Quit Victoria and Lifestyle Prescriptions

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How do the Lifescripts risk factors relate to the work of Quit?

Quit Victoria: a comprehensive tobacco control program

- Quit and the VicHealth Centre for Tobacco Control, make up the Tobacco Control Unit of The Cancer Council Victoria
- Aim is to eliminate the pain, illness and suffering caused by tobacco use by
  - Increasing cessation activity
  - Reducing uptake
  - Reducing exposure to second-hand smoke (ETS)

Lifestyle prescriptions risk factors

- **Smoking**
  - **Prescription for a smoke-free life**
  - **Quitting smoking to improve health and well-being**
  - **Quitting methods and available support**
- **Focus is on encouraging and supporting cessation**
- **Consistent with Quit's aim**
- **Link with other lifestyle risk factors**

The importance of smoking cessation

- **Stopping smoking before middle age prevents more than 90% of the major health risks attributable to smoking (Peto et al 2000)**
- **Quitting at any age increases life expectancy provided that quitting occurs prior to the development of cancer or other serious disease (Doll et al 1994)**
- **Mortality from tobacco use over the next 50 years will be affected much more by the number of adults who quit than by the number who start (Burns et al 2000; Silverstein et al 2001)**

The importance of smoking cessation

- **Increasing cessation rates among adults will be more likely to have immediate results in reducing illness and death (Levy et al 2000)**
- **Reducing adult smoking rates and increased restrictions on smoking in public places, influence uptake by young people (eg social modelling, influence of parental smoking)**

Smoking and health: awareness of the cost

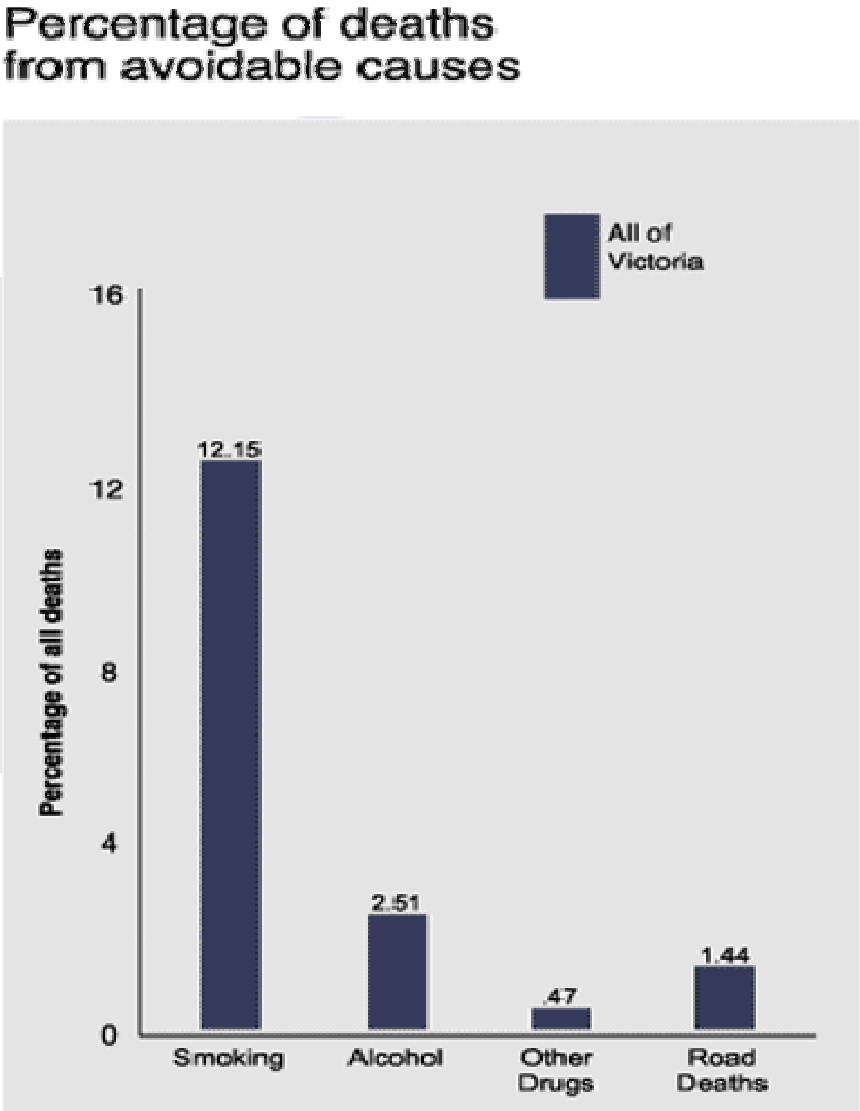
- **19,000 Australians**

  die earlier than they need to, every year from tobacco related diseases
- **up to 2 out of 3 smokers will die prematurely because of their smoking**

