

Blum, Alan

From: Edward Anselm [eanselm@msn.com]
Sent: Tuesday, May 07, 2002 8:34 AM
To: NYCCommish
Cc: Blum, Alan; alan; Edward Anselm
Subject: Materials for Thursday

Dear Dr. Frieden,

As per your request, Alan Blum and I have prepared a brief overview of cessation interventions that could be used on Thursday. Some enhancements to the format, such as putting into a table format, are possible, but we are convinced that the content represents a fair assessment of the field. We have avoided references and actual outcomes because vastly different methodologies were used to study these interventions (with varying degrees of reliability and quality) and direct comparisons would only be misleading. Our goal was to rate the interventions in such a way as to assist a broader discussion of where focus resources.

There is no magic bullet. My focus for the last 18 years has been training providers in general and physicians in general. If you want to have a significant effect you need to create a climate for change, empower all the participants, including the entire health care delivery system, and provide better tools for the patient and the clinician.

The climate in which clinicians perform must be altered. Physicians and other health care workers are in a relative refractory state. A "supra-maximal" stimulus is required, and must be sustained. I think we should learn from those marketing campaigns that have most successful. For example, pharmaceutical companies have shifted their resources from detailing to direct to consumer marketing. Alan has suggested that we use this type of communication strategy in "selling health". In promoting the CHI on smoking to patients directly, they will come to the doctor's office and shape the physician's attention. After a few patients "ask about the CHI" doctor may start reading it.

Speaking of a climate for change, I think we need to trumpet the fact that there are 50,000,000 former smokers in the United States. That the majority of this people quit on their own, after repeated efforts. For too long, we in the health community have acquiesced to the dis-empowering notion of addiction. From my practice in the Bronx I can tell you about lots of people who have chosen to stop using heroin or cocaine. Just because someone is using a substance that meets our experimental criteria for an addictive substance, that does not mean they cannot change. It only means that it is difficult to do so.

There is a subset of smokers who have far greater challenges in quitting smoking: People with depression or past history of depression has twice the rate of smoking and double the relapse rate when they try to quit (They get depressed, who wants that?). These people need treatment for their depression. Zyban was discovered when patients treated with Wellbutrin stopped smoking on their own. Notwithstanding efforts to enhance recognition and treatment of depression, we should not expound this idea to the general population in a way that would label people who smoke.

As I said before, I am very excited about this project and look forward to participating. Thanks in advance for the opportunity.

Sincerely, Edward Anselm, MD

5/7/2002

Smoking Cessation Interventions

Intervention	Efficacy	Overall Effectiveness	Cost/ quitter
Practice Model	Individual Impact	Population Impact	
Media-based program			
Great American Smokeout	Very Low	High	LOW
Requires media buy-in unless time is purchased Supports climate of self-efficacy, enabling other interventions			
Quit Kits			
Provided through Telephone Quit Line and clinical encounters	Low	Modest	LOW
Telephone Quit Line			
New York State	Low	Low	HIGH
Provides motivation and support			
Group Health of Puget Sound	High	Low	HIGH
Provides intensive individualized counseling and follow-up Can provide detailed data on participation and out-come			
Practitioner Guideline			
AHCPR brief guide	Modest	Modest?	LOW
Not adopted without training			
Minimal Contact Intervention			
AHCPR	Modest	High	LOW
Requires extensive training of clinicians			
Medication			
Nicotine/Zyban	High	Low	HIGH
Not effective without clinician involvement Dose response curve shows better outcomes if more resources provided			
SC Expert Intervention			
	High	Low	HIGH
Requires extensive training of clinicians, development of referral system			
SC Classes			
	High	Low	HIGH
Requires training of clinicians, difficult to schedule			
SC Support Groups			
	Low	Low	LOW
Requires minimal training of clinicians, can be community based			
Web Based Interventions			
Same content as Quit Kits plus interactivity	High	Low	LOW
Useful as a supplement, to web-enabled population			
SC Clinics			
Incorporating elements of most above..	High	Low	HIGH