (the HelpLine) provides callers with information, written materials and multiple-session behavioral counseling to any Maine resident. Starting in August 2002, interested Helpline callers were eligible to receive nicotine replacement therapy through the Tobacco Medication Voucher Program. They were provided with vouchers for up to 8 weeks of nicotine gum or patch therapy. Smokers authorized for medication provided the Helpline with the name and location of a Maine pharmacy where they could receive the medication. Vouchers were processed electronically and implemented through collaboration with a pharmacy benefit management (PBM) company. The medication information was then forwarded to the PBM who provides the information to the designated local Pharmacist. After receiving four weeks of replacement therapy, callers were eligible

for an additional 4-week supply if a smoker has follow-up contact with a HelpLine Specialist.

Voucher program eligibility was based on Maine residency, age 18 years or older, interest in quitting, agreement to speak to a HelpLine specialist and no insurance or pharmacy benefit coverage for nicotine replacement therapy.

Another primary component of the program was counseling. All HelpLine callers interested in quitting within 30 days were encouraged to receive counseling by a Tobacco Specialist. Regardless of level of interest, all callers were mailed Quit Kits tailored to their interest level. Three follow-up calls were scheduled to support the client's effort to quit. The timing of subsequent calls was arranged around the caller's quit date using a relapse-related protocol. If a caller was not ready to quit within 30 days, they were mailed additional materials and encouraged to call back in the future. Maine residents are eligible for a course of therapy every six months.

Section III: Outcomes

The evaluation of the HelpLine included an examination of the use ("reach") of services, the impact on long-term quitting, and customer satisfaction with services. Quit surveys were conducted by telephone on a sample of callers six months following HelpLine use. Surveys were on a random sample of callers each month, using an independent subcontractor. Based on combined results of the first two surveys completed, 21.5% of smokers were not smoking 6 months after receiving any counseling by a HelpLine Specialist. The Maine Tobacco HelpLine organizers concluded that services significantly impact quitting, because only about 5 to 10% of smokers quit on their own without help (from the *US Public Health Service's 2000 Clinical Practice Guideline for the Treatment of Tobacco Use and Dependence*).

Utilization evaluation also included the volume of calls received by the Helpline over time (e.g., day, time of call, number of calls), and the demographic characteristics and county of residence of callers (i.e., age, sex, race, information collected at intake when the caller makes the initial call). To assess customer satisfaction with HelpLine services, surveys were conducted with customers 3 months after receiving assistance. Almost 90% of HelpLine callers were satisfied with counseling, self-help materials and overall service. Of those surveyed, 86% would recommend the HelpLine to a friend or family member.

The success of the program suggests that a multifaceted smoking cessation program can be successful. Organizers suggest it best to develop program components carefully and in succession rather than implementing multiple components simultaneously. They argue that program implementations of this complexity require very clearly defined goals and timelines for each component, with specific roles and responsibilities of staff.

This program is replicable in other locations. However, in smaller states such as Maine, a smaller number of individuals in influential positions may successfully

effect change. One lesson learned, which was not unexpected, is that it is challenging to integrate programs such as these into existing health care systems.

Contact Information

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Partnership For A Tobacco-Free Maine
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Phone: 207-287-4627
Fax: 207-287-4636
The Maine Tobacco HelpLine: 1-800-207-1230

Additional Resources

Action on Smoking and Health (<http://www.ash.org.uk/>)

Action on Smoking and Health (ASH) is a campaigning public health charity that works to eliminate the harm caused by tobacco. Based in the United Kingdom, this project works to works to eliminate the harm caused by tobacco. Efforts include: advocacy and policy development, information and research, networking, governance, resources and sustainability, and image and communication.

The WHO/SRNT database (<http://www.treatobacco.net>)

Treatobacco.net is an essential resource for those working on the treatment of tobacco dependence throughout the world. It presents evidence-based information about the treatment of tobacco dependence, under five headings: efficacy; safety; demographics and health effects; health economics; and policy. Key findings, commentaries and supporting references have been collated and reviewed by over 40 international experts, and the evidence is periodically updated to incorporate new research. Treatobacco.net is a collaborative initiative between public and private organizations, run jointly by the Society for Research on Nicotine and Tobacco (SRNT) and the World Health Organization (WHO) Europe.

The Partnership Project (<http://www.who.dk/tobaccofree>)

The WHO European partnership project was launched in 1999, initially as a three year project, with the objective of reducing tobacco-related death and disease among tobacco-dependent smokers. The project brought together a mix of private and public partners, including governmental and non-governmental organizations at the international, European and country levels, representatives of professional and scientific organizations, independent scientific advisers and the pharmaceutical

sector. Although the European Partnership Project ended in December 2001, many of the Project's target countries continue to implement activities at the national level through the partnership project framework.