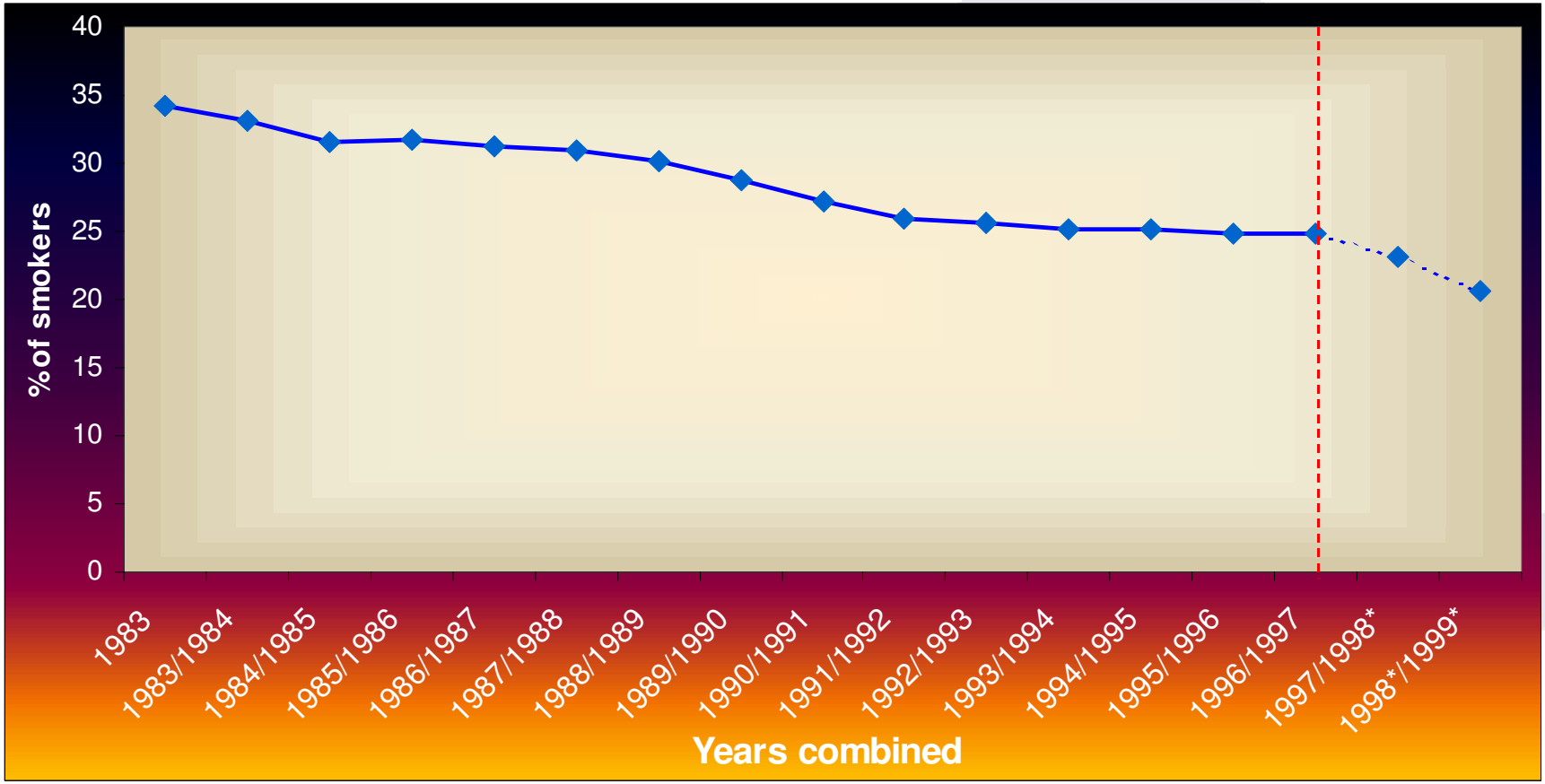
Avoidable deaths in Victoria from 1999 - 2002

On average, out of 1,000 deaths in Victoria:

- **122** are caused by smoking
- **25** are caused by alcohol (including road deaths caused by drinking)
- **14** are caused by road deaths (including those caused by drinking)
- **5** are caused by other drugs (including heroin)



Prevalence of Victorian smokers using rolling averages



What has helped to reduce smoking rates in Victoria?

