SESSION II TREATMENT ISSUES

Introduction

Maxine Stitzer

Our second panel this morning is going to have the opportunity to consider some of the aspects of comprehensive smoking cessation treatment. We've come a long way in developing a consensus about what some of the elements of comprehensive treatment are for smoking cessation, and we have this excellent opportunity to spend a couple of hours this morning considering the behavioural and counselling components of smoking cessation treatment.

Here are some of the specific questions this session will address: Why are behavioural and counselling treatments important as part of a comprehensive approach to smoking cessation? What are the contents and format of the currently available treatments? What are the characteristics of the smokers that we're trying to reach with these treatments? And how can we achieve the optimal cost-effective match between smokers and treatments?

Let me introduce the panellists. First we have Dr Richard Clayton, Director and Scientific Director of the Center for Prevention Research at the University of Kentucky. Dr Clayton is probably best known for his prevention research activities. Carole Hudgings is a Senior Health Policy Analyst in the Agency for Health Care Policy and Research. We're really pleased to have Carole here today because she's involved with the Agency in developing practice guidelines, and they have just started addressing guidelines for smoking cessation programmes.

Judith Ockene is Professor of Medicine and

Director of the Division of Preventive and Behavioural Medicine at the University of Massachusetts Medical School. Dr Ockene is best known for her professional activities in the area of physician interventions.

Finally, Dr Tracy Orleans is currently Clinical Assistant Professor in the Department of Psychiatry at the University of Pennsylvania Medical School and Director of Tobacco Control Research, Division of Cancer Control, at the Fox Chase Cancer Center. She's also known for her efforts in the development of self-help, minimal contact smoking cessation interventions, and also particularly with special populations.

And now I'd like to introduce the speaker, Dr David Abrams. Dr Abrams is Professor in the Department of Psychiatry and Human Behavior at Brown University School of Medicine, and he's also Director of the Division of Behavioral Medicine at the Miriam Hospital and Co-director of the Cancer Prevention and Control Program at Brown University, Roger Williams Comprehensive Cancer Research Center. Dr Abrams is a nationally recognised researcher in addictive behaviours and chronic disease prevention who has contributed much to our understanding of substance abuse treatment, both empirically and conceptually. I'm particularly pleased that he will be making the presentation this morning that will set the stage for our discussion of the behavioural therapy components of smoking cessation treatment.

Behavioral Pharmacology Research Unit, The Johns Hopkins University, Baltimore, Maryland, USA
M Stitzer

Division of Behavioral Medicine, Brown University School of Medicine and The Miriam Hospital, Cancer Prevention Research Consortium Providence, Rhode Island, USA
DB Abrams

* This paper, based on a presentation given by David Abrams, was written in collaboration with CT Orleans, R Niaura, M Goldstein, W Velicer, and JO Prochaska.

Treatment issues: towards a stepped-care model^{*}

David B Abrams

Introduction

The winds of change in health care in the US place us on the edge of a decade of opportunity to make a difference in prevention of chronic diseases related to lifestyle. The philosophy that prevention be fully integrated into mainstream health care practice is central to these winds of change. We must ensure the optimisation of health care practice in terms of quality of life, quality of services, access, and cost for all citizens. This presentation focuses on the essential elements to be considered in making

wise choices about comprehensive treatment of tobacco dependence. My goals for this presentation are threefold: First, I will highlight general conceptual principles. Second, I will provide specific recommendations for optimal treatment of tobacco dependence using a stepped-care approach. Third, I conclude with an exploration of selected concerns about barriers to treatment implementation, service delivery, and to standards of care and cost-effectiveness.