

Tobacco Quitlines: Clinical and Operational Strategies for Optimizing Reach and Effectiveness- Victoria, Australia

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Manager, Cessation, Partnerships and Priority Settings



Outline of presentation

- Brief overview of Quit Victoria
- Australian context
- Operational strategies
- Clinical strategies

Quit Victoria Strategic Plan 2012 - 2015

Mission

Leading a credible, collaborative & comprehensive agenda to end the damage caused by tobacco to individuals & the community

Goals

- 1) Reducing Victorian smoking rates in the shortest possible time.
 - 1.1 The adult daily smoking rate in Victoria is has reduced to 12% by 2015
 - 1.2 Youth smoking uptake and prevalence has reduced
- 2) Reduce tobacco related health, social & economic disparities.
- 3) Reduce exposure to tobacco smoke and smoking behaviors.

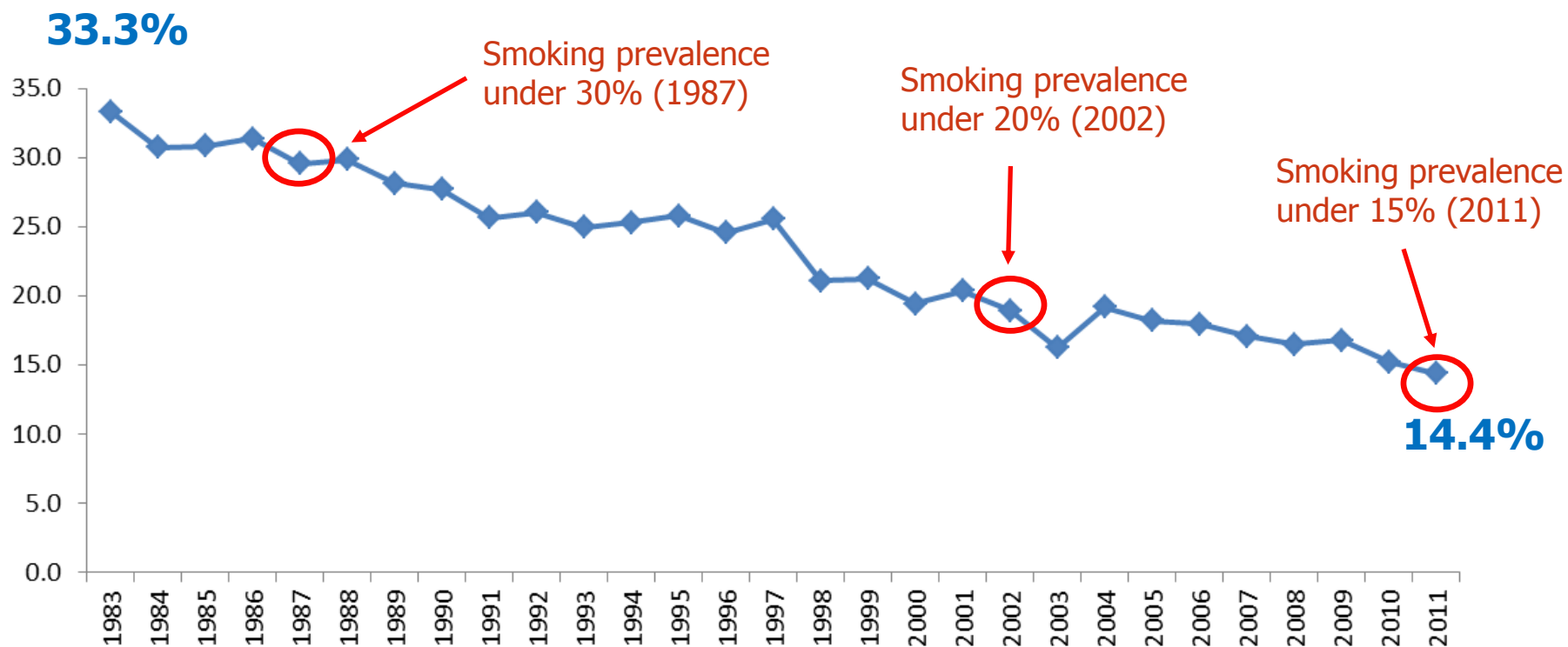


Victorian Smoking Rates and Trends



Victorian adult smoking prevalence 1983 – 2011

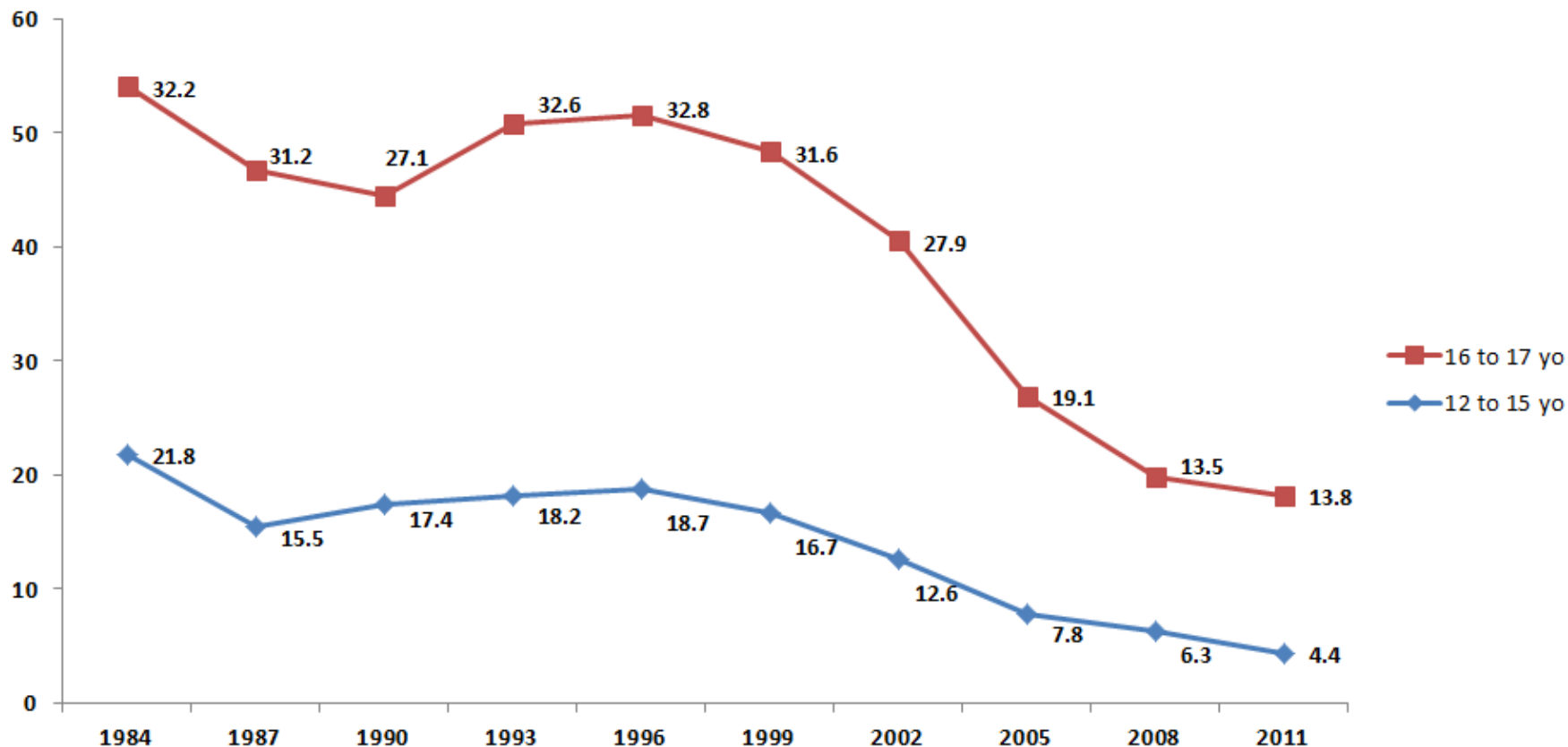
Regular smokers (daily/weekly)



Source: Centre for Behavioural Research in
Cancer, Cancer Council Victoria, 2012.