- **increased awareness of the health problems of tobacco use and the benefits of quitting –** mass media campaigns, public relations, advocacy
- **health settings –** health professional advice, encouragement, community activity, education programs
- **support and services for smokers to quit**
- **research and evaluation, data on prevalence, attitudes**

The important role of general practice in smoking cessation

- highly respected source of information and support within community
- duty of care
- smokers say a doctor's advice is an important motivator to attempt to quit
- people who smoke expect health professionals to ask them about their smoking and advise them to quit
- 76% of Victorians who smoke have tried to quit (CBRC, 1999)

The important role of general practice in smoking cessation

- **82% of adults see a doctor once a year**
- **opportunities to give brief advice during care or possibly more extended support as part of practice care**
- **brief advice results in 2.5% more smokers quitting** (Silagy & Stead, 2004)
- **in Victoria, 2.5% of smokers = at least 1400 smokers** (est. CBRC, 2001)

Challenges in addressing smoking cessation in general practice

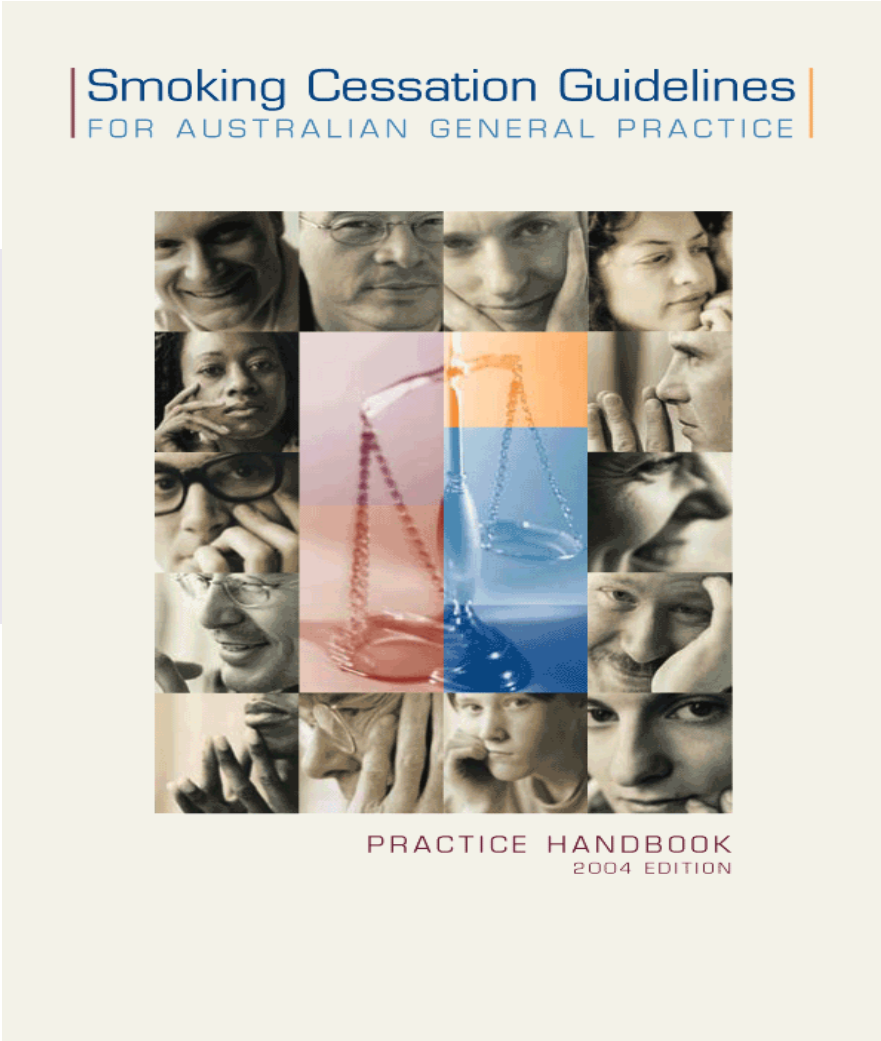
- **time pressure and competing priorities**
- **linking smoking into consultation and health concerns**
- **feelings of frustration/ perception of relatively low success rates**
- **motivating patients** (esp. those in denial about the effects of their smoking)
- **insufficient information about referral support**

What current activities/projects/services/ information/resources are available from Quit that may be of interest to Divisions of GPs and /or general practice?

