

MEDIA RELEASE

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Small step for GPs, giant leap towards a smoke-free life

A GP who refers smokers to a telephone quit line could save the healthcare system millions of dollars, says a study in the Australian and New Zealand Journal of Public Health.

“Out of every 100 smokers who want to quit in any given year, only four succeed without any external assistance,” according to lead researcher James Shearer of the National Drug and Alcohol Research Centre, University of New South Wales.

Smoking cessation interventions available to Australians range from talking therapies, such as brief medical advice and telephone quit lines, to medical therapies, such as nicotine replacements and antidepressants.

All cessation interventions were found to increase the quit rate, from 6% in case of brief medical advice to 19% in case of antidepressants.

In terms of cost effectiveness and value for healthcare dollar, the study found telephone quit lines increased quit rates at the lowest cost, while medication achieved higher quit rates but at a much higher cost. In particular, the study recommends ‘proactive’ quit lines, where quit line staff follow up callers using individually tailored call back schedules based on the smokers’ personal circumstances and identified high risk relapse periods.

“We found that combining proactive counselling with smoking cessation medication cost very little and resulted in a large increase in quit rates,” Mr Shearer said.

“We would like to see proactive counselling recommendations actively incorporated into GPs’ scripts for an antidepressant or nicotine patches.

“Right now, the most expensive therapies are not working as well as they could, and for a very small relative cost they could be greatly improved. For example, one study we cite in our paper shows that proactive telephone counselling, in combination with a nicotine patch treatment, produced 10% more quitters.

“Smoking cessation interventions are considered the gold standard of healthcare cost effectiveness, because the cost of a smoker to the healthcare system is phenomenally high. If we can support more people in quitting, the financial gains to the healthcare system are going to be substantial.”

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