Victorian Youth Smoking Prevalence 12-15 yrs & 16-17 yrs



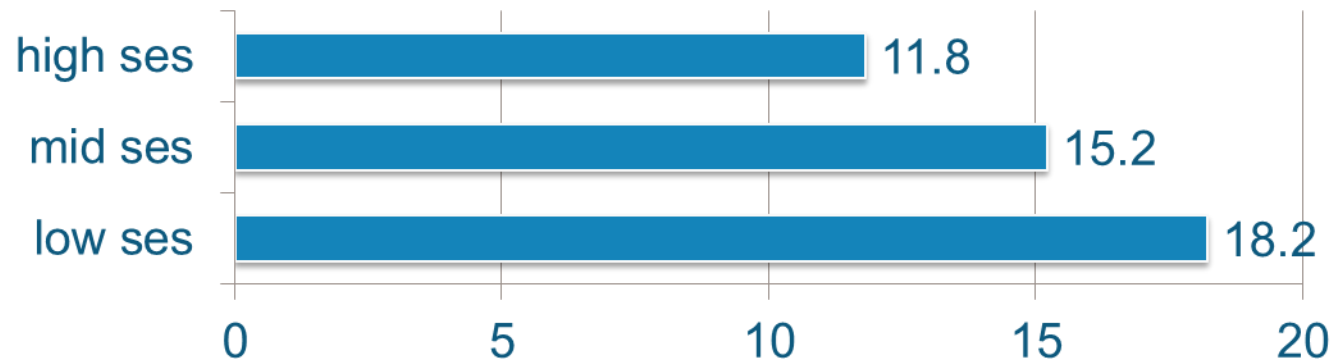
Source Dr. V White Cancer Council Vic Report: Prevalence of smoking among Victorian secondary school students: findings from ASSAD 2011.



Current Disparities in Smoking Rates in Victoria

Higher prevalence of smoking in more disadvantaged areas

Figure 1: % of Regular smokers by SES in Victoria (SEIFA)



Source: Centre for Behavioural Research in Cancer (2010)

Smoking Rates Amongst Disadvantaged in Australia

Disadvantaged groups	Estimated smoking prevalence
People with drug and alcohol problems	70-100%
Aboriginal and Torres Strait Islander people	45%
People who are homeless	73%
People with mental health illness	62%
Vulnerable youth	64%
Lone mothers	45%
Prisoners	81%

Source: Scollo (2008) various national data



Quitline activity and Cessation Support





Using help to quit – now the norm

59% of Australian quitters received support (2009)*

	Used NRT	Used Presc. Medic' n	Behav. Support (Quitline, internet, clinic)	Used Pharma & Behav support.
2002-03	27.5%	4.9%	8.4%	37.0%
2008-09#	29.0%	23.9%	15.0%	59.4%

Champix on PBS Jan 2008

Source: Cooper, Borland, Yong. ANZJPH, 2011, vol 35 No 4.



All roads to Quitline

- Quitline is the backbone of the cessation offering
- Evidence based and highly effective
- Readily accessible
- Modified for populations
- End point for all smoker engagement activity.



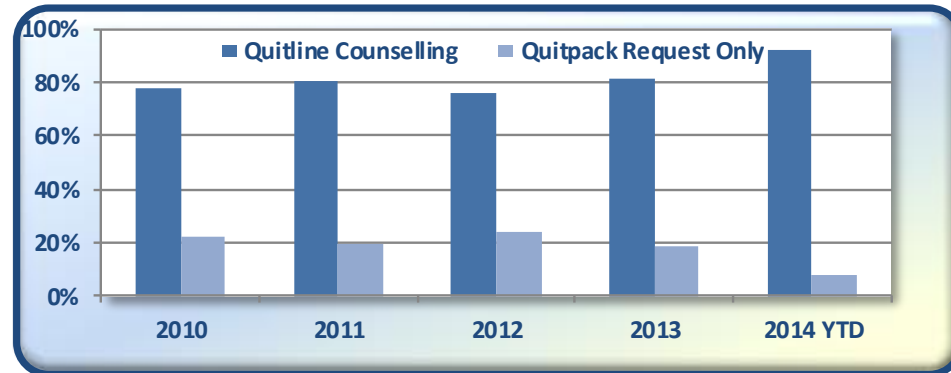
Quitline service offer

- Telephone counselling support
- Inbound service
- Proactive call back
- Utilisation of Motivational Interviewing techniques
- Tailored support for priority population groups
- Printed resource materials
- Fax and e-referral service for General Practitioners and Health Professionals