Quit can provide resources and services to assist general practice to address some of these challenges

Smoking Cessation Guidelines for Australian General Practice

- **Lifestyle prescription information and guidelines are consistent with the National Smoking Cessation Guidelines**
- **Quit's initiatives are also consistent with the guidelines**

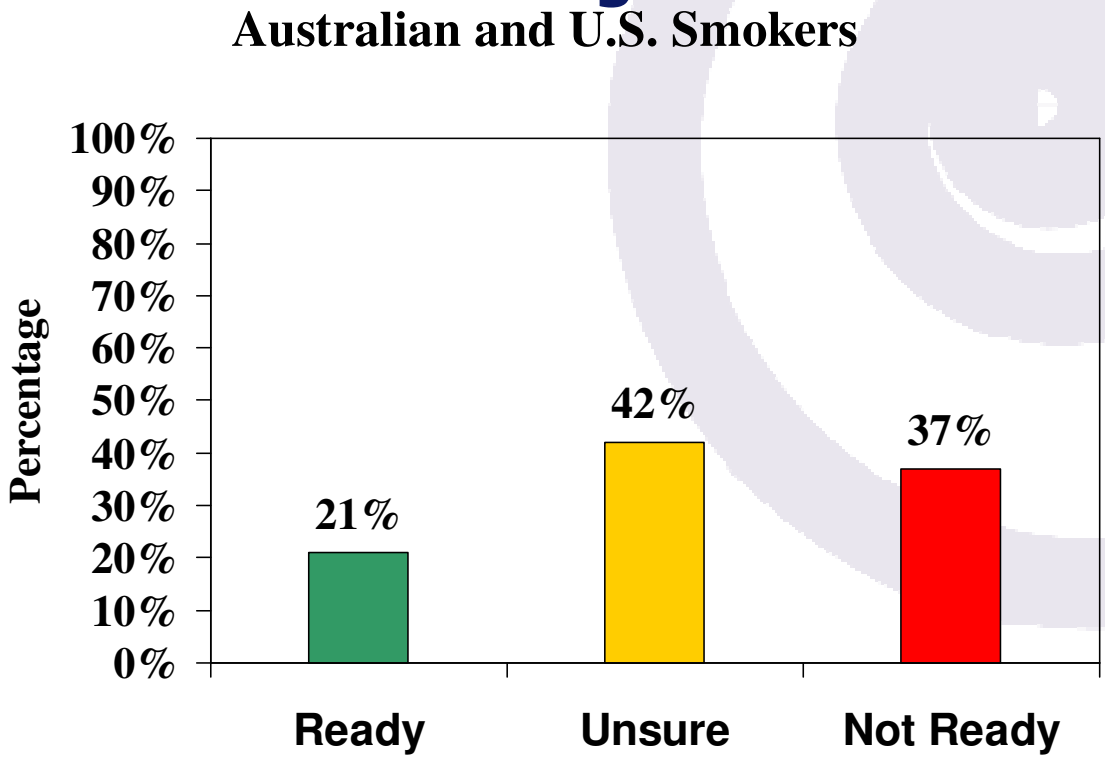


The 5As framework

1. **Ask about smoking at each visit**
2. **Assess patient's willingness and confidence to quit (or to stay quit)**
3. **Advise patients to quit (or to stay quit) based on health effects/benefits**
4. **Assist with quitting dependent on where the patient is at**
5. **Arrange for follow up/Ask again at the next visit**

The 5As framework

- The model enables very brief (1-3 minutes) or more extended assistance (through in-practice care or referral)
- Assistance depends on where the smoker is at with his or her smoking



Quit Victoria
Just say ‘A-A-A-A-A’

Resources, referral and support services, training to support the 5As in general practice

