

Quitcenters Offer Help to Smokers

by Michael Burke

The New Jersey Comprehensive Tobacco Control Program provides methods to help smokers to quit along a continuum from less to more intensive. The NJ Quitnet and the NJ Quitline provide web-based help and telephone counseling. The New Jersey Quitcenters are tobacco dependence treatment centers established to provide high quality professional evidence-based face-to-face treatment for heavily dependent tobacco users who want to become tobacco free. They are a unique and vitally important component of the New Jersey Comprehensive Tobacco Control Program.

Fifteen top-quality health-care organizations with a variety of institutional missions received grants from the Department of Health and Senior Services to establish Quitcenter sites. The sites are both geographically and institutionally diverse. The centers are established in 15 locales to provide wide access to consumers throughout all of New Jersey. The types of institutions housing Quitcenters include hospitals, universities, community health centers, and behavioral health care treatment programs.

The high quality of the grantee organizations and the different types of systems in which Quitcenters are nested serve to promote the integration of tobacco dependence treatment into the established health care system. This integration is expected to have important residual benefits for New Jersey, such as improving public acceptance and utilization of evidence-based tobacco dependence treatment, increasing more rapidly the utilization of tobacco dependence technologies by the public health community, and helping to make employers and health insurers aware of the benefits available to them from effective tobacco dependence treatment—all of which will serve to reduce the overwhelming health

care costs attributed to tobacco dependence. The diversity in type of institutional setting also promotes a fuller outreach to a wider community of consumers.

However, the diversity of Quitcenter sites makes for challenges in assuring the consistency and quality in treatment. In contract with the DHSS, the UMDNJ School of Public Health Tobacco Dependence Program has implemented a

describe the continuum of care for tobacco dependence available in New Jersey, and establish requirements for Quitcenter facilities, in the areas of administration, clinical practice, and provider competencies.

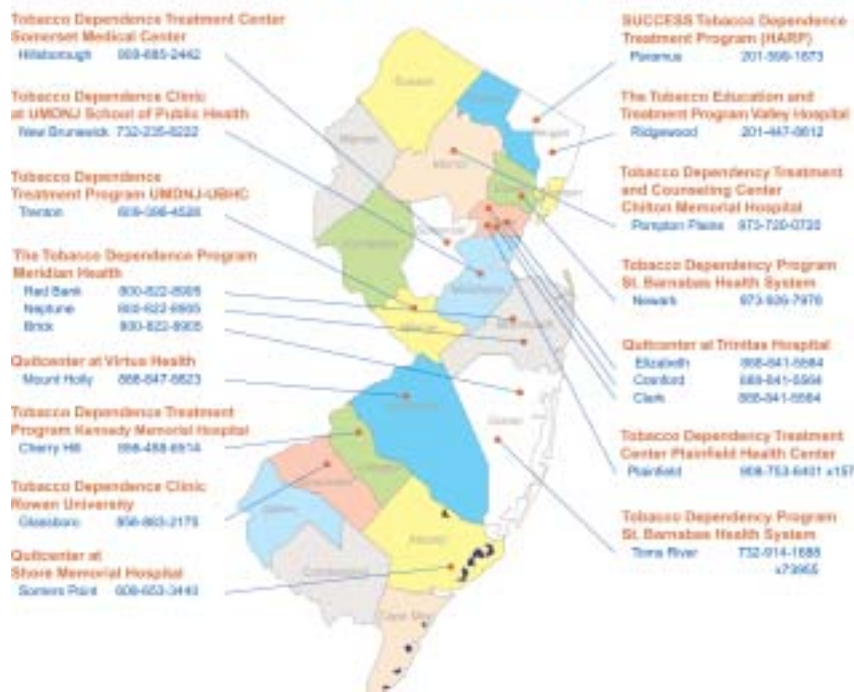
Prior to providing treatment services, Quitcenter staff must complete an 8-day tobacco dependence treatment specialist training program. This comprehensive training is designed to prepare the participant to provide sound, research-based, efficacious treatment for tobacco dependence. The training was developed and is taught by UMDNJ staff and faculty. The 8-day training is the beginning of an ongoing collaboration between the UMDNJ Tobacco Dependence Program staff and faculty and the Quitcenter service providers.

Ongoing consultation and training with Quitcenter staff is accomplished in a number of ways. Monthly meetings are held for representatives from all the N.J. Quitcenters. The meetings provide a forum to discuss administrative and clinical

issues pertinent to Quitcenter operations. All of the Quitcenters are regularly represented at the monthly meetings. Specific training modules, or programs to address particular treatment or administrative issues identified by Quitcenter staff, are provided following the monthly meeting and at other times as needed. In addition, the Tobacco Dependence Program Quitcenter Liaison is available to provide or facilitate case consultation, administrative and procedural problem solving and trouble shooting by phone or during scheduled in-person meetings.

The Tobacco Dependence Program manages an e-mail listserve to facilitate communication among the Quitcenters, the Department of Health and Senior

NJ Quitcenters



number of services and programs to address this challenge including a.) developing guidelines for treatment of tobacco dependence in New Jersey, b.) providing professionals with comprehensive training in the provision of evidence-based treatment, c.) implementing ongoing consultation, training and support services, d.) communicating important developments and facilitating networking among the Quitcenters, and e.) developing consistent data gathering and evaluation methods for the program as a whole.

The New Jersey Guidelines for Tobacco Dependence Treatment relate the research findings regarding effective treatment of tobacco dependence as summarized in the US Public Health Services *Treating Tobacco Use and Dependence* Guideline,

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Services, and UMDNJ faculty and staff. The listserve has been used for facilitating consultations on clinical issues, disseminating new research findings, organizing initiatives for tobacco advocacy, developing and clarifying procedures, and sharing questions and experiences.

Another method by which consistency is being developed among the different Quitcenter sites is a common database for gathering and reporting clinical and patient information. The database can be used to easily generate



monthly reports as required by the Department of Health and Senior Services. It also gathers data such as history of tobacco use, health consequences, demographic information, treatment specifics, and various other useful information. This data is important for evaluating the Quitcenters as a whole and understanding the value of Quitcenters in treating severely dependent tobacco users. The database was developed by the Tobacco Dependence Program which also provides training, installation, and troubleshooting to those using the program.

A brief overview of New Jersey's Tobacco Dependence Treatment Services was recently published in New Jersey Medicine, and can be accessed on-line at: www.msnj.org/pdfs/-NJMMarch02/09-PublicHealth.pdf

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