Quitline long-term service trends

Counselling Service vs. Self-Help Materials

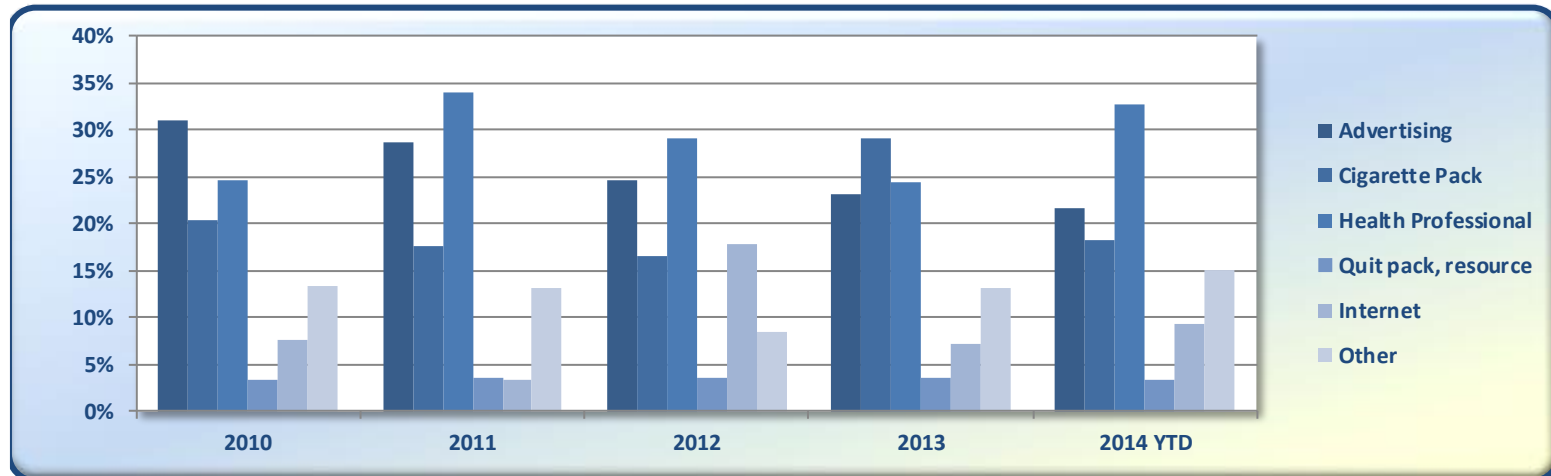
Service Requested	Quitline Counselling	Quitpack Request Only
2010	78.1%	21.9%
2011	80.6%	19.4%
2012	76.3%	23.7%
2013	81.3%	18.7%
2014 YTD	92.4%	7.6%
Grand Total	80.4%	19.6%