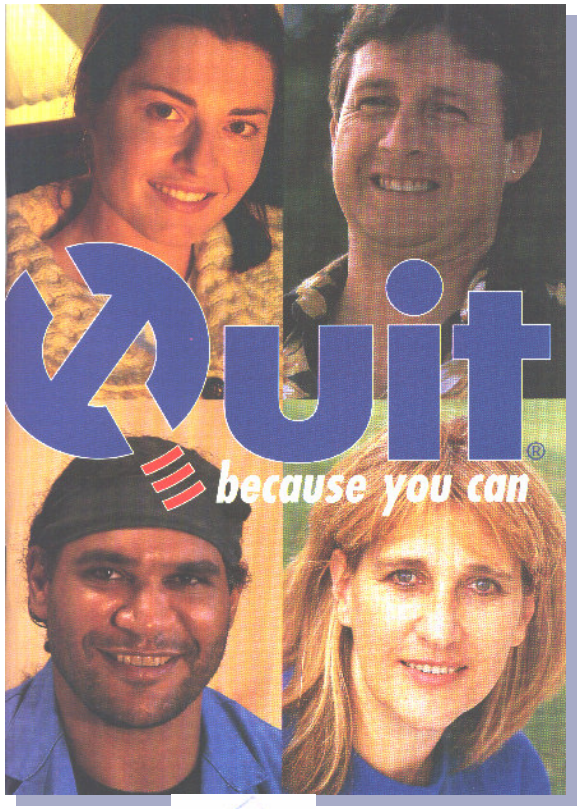
Quit resources and services for 'Assist'

- **Not ready to quit**
  - encourage seeking support when ready
  - offer a Quit book (available free) for future reference
- **Unsure/Ready to quit**
  - offer Quit written resources (available free)
  - refer to in-practice support
  - refer to the Quitline (13 7848 / 13 QUIT)
- **Recently quit**
  - offer Quit written resources/refer to in-practice support/ refer to the Quitline (13 7848 / 13 QUIT) if support is needed to prevent relapse

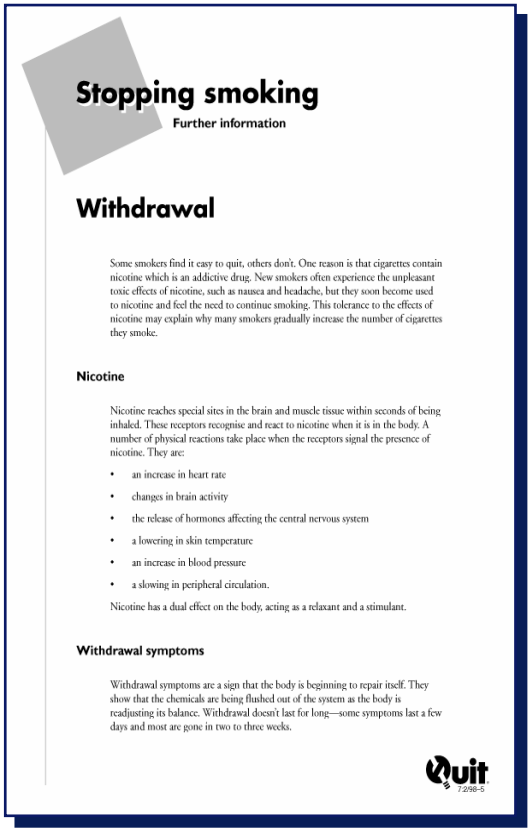
Quit services to support smokers in Victoria

- Quit pack/multicultural resources
- Quitline
  - telephone support service
  - telephone call-back service
- fax referral sheet to Quitline
- Quit courses
- self-help video/DVD
- relaxation audio tape/CD
- "Talking" Quit book
- website - www.quit.org.au including Will Power
- The Quit Coach www.thequitcoach.org.au
- www.smokefree.org.au

Victorian Quit pack



Supporting information



Stopping smoking

Further information

Withdrawal

Some smokers find it easy to quit, others don't. One reason is that cigarettes contain nicotine which is an addictive drug. New smokers often experience the unpleasant toxic effects of nicotine, such as nausea and headache, but they soon become used to nicotine and feel the need to continue smoking. This tolerance to the effects of nicotine may explain why many smokers gradually increase the number of cigarettes they smoke.

Nicotine

Nicotine reaches special sites in the brain and muscle tissue within seconds of being inhaled. These receptors recognise and react to nicotine when it is in the body. A number of physical reactions take place when the receptors signal the presence of nicotine. They are:

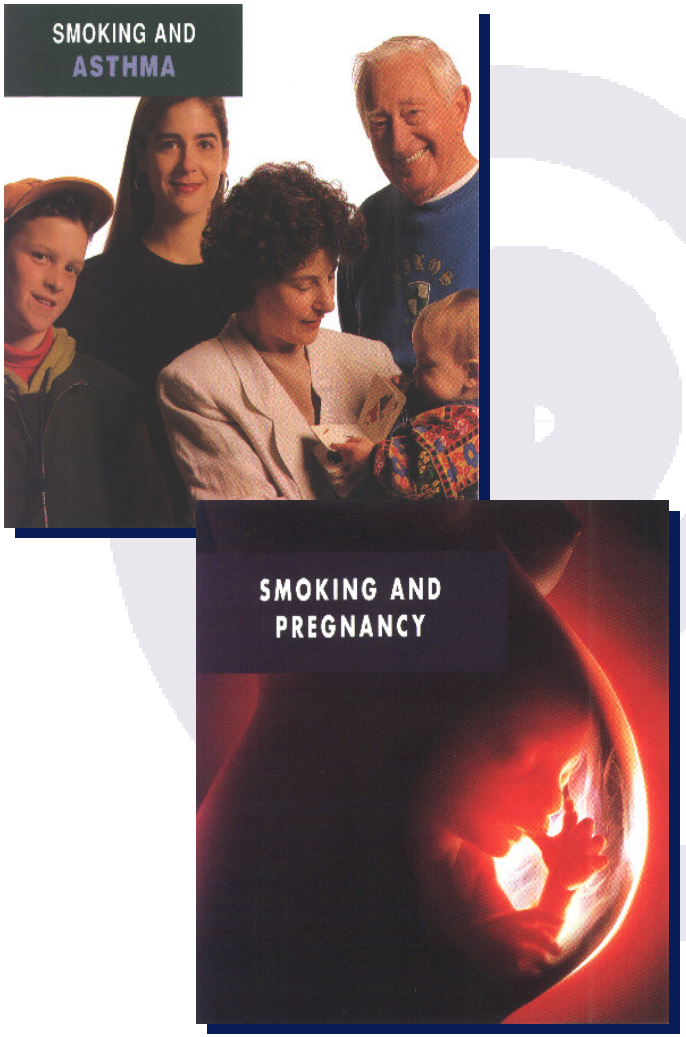
- an increase in heart rate
- changes in brain activity
- the release of hormones affecting the central nervous system
- a lowering in skin temperature
- an increase in blood pressure
- a slowing in peripheral circulation.

Nicotine has a dual effect on the body, acting as a relaxant and a stimulant.

Withdrawal symptoms

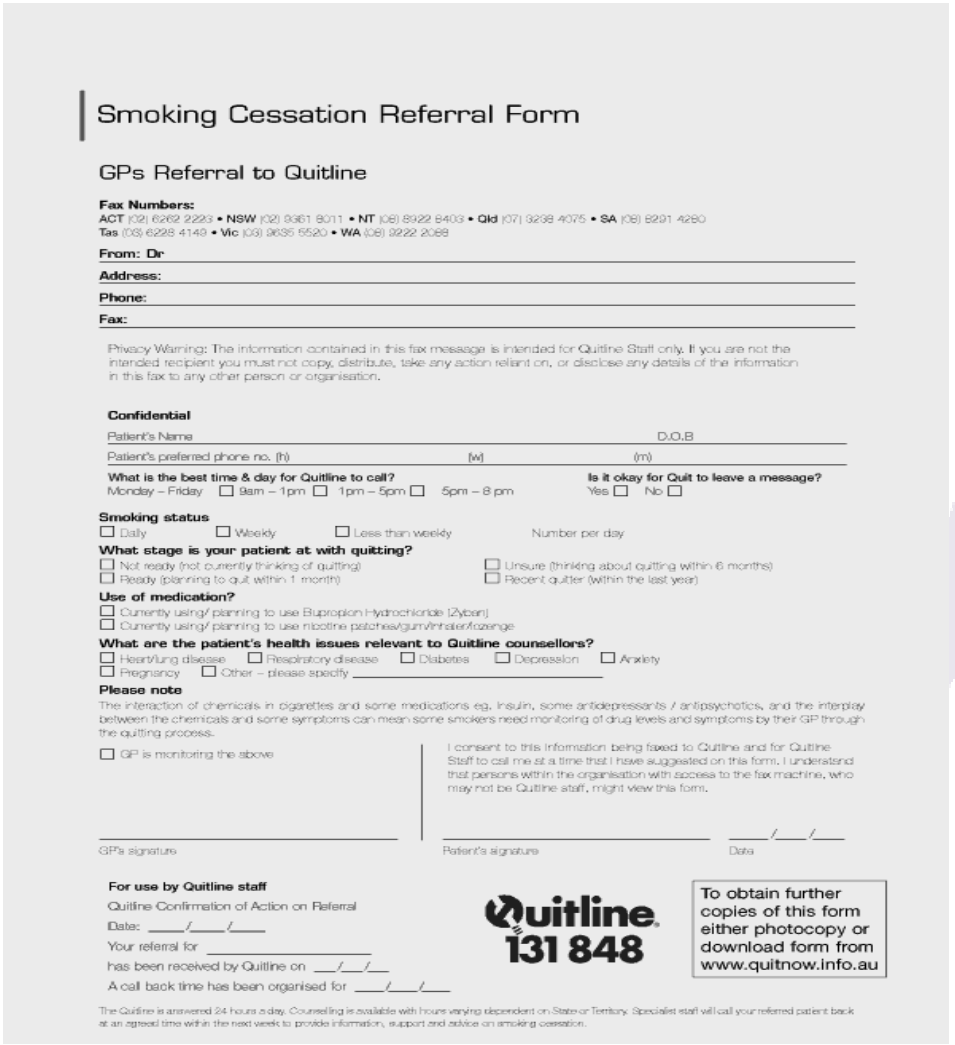
Withdrawal symptoms are a sign that the body is beginning to repair itself. They show that the chemicals are being flushed out of the system as the body is readjusting its balance. Withdrawal doesn't last for long—some symptoms last a few days and most are gone in two to three weeks.