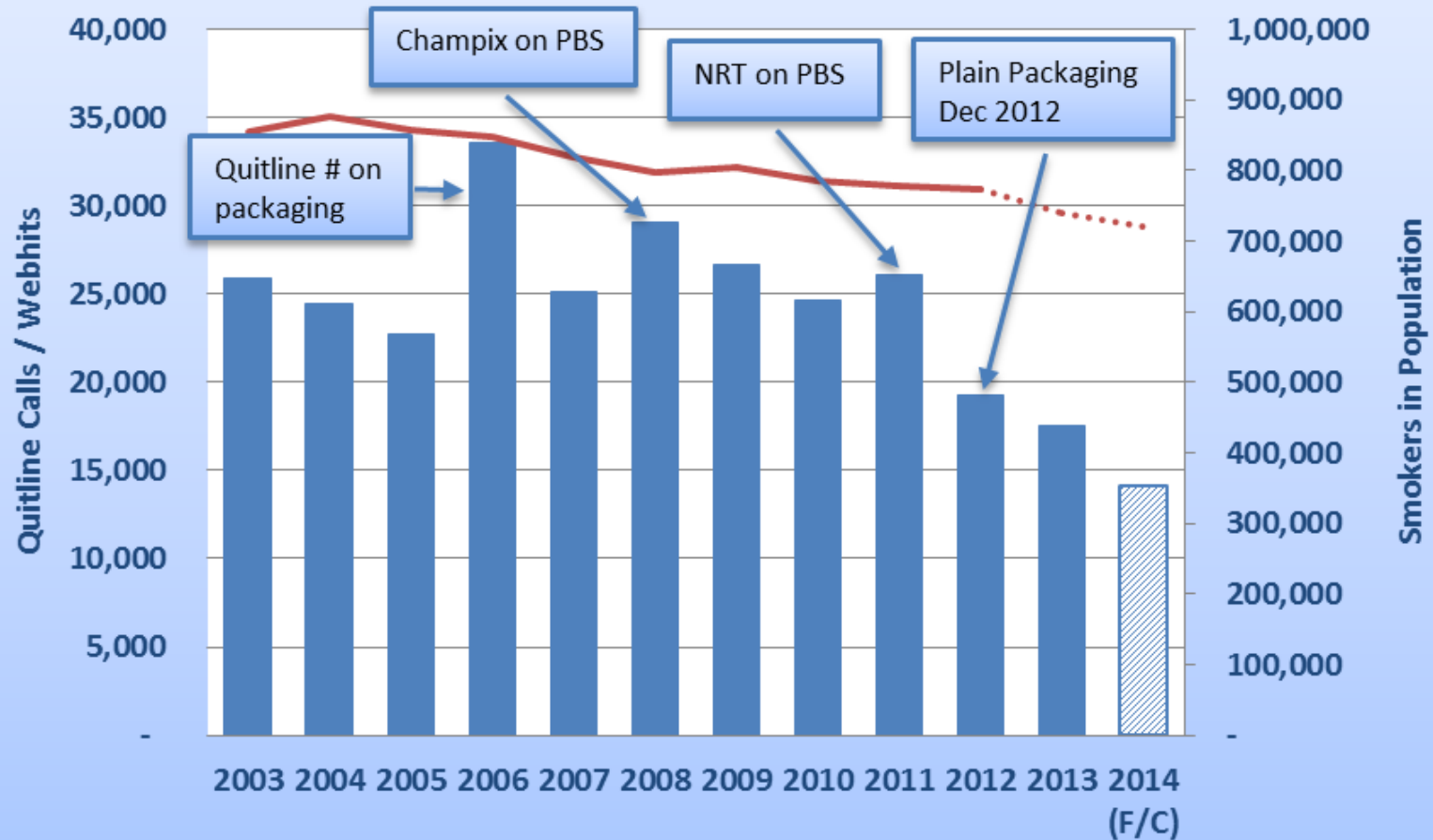
Quitline long-term service trends

Source of Calls

Source of Calls	Advertising	Cigarette Pack	Health Professional	Quit pack, resource	Internet	Other
2010	31.0%	20.3%	24.6%	3.3%	7.6%	13.3%
2011	28.6%	17.6%	33.9%	3.5%	3.4%	13.0%
2012	24.5%	16.5%	29.1%	3.5%	17.8%	8.5%
2013	23.1%	29.0%	24.3%	3.4%	7.1%	13.0%
2014 YTD	21.5%	18.2%	32.6%	3.3%	9.2%	15.1%
Grand Total	27.8%	19.7%	28.8%	3.4%	7.7%	12.6%



Quitline Calls and Smokers in Population - Victoria



Sources:

dpcd.vic.gov (Population)

CBRC (Prevalence)