Quit 7.2/98-5



Fax referral to the Quitline

- GPs can refer patients to the Quitline for extended support using the fax referral sheet
- Integral part of the National Guidelines
- Important that General Practice can be confident about the service



Smoking Cessation Referral Form

GPs Referral to Quitline

Fax Numbers:
ACT (02) 6262 2223 • NSW (02) 9361 8011 • NT (08) 8922 8403 • Qld (07) 3238 4075 • SA (08) 8291 4280
Tas (03) 6228 4149 • Vic (03) 9635 5520 • WA (08) 9222 2088

From: Dr

Address:

Phone:

Fax:

Privacy Warning: The information contained in this fax message is intended for Quitline Staff only. If you are not the intended recipient you must not copy, distribute, take any action reliant on, or disclose any details of the information in this fax to any other person or organisation.

Confidential

Patient's Name D.O.B

Patient's preferred phone no. (h) (w) (m)

What is the best time & day for Quitline to call?
Monday – Friday ☐ 9am – 1pm ☐ 1pm – 5pm ☐ 5pm – 8 pm

Is it okay for Quit to leave a message?
Yes ☐ No ☐

Smoking status
☐ Daily ☐ Weekly ☐ Less than weekly Number per day

What stage is your patient at with quitting?
☐ Not ready (not currently thinking of quitting)
☐ Ready (planning to quit within 1 month)
☐ Unsure (thinking about quitting within 6 months)
☐ Recent quitter (within the last year)

Use of medication?
☐ Currently using/ planning to use Bupropion Hydrochloride (Zyban)
☐ Currently using/ planning to use nicotine patches/gum/inhaler/lozenge

What are the patient's health issues relevant to Quitline counsellors?
☐ Heart/lung disease ☐ Respiratory disease ☐ Diabetes ☐ Depression ☐ Anxiety
☐ Pregnancy ☐ Other – please specify

Please note
The interaction of chemicals in cigarettes and some medications eg. insulin, some antidepressants / antipsychotics, and the interplay between the chemicals and some symptoms can mean some smokers need monitoring of drug levels and symptoms by their GP through the quitting process.

☐ GP is monitoring the above

I consent to this information being faxed to Quitline and for Quitline Staff to call me at a time that I have suggested on this form. I understand that persons within the organisation with access to the fax machine, who may not be Quitline staff, might view this form.

GPs signature Patient's signature Date ___/___/___

For use by Quitline staff
Quitline Confirmation of Action on Referral
Date: ___/___/___
Your referral for _____
has been received by Quitline on ___/___/___
A call back time has been organised for ___/___/___

Quitline 131 848

To obtain further copies of this form either photocopy or download form from www.quitnow.info.au

The Quitline is answered 24 hours a day. Counselling is available with hours varying dependent on State or Territory. Specialist staff will call your referred patient back at an agreed time within the next week to provide information, support and advice on smoking cessation.

Victorian Quitline: example of achievements

- world leader (international and national conference presentations)
- key informant for national Quitline group
- international and national Quitline counsellor training (NZ, SA, NSW, Tas)
- best practice guidelines (eg Guidelines for callers with mental illness)
- development of unique Quitline databases

Quitline counsellors and procedures

- **Quitline counsellors are part-time Cancer Council staff**
- **They are experienced telephone counsellors with special training in smoking cessation**
- **Work is carefully monitored and Quitline procedures and guidelines are research-based**
- **The predominant professional and academic background of counsellors is in psychology**
- **other areas include:**
  - social work
  - nursing
  - welfare

Quitline: 13 7848/ 13 QUIT

- **Cost of a local call if someone calls in; free service if Quit calls back**
- **Victoria**
  - Telecentre, 24 hours to request a Quit Pack or leave number to be called back
  - Quit counselling: 8 am — 8 pm, Monday to Friday
- **If a GP refers a patient by fax, Quitline will call the person back at the time suggested and will follow up if the call is not answered**
- **The support continues to be dependent on where the smoker is at (the caller's level of motivation (to quit) may have changed since they agreed to the referral)**
- **Quitline confirms to the GP that the call has been made**

"Referred to Quitline" callers

- number of referrals linked closely to health professional training
- numbers have increased with the release of the National Smoking Cessation Guidelines for GPs
- Since June 2004, Quitline in Victoria has received more than 500 fax referrals from GPs (on average about 3 a day)

Quitline – Callback Service

- a proactive service (up to an average of 6 calls/ extended for pregnancy)
- assist smokers to plan and make a quit attempt
- help smokers get through withdrawal and daily cravings
- help smokers understand that quitting is a process rather than a single event
- research being completed on effectiveness of extending the service for relapse prevention

Research report: Quitline callback service

- **R Borland, C Segan, P Livingston & N Owen, (2001)** *The effectiveness of callback counselling for smoking cessation: a randomised trial.* (Addiction, 96, 881 – 889)
- **Results**
  - **at 3 months 24% in callback group had quit compared to 13% in comparison group**
  - **at 12 months the quit rate was 22% (callback) and 16% (comparison)**
- **Benefit of callbacks**
  - **likely to facilitate extra quit attempts**
  - **useful in significantly reducing relapse in the short term**

Counsellors promote safe smoking cessation

- for callers on medication and/or who have current or past MHC
- prepare and/or directly refer callers to their doctor
- encourage callers to see quitting as a process that may need on-going support and monitoring from the doctor

Quit Victoria Health Professionals Training Program

General practitioners

Practice staff

Smoking cessation intervention training for general practice

- **Quit Educator training (to conduct Quit courses)**
  - **2 days; has been attended by some GP's and practice nurses**
- **Brief training sessions (1-2.5 hours)**
  - **some attract QA & CPD Category 1 activity points**
- **In-practice or part of other meetings or workshops**

Smoking cessation intervention training for general practice

- **Training sessions include**
  - Important role of health professionals
  - Health effects and benefits of quitting
  - Smoking behaviour
  - Applying the 5As framework
  - Motivational interviewing
  - Fax referral to Quitline
  - Support resources available from Quit
  - Scenarios

Smoking cessation intervention training for general practice

- **5As video/DVD training package**
  - **13-minute video/DVD demonstrating the 5As in practice**
  - **focus on a pregnant patient but applicable for all**
  - **3 scenarios representing different stages of readiness to quit plus a return visit**
  - **illustrates what can be done in a very short time**
  - **support booklet**
  - **Divisions could be an effective dissemination point for the training package**

Training as part of research projects

GP Referral Project

- **3 year NHMRC funded project**
- **collaboration between**

  The Cancer Council Victoria (VCTC and Quit)

  University of Melbourne

  Monash University Department of General Practice

RACGP Practice Nurse project 2004-05

Training for GPs and practice nurses

GP Evaluation comments

- General tips for managing smoking cessation/ reinforced protocol of 5As/ the positive approach using 5As
- Greater familiarity with Quit services/ use of Quit program as an adjunct to practice support/Quit line/fax sheet
- Information on relapse and slip ups
- If at first you don't succeed, keep plugging away (applicable to doctors and patients)
- Importance of GPs asking patients about smoking
- Importance of planning and preparing before embarking on quitting
- Stages of change model

Are there possibilities of funding coming through Quit? Possibilities for Divisions to establish partnerships with Quit

Funding?

- Small grants available at times to support Quit campaigns/initiatives
- Other in-kind support (resources)

Collaboration

- Possibilities of collaboration with funded research projects
- Training/presentations
- Website links
- Articles in Division newsletters etc

Possible question for Divisions

- **How do you see Quit supporting general practice to implement Lifescripts?**