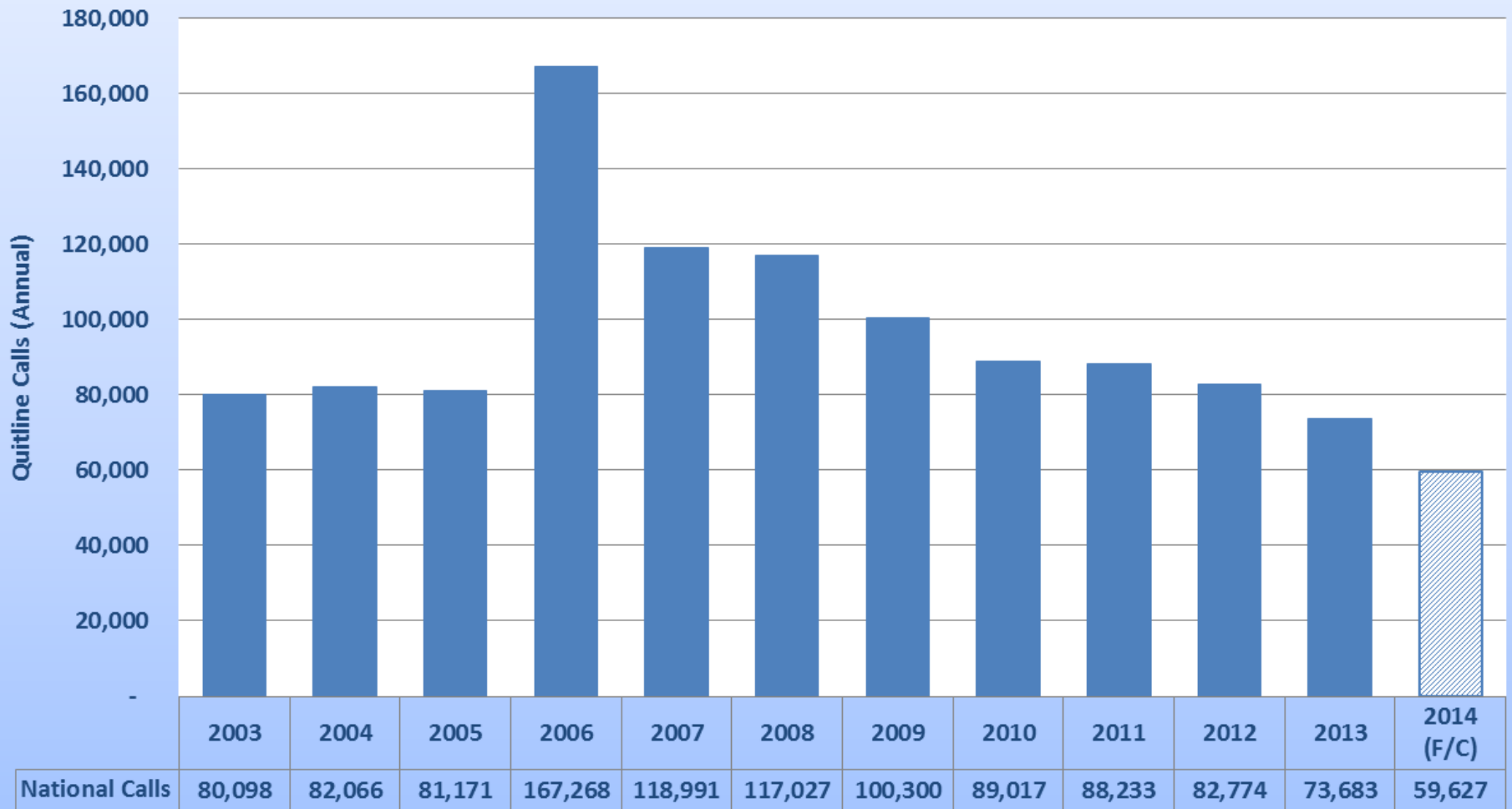
■ VIC Calls

— # Smokers Victoria



National Calls 2003 – Sep 2014

Annual Calls to Quitline - National



Operational changes

- Third party call handler scripting (overflow and out of hours)
- Integration of new telephony solution
 - Removal of third party (barrier?)
 - Options to hold or be called back in peak times
 - Reordering of offering at first point of contact
- Integration of quality framework
- Heightened call scheduling/callback engagement
- Enhanced referral mechanisms and HP engagement
 - Target workforces & prisons

Vic Quitline - Long-term Trend Details

Measure (Rolling Annual)	30/09/2014	30/06/2011	% Change	Performance
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Quitline Service Level

% Contact Rate	77.4%	72.1%	7.3%	
Avg Handling Time (Days)	2.2	3.7	-42.0%	
Avg Duration of Initial Calls	16.8	13.5	23.7%	
Avg Duration of Callbacks	12.6	11.6	8.8%	

Quitline Engagement

% Clients Requesting Counselling	82.9%	78.8%	5.3%	
% Requests that Receive Counselling	94.9%	86.8%	9.3%	
% Counselling Clients Use Callback Service	49.7%	41.6%	19.6%	
Avg Callbacks per Callback Service	3.3	1.8	79.4%	
Avg Term of Counselling Support (Days)	10.1	5.1	97.1%	

Priority Populations

% of All Cases - In One or More Populations	46.1%	40.6%	13.4%	
% of All Cases - Low SES Clients	29.5%	27.3%	8.2%	
% of All Cases - Aboriginal Clients	3.3%	2.2%	53.0%	
% of All Cases - Mental Illness Disclosed	19.9%	16.5%	20.2%	
% of All Cases - Pregnancy Disclosed	1.4%	1.1%	32.3%	

Perceived benefits of call-back service

- *“The call-backs show that they care about how I'm coping and they're supportive. It makes me feel special, makes you want to quit more.”*
- *“To have someone to talk to outside of my group and I get to talk to them about my hardest times and because they are so skilled at what they do they have so many ideas about what to do during those times to stop the want.”*
- *“Understanding and empathy and encouragement that I was doing the right thing and strategies on how to live differently”.*
- *“It's good having someone checking up on me, because I don't want to smoke and I don't want to lie. It's good encouragement.”*

Quitline Clinical Enhancements



1. Enhancements for people living with Mental Illness

- Clients keeping a diary of how things change while they quit
- Education that when quitting, nicotine withdrawal may temporarily worsen your mood
- Counsellors monitor the changes and document this
- Encourage callers to share this with their Doctor
- Quitline send their doctor a list of medications affected by tobacco smoke and enhance a co-management model
- Co-management previously shown to be highly effective

2. Quitline- Re-engagement

- Tobacco dependence is widely recognised as a chronic relapsing condition
- However, there have been few attempts to develop intervention systems that maintain engagement and provide support to quit across multiple attempts.
- Will offering further Quitline support to smokers who had previously failed to quit result in higher quit rates?
- Does timing of support offer matter?

Re-engagement ...

- A 2x2 (re-engagement offer vs. no offer, 6 month vs 12 month after initial Quitline contact) complex randomised controlled trial (n=2000) testing the uptake rate and outcomes of inviting previous callers to Quitline to re-engage with the service and make another quit attempt.
- Quit outcomes will be assessed 6 months after the re-engagement offer.
- Initial results are very pleasing- high level of acceptance

3. Quit-light (future plans)

- Close to 50% of all smokers have a mental illness (MI) and up to 70% of people with MI smoke.
- It may be particularly important to address weight gain prevention in conjunction with smoking cessation in the MI population, as over 42% of adults with a MI are obese.
- Primary aim: To test that Quit-Light intervention, as compared to a Health Education control will produce greater sustained rates of smoking cessation and less weight gain at follow-up.

4. Aboriginal enhancements

- “The objectives and outcomes of the Quitline Enhancement project are to enhance existing Quitlines to provide a more culturally sensitive service for Aboriginal and Torres Strait Islander people.”
- Work in partnership with Victorian Aboriginal health services and communities.

Smoking Rates Amongst Disadvantaged in Australia

Disadvantaged groups	Estimated smoking prevalence
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Source: Scollo (2008) various national data



Aboriginal enhancements

- Today, half of Aboriginal people smoke and it causes one in five Aboriginal people to die.
- Smoking is the biggest risk factor leading to sickness and death in Aboriginal communities.
- It is a major reason why Aboriginal people are dying over a decade earlier than non-Aboriginal Peoples.

Aboriginal enhancements

- Culturally appropriate counselling service – delivered by Aboriginal counsellors
- Private and confidential (Not recorded)- issues within a small community
- That encompasses the values of the community
- Building engagement with the community
- Yarning
- Narrative counselling

Yarning

- Talking
- Trust
- Tenderness
- Teamwork
- Laughter
- Story Telling
- Ideas
- Unity
- Strengths
- Belonging



Narrative Counseling

- Holistic approach (If call enables)
- Develop a bigger picture or Narrative of the person's life
- Family
- Work
- Community

QuitCoach

- Computer-tailored cessation program
 - Assessment leads to tailored advice
- Designed to be used multiple times
 - Flexible scheduling.
- Strong focus on relapse prevention.
- Tailors to increase relevance as well as on issues.
- Advice on use of aids; e.g. NRT
- Recommends complex cases seek help from General Practitioners or Health Professionals

Quit txt

Potential of text messaging (SMS)

- Most people have a mobile phone and are familiar and comfortable with SMS
- Messages can be sent at strategic times, and can be received wherever the smoker is
- Can play an effective 'manager' role:
- An adjunct to Quitline and QuitCoach support

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